



IEHP  
 March 9, 2026, IEHP Governing Board Meeting  
 March 09, 2026  
 9:00 am Pacific Time

## **Board Report #370**

**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***

### **AGENDA**

**\*\* LIVE STREAMING FOR THIS MEETING\*\***

<https://youtube.com/live/cFo5IL6zgyo?feature=share>

- 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 February 9, 2026, Regular Meeting of the Governing Board of the Inland Empire Health Plan  
February 9, 2026 Meeting Minutes - Draft

VIII. CONSENT AGENDA

**A. ADMINISTRATION (Jarrod McNaughton)**

1. Approve the 2026 Annual Compliance Program, Health Insurance Portability and Accountability Act Program, and Fraud, Waste, and Abuse Program Descriptions and Code of Business Conduct and Ethics
2. Approve the Memorandum of Understanding between IEHP Foundation in Support of the Inland Empire Health Plan Employee Emergency Assistance Fund

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

1. Approve the Updated Delegation of Authority to Request Disbursement Form for Inland Empire Health Plan's California Employers' Pension Prefunding Trust Fund
2. Delegation of Authority to Approve the Annual Insurance Policy Renewals For Property, Casualty, Cyber, Management, and Fiduciary
3. Delegation of Authority to Approve the Sixth Amendment to the Professional Services Agreement with Securitas Security Services USA, Inc., for All Inland Empire Health Plan Owned and Leased Locations
4. Ratify and Approve the Access Agreement with Ryan Companies US, Inc., A Minnesota Corporation for Parking Access

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

1. Ratify and Approve the Third Amendment to the Professional Service Agreement with Freed & Associates for Calaim and Population Health Consulting Services
2. Approve the Memorandum of Understanding with Riverside University Health System – Public Health For Coordinated Care Services

**D. INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)**

1. Ratify and Approve the Fifth Amendment to the Software License Agreement with Clinical Architecture, LLC. For Continued Use of the Symedical and Pivot Software Platforms

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

1. Approve The Grant Agreement with California Health Care Foundation to Enhance Behavioral Health Care through Community Health Worker Integration with Emergency Departments
2. Delegation of Authority to Approve the Eighth Amendment to the Participation Agreement with Manifest MedEx for the Provision of a Technical Consultant and Custom Development Services
3. Approve the 2026 Quality Management Program Description & Quality Improvement & Quality Management Workplan
4. Approve the Funding for the 2026-2027 Quality Achievement Program

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

**A. ADMINISTRATION (Jarrod McNaughton)**

1. Chief Executive Officer Update
  - i. CEO Update Presentation - March 2026

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

1. Monthly Financial Report
  - i. Monthly Financials Presentation (PE013126)

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

XI. Board Member Comments

XII. Closed Session - No Business

XIII. Adjournment

XIV. The next meeting of the IEHP Governing Board will be held on April 13, 2026, at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

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

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

***DRAFT - MINUTES OF THE FEBRUARY 9, 2026, REGULAR MEETING***

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**Governing Board Members Present:**

Supervisor Curt Hagman  
Supervisor Karen Spiegel  
Supervisor Jesse Armendarez

Dr. Dan Anderson  
Drew Williams  
Eileen Zorn

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

**Governing Board Member Vacancy:** None

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

Jarrold McNaughton, Chief Executive Officer  
Vinil Devabhaktuni, Chief Digital and  
Information Officer  
Genia Fick, Chief Quality Officer  
Edward Juhn, Chief Medical Officer  
Sylvia Lozano, Chief Transformation Officer  
Michelle Rai, 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  
Annette Taylor, Secretary to the Governing Board  
Jana Russell, Legal Program Manager

**IEHP Staff Absent:** None

**Guest(s):** None

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- I. Call to Order:  
Vice Chair Hagman called the February 9, 2026, regular meeting of the Inland Empire Health Plan Governing Board to order at 9:05 a.m.
- II. Pledge of Allegiance:
- III. Roll Call:
- IV. Agenda Changes: None.

MEETING MINUTES - DRAFT

- V. Public Comments on Matters on the Agenda: *Chair Hagman elected to pull Section XII, “Comments from the Public on Matters not on the Agenda,” to be heard at this time.*

*The following public meeting attendees provided comments on matters not on the agenda:*

- A. *Elijah Linehhan*
- B. *Leslie Pacholski*
- C. *Rose Pettergill*
- D. *Fernando Avarca*
  - i. *Mr. Avarca deferred to Ms. Pettergill to speak on his behalf*

- VI. Conflict of Interest Disclosure: None

- VII. Election of the Chair of the Governing Board (San Bernardino County)

***Action: A motion was made by Member Zorn to nominate Vice Chair Hagman, San Bernardino County, as Chair. The motion was seconded by Member Williams. Hearing no objections, the nomination of Member Hagman as Chair of the IEHP Governing Board for 2026 was announced. (Zorn/Williams; Gutierrez absent)***

- VIII. Election of the Vice Chair of the Governing Board (Riverside County)

***Action: A motion was made by Chair Hagman to nominate Member Spiegel, Riverside County, as Vice Chair. The motion was seconded by Member Armendarez. Hearing no objections, the nomination of Member Spiegel as Vice Chair of the IEHP Governing Board for 2026 was announced. (Hagman/Armendarez; Gutierrez absent)***

*\*Chair Hagman combined the vote of the January 12, 2026, Meeting Minutes and the Consent Agenda in one action*

- IX. Adopt and Approve the Meeting Minutes from January 12, 2026, Meeting of the Governing Board of the Inland Empire Health Plan.

***Action: On motion of Member Anderson and seconded by Member Zorn, the Meeting Minutes from the January 12, 2026, Regular Meetings of the Governing Board of the Inland Empire Health Plan were approved as presented. (Anderson/Zorn; Gutierrez absent)***

- X. Consent Agenda:

***Action: On motion of Member Anderson and seconded by Member Zorn, the Consent Agenda was approved as presented. (Anderson/Zorn; Gutierrez absent)***

*\*Member Armendarez arrived at 9:07 a.m.*

## XI. Policy Agenda and Status Report on Agency Operations (Board Report #369)

### A. ADMINISTRATION (Jarrod McNaughton):

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

#### Item A.1. Chief Executive Officer Update:

*Mr. McNaughton presented the CEO update for February 2026. Attached to these Meeting Minutes are two additional slides, one for the Global Quality P4P PCP Best Practices Summit held January 23, 2026, and one for Marketing and Communications “Best in the West” award received at the 2026 Public Relations Society of America Conference held February 4, 2026.*

*\*Member Zorn commented on the presentation.*

#### Item A.2. 2026 Governing Board Compliance, Fraud, Waste and Abuse, and HIPPA Privacy Training:

*Mr. McNaughton introduced Lourdes Nery, Compliance Officer, who presented the annual Compliance training.*

*\*Members Hagman, Zorn, and Spiegel commented on training*

#### Item A.3. Board Education – 2025-2026 Covered California Open Enrollment & Results:

*Wanye Guzman, Director of Sales & Outreach, and Jezebel Urbina, Director of Sales & Outreach, presented the CCA enrollment results*

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

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

### B. FINANCE DEPARTMENT (Jarrod McNaughton):

Tim Reilly, Interim CFO, presented the following Finance section of the Status Report:

#### Item B.1. Monthly Financial Review:

*Mr. Rielly and Leona Liu, Vice President, Finance, presented the financials for PE123125.*

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

#### Item B.2. Adopt and Approval of the Inland Empire Health Plan Final Calendar Year 2026 Operations Budget:

*Mr. Rielly, Leona Liu, Vice President, Finance, Carol Chio, Vice President, Actuarial Services, and Vickie Johnson, Director, Financial Planning & Analysis, presented the final CY26 Operations Budget.*

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

***Action: On motion of Member Zorn and seconded by Member Spiegel, the Item B.2. on the Policy agenda was approved as presented. (Zorn/Spiegel; Gutierrez absent)***

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

**C. QUALITY DEPARTMENT (Genia Fick):**

Genia Fick, Chief Quality Officer, presented the following Quality section of the Status Report:

Item C.1. 2026 Pay for Performance Update for Primary Care Providers, Independent Physicians Associations, Hospitals, and Hospice Providers

*Jacob Diekmann, Senior Director, presented the 2026 Pay for Performance program for Primary Care Providers, Independent Physicians Associations, Hospitals, and Hospital Providers.*

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

Item C.2. Approve the Funding for the 2026-2027 Quality Achievement Program:

*Ms. Fick presented the 2026-2027 Quality Achievement Program*

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

***Action: On motion of Member Armendarez and seconded by Member Spiegel, Item C.2. on the Policy agenda was tabled to the March 9, 2026, Governing Board meeting for further consideration (Anderson/Zorn; Gutierrez absent)***

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

**XII. Comments from the Public on Matters Not on The Agenda:**

*Chair Hagman moved this section to Section V. Public Comments on Matters on the Agenda*

**XIII. Board Comments:        *None***

**XIV. Closed Session: *The Clerk read the following matters into the record:***

**A. Conference with Legal Counsel-Anticipated Litigation: Initiation of litigation pursuant to subdivision (d)(4) of Government Code section 54956.9:**

1. Four Potential Matters.

**B. With Respect to Every Item of Business to be Discussed in Closed Session Pursuant to California Government Code Section 54956.87 subdivision (b):**

1. A meeting for purposes of discussing or taking action on a health plan trade secrets.

**\*\*At 11:35 a.m., the Governing Board reconvened in public session to announce action taken by the Board on Closed Session matter A.1.**

Raymond Mistica, Board Council, announced the following action:

*“After conferring with counsel, the Board took reportable action to authorize the initiation of litigation in all 4 potential matters. And delegated authority to the CEO or his designee to retain*

*outside counsel. This action was taken upon a motion by Chair Hagman, seconded by Member Zorn, and approved with all members present, with no abstentions or recusals and no opposition*

*The actions, defendants/respondents, and the other particulars are not disclosable at this time until the action is formally commenced unless to do so would jeopardize IEHP's ability to effectuate service of process on one or more parties or would jeopardize its ability to conclude existing settlement negotiations to its advantage."*

With no expected report out for Closed Session matter B.1., the Chair adjourned the February 9, 2026, meeting at 11:37 and the Board returned to Closed Session.

XV. Adjournment

*Chair Hagman adjourned the February 9, 2026, IEHP Governing Board meeting at 11:37 a.m.*

The Approved Governing Board Minutes for February 9, 2026, will have a copy of the IEHP Board Report #369 attached

These Meeting Minutes were duly adopted and approved on March 9, 2026.

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Annette Taylor  
Secretary to the IEHP Governing Board

**Department: ADMINISTRATION****A.1. CHIEF EXECUTIVE OFFICER UPDATE**

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

**Background & Discussion:**

Chief Executive Officer update for the February 9, 2026, Governing Board Meeting.

**Recommendation(s):**

Review and File

***\*\*\*Additional Slides for Global Quality Summit and Marketing and Communications “Best in West” award***

# GLOBAL QUALITY P4P PCP BEST PRACTICES SUMMIT

- Inaugural event held Jan. 23 at IEHP.
- Event's purpose was to share best practices in quality improvement and networking among IEHP's primary care network.
- There were 230 attendees.
- 21 speakers - 11 IEHP team members and 10 providers/industry experts.
- Key topics included:
  - top performing provider awards
  - member experience
  - optimizing workflows
  - leveraging tools and data to support quality
  - health plan programs to support quality improvement goals



# MARCOMM TEAM WINS ‘BEST IN THE WEST’

- The Marketing and Communications team, along with its public relations partner Meehan Business Advisers, won the “Best in the West” award at the 2026 Public Relations Society of America (PRSA) Western District Conference on Feb. 4.
- The award was for the team’s “Start the Conversation” mental health campaign with American Idol winner Abi Carter.
- The “Best in the West” award honors the most outstanding creative work from 11 PRSA chapters across five states.



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**Department: ADMINISTRATION****A.1. APPROVE THE INLAND EMPIRE HEALTH PLAN 2026 ANNUAL COMPLIANCE PROGRAM, HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT PROGRAM, FRAUD, WASTE AND ABUSE PROGRAM DESCRIPTIONS AND CODE OF BUSINESS CONDUCT AND ETHICS**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) is required to implement an effective compliance program that meets the regulatory requirements set forth in 42 C.F.R. § 422.503(b)(4)(vi), 423.504(b)(4)(vi) and 438.608(a)(1)(iii) and 41 C.F.R. 60. The principles outlined in the regulatory guidelines are applicable to all IEHP relevant decisions, situations, communications, and developments. The Governing Board must exercise reasonable oversight with respect to the implementation and effectiveness of this program. The Compliance Department submits the Compliance, Health Insurance Portability and Accountability Act (HIPAA), and Fraud, Waste and Abuse (FWA) Program Descriptions, as well as the IEHP Code of Business Conduct and Ethics (Code of Conduct) for the Governing Board's review and approval annually to ensure and demonstrate the Board is exercising reasonable oversight over the Compliance Program.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP Approve the 2026 Annual Compliance Program, Health Insurance and Accountability Act Program, and Fraud, Waste, and Abuse Program Descriptions and the IEHP Code of Business Conduct and Ethics.

**Compliance Program Description:**

The Compliance Program Description outline how IEHP's Compliance Program ensures adherence to Federal, State, and contractual healthcare laws, regulations, and requirements. Its goal is to foster a culture of compliance throughout the organization and communicate the importance of this commitment to the Plan's workforce, Providers, and external affiliates.

**HIPAA Program Description:**

The HIPAA Program Description outlines IEHP's commitment to complying with provisions of HIPAA and the American Recovery and Reinvestment Act (ARRA) guidelines and standards. The purpose of the HIPAA Program is to identify and apply: (a) any HIPAA pre-emption requirements to State law, and (b) any State law that is more stringent than the requirements of HIPAA. This document defines how the Plan has established and enforces the requirements set forth by HIPAA & ARRA standards.

**FWA Program Description:**

The FWA Program Description explains how the Plan organizes and implements strategies to detect and address suspected cases of fraud, waste, and/or abuse to reduce costs associated with fraudulent or abusive activities impacting State and Federal programs, IEHP, its Providers, Members, and other stakeholders. The FWA Program reinforces the Plan’s commitment to comply with all applicable State and Federal standards and safeguards the organization and its partners in the delivery of healthcare services through timely detection, investigation, and reporting of suspected fraud.

**IEHP’s Code of Conduct:**

IEHP’s Code of Conduct sets the expectation that the IEHP Governing Board, Executives, Leaders, Team Members, temporary staff and IEHP’s business associates act in an ethical and professional manner that fosters public trust and confidence in the integrity of IEHP. The Code of Conduct covers key topics and provides guidance to help Team Members and business associates make ethical decisions that uphold IEHP’s workplace culture, reinforce its culture of compliance, and support its core values. The Code of Conduct also provides information on how to report potential issues and/or violations.

<b>Financial Impact: N/A</b>	<b>Not to Exceed Amount: N/A</b>	<b>Term: 1 Year</b>
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
None	N/A	N/A	N/A	L Nery [02/12/26]	S. White 2/9/2026

**Department: ADMINISTRATION**

**A.2. APPROVE THE MEMORANDUM OF UNDERSTANDING WITH THE IEHP FOUNDATION IN SUPPORT OF THE INLAND EMPIRE HEALTH PLAN EMPLOYEE EMERGENCY ASSISTANCE FUND**

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

**Background & Discussion:**

IEHP Foundation (the “Foundation”) administers the Inland Empire Health Plan (“IEHP”) Employee Emergency Assistance Fund (“EEAF”), which provides financial support to eligible IEHP Team Members experiencing any type of disaster or employee hardship.

IEHP desires to support the Foundation in administering this program for qualified IEHP Team Members during natural disasters and/or urgent or sudden crises.

**Procurement Solicitation Type: N/A**

**Recommendation(s):**

That the Governing Board of IEHP **Approve** the Memorandum of Understanding (“MOU”) with the Foundation for IEHP to match up to \$100,000 of IEHP Team Member donations in support of the IEHP employee emergency assistance fund. Under the MOU, IEHP will provide a dollar-for-dollar match of eligible irrevocable cash contributions made to EEAF by IEHP Team Members and received by the Foundation, up to a maximum of \$100,000, for the period of January 1, 2026, through December 31, 2026.

<b>Financial Impact:</b> \$100,000	<b>Not to Exceed Amount:</b> \$100,000	<b>Term:</b> January 1, 2026, through December 31, 2026
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
Included in CY2026 Budget	A. Goh 2/18/26	NA	S. Oh 2/19/26	A. Goh 2/18/26	J. McNaughton 2/24/26

**Department: FINANCE**

**B.1. APPROVE THE UPDATED DELEGATION OF AUTHORITY TO REQUEST  
 DISBURSEMENT FORM FOR INLAND EMPIRE HEALTH PLAN’S CALIFORNIA  
 EMPLOYERS’ PENSION PREFUNDING TRUST FUND**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) invests funds in the California Employers’ Pension Prefunding Trust (CEPPT) Fund, which helps finance future pension costs from investment earnings provided by CalPERS.

CalPERS requires a Board-approved Delegation of Authority to Request Disbursements form in order to disburse monies from the CEPPT fund. Since the last Board approval of the CEPPT Delegation of Authority form was signed and executed, certain official IEHP position titles have changed. Therefore, an updated CEPPT Delegation Authority form is needed to reflect the current IEHP position titles.

**Procurement Solicitation Type: N/A**

**Recommendation(s):**

That the Governing Board of IEHP **Approve** the updated Delegation of Authority to Request Disbursement Form.

<b>Financial Impact: NA</b>	<b>Not to Exceed Amount: NA</b>	<b>Term: NA</b>
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Vice President Approval</b>	<b>Chief Approval</b>
None	NA	NA	NA	L. Liu 1/27/2026	J. McNaughton 1/27/2026

**Department: FINANCE****B.2. DELEGATION OF AUTHORITY TO APPROVE THE ANNUAL INSURANCE POLICY RENEWALS FOR PROPERTY AND CASUALTY, MANAGEMENT LIABILITY, CYBER LIABILITY, AND FIDUCIARY LIABILITY****Chief: Jarrod McNaughton, Chief Executive Officer****Background & Discussion:**

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

IEHP is diligently working with its brokers to explore different options to minimize premium increase while ensuring adequate coverage for IEHP's risk exposure. Based on the information provided by our insurance brokers so far, we are proposing the following:

Insurance Policy	Expiring Premiums <sup>(1)</sup>	Estimated Premiums <sup>(1)</sup>	Est. Renewal Incr. %	Comments
Commercial General Liability	\$88,618	\$89,044	0%	
Commercial Auto Liability	\$29,841	\$33,327	12%	
Commercial Property	\$165,582	\$178,171	8%	
Commercial Umbrella Liability (\$40 million)	\$101,920	\$106,916	5%	
DIC - Earthquake (\$100 million)	\$507,700	\$507,700	0%	
DIC - Earthquake (\$4.625 million)	\$27,020	\$27,020	0%	Coverage is for the Indio location
DIC - Flood (\$4.625 million)	\$4,227	\$4,227	0%	Excess flood coverage for the Indio location
<b>Total - Property &amp; Casualty</b>	<b>\$924,908</b>	<b>\$946,405<sup>(2)</sup></b>	<b>2%</b>	
Primary D&O/EPL (\$5 million shared)	\$398,128	\$461,577	16%	
Excess D&O/EPL (\$5 million)	\$226,500	\$250,000	10%	
Excess D&O Side A (\$5 million)	\$54,000	\$54,000	0%	
Primary MCE&O (\$5 million)	\$289,204	\$289,204	0%	
Excess MCE&O (\$15 million)	\$341,943	\$342,335	0%	
<b>Total - Management Liability</b>	<b>\$1,309,775</b>	<b>\$1,397,116<sup>(2)</sup></b>	<b>7%</b>	
Primary Cyber (\$10 million)	\$401,033	\$401,033	0%	
Excess Cyber (\$40 million)	\$923,090	\$911,833	-1%	
<b>Total - Cyber Liability</b>	<b>\$1,324,123</b>	<b>\$1,312,866<sup>(2)</sup></b>	<b>-1%</b>	
Fiduciary Liability (\$10 million)	\$30,215	\$31,665	5%	Coverage procured through Alliant Services
<b>Total</b>	<b>\$3,589,021</b>	<b>\$3,688,052<sup>(2)</sup></b>	<b>3%</b>	

(1) Premiums do not include taxes and fees.

(2) Amounts are estimated premium indicators as actual quotes have not been provided by the insurance carriers.

**Procurement Solicitation Type: N/A**

**Recommendation(s):**

That the Governing Board of IEHP **authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign** related policy documents for the renewal of the Property and Casualty policies for Policy Period March 29, 2026 through March 28, 2027 and Management, Cyber and Fiduciary Liability policies for Policy Period April 1, 2026 through March 31, 2027 for an estimated total cost not to exceed \$4 million.

<b>Financial Impact:</b> \$3,688,052	<b>Not to Exceed Amount:</b> \$4 million	<b>Term:</b> 12 months
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
Included in CY2026 Budget		NA	N/A	C. Chio 2/13/26	J. McNaughton 2/17/26

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**Department: FINANCE****B.3. DELEGATION OF AUTHORITY TO APPROVE THE SIXTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH SECURITAS SECURITY SERVICES USA INC., FOR ALL INLAND EMPIRE HEALTH PLAN OWNED AND LEASED LOCATIONS**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) requires professional security services for the Atrium, Learning Center campus, and Community Wellness Center (CWC) locations, including 24-hour security at IEHP owned properties, to ensure a safe and secure environment for team members and the public while mitigating risk to IEHP property, equipment, and assets. Additionally, IEHP requires the option to deploy armed security guards at each location to provide enhanced deterrence and proactively address potential heightened security risks.

IEHP has contracted with Securitas Security Services USA LLC Inc. (Securitas) since June 1, 2021, for security services. Securitas is a professional security services company that provides a comprehensive suite of security solutions designed to protect people, property, and operations through a combination of trained personnel, advanced technology, and risk management expertise. Securitas can provide on-site security services with dedicated security officers at required locations to ensure immediate response to potential threats and round-the-clock protection of facilities.

**Procurement Solicitation Type:** Single Source

IEHP will renew the contract with Securitas as Single Source for no more than one (1) additional one (1) year term while conducting a Request for Proposal (RFP) or sourcing these security services via a cooperative agreement (coop). Renewing this contract while an RFP is being conducted will enable IEHP to continue with established security protocols while maintaining a high-quality standard without compromising team member safety during a transition period should a different vendor be selected as a result of the RFP or coop sourcing.

**Recommendation(s):**

That the Governing Board of the IEHP authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Sixth Amendment to the Professional Service Agreement (Agreement) with Securitas for the provision of Security Services for an additional amount not to exceed \$4,700,661.76 and extend the term for an additional one (1) year, effective April 1, 2026. The total cost of this Agreement (including prior agreements) shall not exceed \$18,803,020.10 through March 31, 2027.

IEHP anticipates a 19% budget increase for this contract term to support the opening of the new San Bernardino CWC, provide coverage for IEHP clinics, and ensure effective operations of the Security Operations Center. These initiatives require an increase in the number of security personnel and coverage hours to maintain a high level of deterrence against security incidents. Additionally, Securitas has requested a \$1.00 per hour increase (roughly 3%) in standard security guard rates for

CONSENT AGENDA

this contract term, following three (3) years without any rate adjustments. IEHP will include a contingency for any ad hoc/special events necessary for the continued safety of IEHP properties. The cost breakdown of the sixth amendment is as follows

<b>Securitas Sixth Amendment Costs</b>	
<b>Service</b>	<b>Cost</b>
Guard and Transportation Service	\$4,536,391.68
Holiday Contingency	\$64,270.08
Ad hoc/Special Events Contingency	\$100,000.00
<b>Total</b>	<b>\$4,700,661.76</b>

<b>Financial Impact: \$4,700,661.76</b>	<b>Not to Exceed Amount: \$18,803,020.10</b>	<b>Term: 1 year</b>
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
Included in CY2026 Budget	S. McCalley 02/12/26	S. Cox 02/12/26	Make Selection [enter date]	J. Mansour 02/11/26	J. McNaughton 02/13/26

**Department: FINANCE**

**B.4. RATIFY AND APPROVE THE ACCESS AGREEMENT WITH RYAN COMPANIES US, INC., A MINNESOTA CORPORATION FOR PARKING ACCESS**

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

**Background & Discussion:**

Ryan Companies US, Inc., a Minnesota corporation (Ryan Companies), is performing construction work on a parcel adjacent to the Inland Empire Health Plan (IEHP) Atrium campus. To support this work, Ryan Companies has requested permission from IEHP to utilize a designated portion of the Atrium campus northwest parking lot for personnel and vehicle access until construction is completed through August 31, 2027. IEHP has negotiated a timeline that provides variable parking allocations to Ryan Companies in three (3) phases with minimal disruption to IEHP team member parking access and future planned parking lot work. The designated parking area will be enclosed with IEHP-approved temporary barriers, and Ryan Companies will assume full responsibility for maintaining the condition and security of the parking area throughout the duration of use.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP ratify and approve the Access Agreement with Ryan Companies, effective February 16, 2026, through August 31, 2027.

In consideration for this right of entry, Ryan Companies will donate \$250,000.00 to the IEHP Foundation to be made in two installments; the first installment of \$125,000.00 will be made in February 2026, and the second installment of \$125,000.00 will be made in February 2027. Part of the IEHP Foundation’s purpose is to conduct charitable activities and programs through financial and other forms of support to the Inland Empire and surrounding communities that meet and innovate healthcare needs and ensure the availability of quality healthcare; an objective that is aligned with IEHP’s mission, vision, and values.

**Fair Market Value Analysis:** The closest comparable surface lot is the Rancho Cucamonga Metrolink Station (1.5 miles away), which charges \$27.40 per month for residents and \$41.37 per month for non-residents. Ryan Companies expects a mix of 95% non-residents and 5% residents, which results in a weighted average rate of \$40.67 per month. Ryan Companies will have access to an average of 330.55 spaces over 18 months (349 spaces for 14 months in Phases 1 & 3, and 266 spaces for four (4) months in Phase 2). At a \$250,000 donation, this equates to \$40.88 per space per month, which is consistent with the comparable rate.

<b>Financial Impact: None</b>	<b>Not to Exceed Amount: N/A</b>	<b>Term: 2 years</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	S. McCalley 02/12/26	N/A	S. Oh 02/20/26	J. Mansour 02/11/26	J. McNaughton 02/13/26

**Department: HEALTH SERVICES****C.1. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH FREED & ASSOCIATES FOR CalAIM AND POPULATION HEALTH CONSULTING SERVICES****Chief:** Edward Juhn, M.D., Chief Medical Officer**Background & Discussion:**

Freed & Associates (Freed) has been assisting Inland Empire Health Plan (IEHP) with program management support services since 2021 to launch the required CalAIM initiative in 2022, with the latest Professional Service Agreement approved in May 2025 under Minute Order 25-090. The First Amendment was processed in December 2025 for a two-month term extension and additional \$79,421 and the Second Amendment was processed in February 2026 to shift funds from travel to project manager in order to process payment. Both the First and Second Amendments were processed under MO 24-065

Freed has served to bring about stability and strategic guidance in the CalAIM/Population Health Management (PHM) scope of work and helped to support meeting regulatory compliance. Some key areas of past success and contribution leveraged include, but are not limited to:

- Guiding/advising on the development and implementation of the value stream-based analysis (VSA) PHM current and future state.
- Leading the collaborative efforts to develop IEHP's PHM framework based on Department of Health Care Services (DHCS)'s CalAIM program goals and objectives.
- Serving as thought partners with IEHP team in considering how to best execute the CalAIM program in alignment with IEHP's organization culture.

**Procurement process:** Single Source

Freed has expertise to meet critical deadlines, has proven experience program managing complex, enterprise-level initiatives, and familiarity working with IEHP (cultural fit, decision making structure, value-driven approach). Freed has engaged with IEHP on several state initiatives. Freed's pricing for program management services is competitive with other healthcare consulting firms. Engaging alternative firms will lose business continuity and increases execution risks due to the lengthy request for proposal process.

**Recommendation(s):**

That the Governing Board of the IEHP Ratify and Approve the Third Amendment to the Professional Service Agreement with Freed Associates for an amount not to exceed \$117,504.00 effective March 1, 2026, through May 22, 2026.

Freed will continue to provide program management support services to develop and implement the required DHCS CalAIM requirements to ensure IEHP is compliant with state regulations. There are several upcoming required deliverables that Freed is supporting related to Closed Loop Referrals, Risk Stratification, Segmentation and Tiering, Transitional Rent

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Community Support, and Community Partner Memorandum of Understanding implementations. If we are not able to implement these requirements, there is audit compliance risk.

The Freed contract term is through May 22, 2026, which aligns with the approved, allocated money that is in IEHP’s 2026 operational budget under population health. During this time, IEHP plans to review the PHM structure and existing resources with the goal of transitioning the CalAIM project support internally.

<b>Financial Impact: \$117,504</b>	<b>Not to Exceed Amount: \$488,909</b>	<b>Term: May 22, 2026</b>
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
Included in CY2026 Budget	T. McGinnis 02/11/26	H. Clear 02/12/26	Make Selection [enter date]	T. Wada 02/11/26	E. Juhn 02/13/26

**Department: HEALTH SERVICES****C.2. APPROVE THE MEMORANDUM OF UNDERSTANDING WITH RIVERSIDE UNIVERSITY HEALTH SYSTEM – PUBLIC HEALTH FOR COORDINATED CARE SERVICES**

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

**Background & Discussion:**

The Department of Health Care Services (DHCS) requires that all participating Health Plans submit a signed Memorandum of Understanding (MOU) with Local Health Departments to ensure Members have coordinated care and Members have access to community-based resources to support whole person care under All Plan Letter (APL) 23-029.

Accordingly, Inland Empire Health Plan (IEHP) and Riverside University Health System – Public Health (RUHS) entered into this MOU for public health services in Riverside County. The intent of this MOU is for RUHS to provide IEHP Members with optimal care by providing preventative care, clinical care, care coordination, and connecting those Members to necessary resources, resulting in better health. Under the MOU, RUHS provides the following public health services to IEHP Members:

- Perinatal Services
- California Children Services (CCS)
- Human Immunodeficiency Virus Services
- Sexually Transmitted Diseases
- Tuberculosis Control Services
- Other Communicable Disease Control Services
- Immunizations

While there are no costs associated with this MOU, some services are reimbursable through the claims-based structure. Managed Care Plan (MCP) must reimburse for the following non-contracted Local Health Department Services at no less than the Medi-Cal Fee-For-Service rate: sexually transmitted infection (“STI”) screening, assessment, and/or treatment, family planning services, immunizations, and HIV testing and counseling.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP Approve the Memorandum of Understanding with Riverside University Health System - Public Health for a five-year term.

The MOU is making sure Medi-Cal Members in Riverside County receive the health and nutrition services they need, with both IEHP and the public health department working together, sharing information and improving how care is delivered.

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<b>Financial Impact: \$0</b>	<b>Not to Exceed Amount: \$0</b>	<b>Term: 5-year term</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	N/A	N/A	M. Popka 09/23/25	T. Wada 02/13/26	E. Juhn 02/13/26

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**Department: INFORMATION TECHNOLOGY****D.1. RATIFY AND APPROVE THE FIFTH AMENDMENT TO THE SOFTWARE LICENSE AGREEMENT WITH CLINICAL ARCHITECTURE, LLC. FOR CONTINUED USE OF THE SYMEDICAL AND PIVOT SOFTWARE PLATFORMS****Chief:** Vinil Devabhaktuni, Chief Digital and Information Officer**Background & Discussion:**

Inland Empire Health Plan (IEHP) receives millions of clinical files from over 600 providers, hospitals and ancillary providers. IEHP requires software to process these clinical files and parse the data into categories such as diagnosis, vital signs, social history, medications, lab results, and immunizations in real time. Clinical Architecture's software, including Pivot and Symedical, processes diverse technical formats and medical terminology from various sources to standardize and clean patient data.

Symedical maps medical terms to standard codes and extracts clinical facts from notes. For example, one physician may note patient had a "heart attack" while another notes "myocardial infarction" and a third may use a code like "I21.9". Symedical uses semantic normalization to recognize that all these terms mean the same thing and maps these various local terms into a single, standard medical language.

Pivot acts as a master organizer of patient data. For example, patient information comes from many different places—like hospitals, labs, and pharmacies—and each uses its own "filing system" or digital language. Instead of you having to build a new connection for every single source, Pivot collects and "ingests" all the messy data so it can be organized and processed in one place.

Both of these tools maintain data lineage for compliance as required by National Committee for Quality Assurance (NCQA) to ensure IEHP is always audit ready.

**Procurement process:** Enterprise Services Agreement

IEHP has utilized Symedical and Pivot software since 2015 as a component of the Allscripts provisioned Electronic Medical Record (EMR) solution. Centers for Medicare & Medicaid Services (CMS) have greatly expanded to include interoperability and patient access final rule in 2020, IEHP required the expansion of data ingestion and normalization services, which Clinical Architecture provided. Clinical Architecture has completed over 500 interface connections since the original contract was executed and has become a core service provider for IEHP.

**Recommendation(s):**

That the Governing Board of IEHP ratify and approve the Fifth Amendment to the Software License Agreement with Clinical Architecture, LLC. for continuing use of the Symedical and Pivot software platforms for an amount not to exceed \$1,264,625, for an extended term effective March 8, 2026, through March 7, 2027. Pricing represents an increase over the

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previous year as IEHP will be adding 149 new interfaces in 2026 which are charged according to the negotiated fee schedule. License fees have remained stable.

<b>Financial Impact:</b> \$1,264,625	<b>Not to Exceed Amount:</b> \$4,218,711	<b>Term:</b> 12 months
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
Included in CY2026Budget	S. Chiu 2/13/2026	W. Yanes 2/13/2026		S. Rath 2/10/2026	V. Devabhaktuni 2/13/2026

**Department: QUALITY****E.1. APPROVE THE GRANT AGREEMENT WITH CALIFORNIA HEALTH CARE FOUNDATION TO ENHANCE BEHAVIORAL HEALTH CARE THROUGH COMMUNITY HEALTH WORKER INTEGRATION WITH EMERGENCY DEPARTMENTS****Chief: Genia Fick, MA, Chief Quality Officer****Background & Discussion:**

Inland Empire Health Plan (IEHP) is committed to delivering high-quality care to its Members. To advance this commitment, IEHP submitted a proof-of-concept proposal to the California Improvement Network (CIN) and the California Health Care Foundation (CHCF) in August 2025. The proposal introduces an innovative approach to cross-train Community Health Workers (CHWs) as Peer Support Specialists (PSS) specifically to support Members experiencing substance use disorders or mental health crises in Emergency Department (ED) settings.

Through this initiative, trained CHWs will obtain certification as a PSS through the California Mental Health Services Authority (CalMHSA). They will provide direct support to these Members, help remove barriers to care, and ensure timely follow-up and continuity of services. The program also aims to strengthen ED capacity to manage the growing number of visits related to behavioral health concerns, including psychiatric emergencies, suicidal ideation, self-harm, and acute mental health episodes. By embedding CHWs with peer support training into EDs, IEHP seeks to improve care coordination, reduce treatment barriers, and deliver early interventions that lead to better outcomes for Members with behavioral health needs.

In October 2025, IEHP's proposal was selected for funding and awarded a \$20,000 grant from the California Health Care Foundation, making IEHP one of only five organizations statewide to receive this recognition.

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

That the Governing Board of IEHP approve the Grant Agreement through August 21, 2026. Execution of the agreement will authorize the CHCF to disburse initial funding of \$18,000 to IEHP for implementation of this initiative. The remaining \$2,000 will be disbursed to IEHP by CHCF upon submission and acceptance of the final deliverable.

Under the terms of the agreement, IEHP will collaborate with CIN to share progress, insights, and challenges related to the implementation of the initiative. IEHP will also disseminate project learnings through various channels, including webinars, partner meeting presentations, and publications.

The grant funding will enable IEHP to carry out the following activities in support of the initiative:

- Provide tools and resources to ensure appropriate peer support training for identified CHWs selected for this initiative.

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- Recruit hospital partners receptive to the placement of IEHP CHWs within their emergency departments.
- Oversee deployment of peer support-trained CHWs within hospital emergency departments.
- Deliver programmatic and analytic oversight to support the initiative’s success.

CHWs will engage with Members during their ED visit and provide ongoing support following discharge. By leveraging lived experience, they will foster trust, encourage adherence to follow-up care, and empower Members to make informed decisions regarding their behavioral health needs. These efforts aim to improve health outcomes, reduce avoidable ED utilization, and enhance quality performance in the following California Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS) measures:

- Follow-Up After ED Visit for Substance Abuse
- Follow-Up After ED Visit for Mental Illness

The Grant Agreement between IEHP and CHCF will be made effective October 30, 2025, through August 21, 2026.

<b>Financial Impact: NA</b>	<b>Not to Exceed Amount: NA</b>	<b>Term: 8/21/26</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	K. Moussa 02.03.26	N/A	Make Selection [enter date]	T. Tokijkla 02.02.26	G. Fick 02.05.26

**Department: QUALITY****E.2. DELEGATION OF AUTHORITY TO APPROVE THE EIGHTH AMENDMENT TO THE PARTICIPATION AGREEMENT WITH MANIFEST MEDEX FOR THE PROVISION OF A TECHNICAL CONSULTANT AND CUSTOM DEVELOPMENT SERVICES**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) is committed to ensuring Providers have the information they need to deliver high-quality care to our Members. As part of this commitment, IEHP has partnered with Manifest MedEx (MX) since 2018, leveraging its Health Information Exchange (HIE) to securely share real-time health data across hospitals, health plans, and Providers. This enables comprehensive Member histories, timely notifications, and improved care coordination that drive better outcomes and experiences. Leveraging the capabilities of the HIE has yielded multiple key outcomes for IEHP, which remain central to our Optimal Care goals, including:

1. **Member and Provider Experience** - The HIE facilitates the exchange of health information across 1,800+ organizations, including hospitals and health plans, ensuring Providers have access to comprehensive Member histories and real-time acute care notifications. This supports informed decisions, improved coordinated care, closure of gaps in care, and identification and intervention for high-risk Members.
2. **Maternal Outcomes and Birth Equity** - In 2024, IEHP and MX began onboarding Obstetrics and Gynecology (OBGYN) Providers to the HIE to improve care coordination from prenatal through postnatal stages. These efforts support the California Department of Health Care Services' (DHCS) Bold Goals: 50x2025, which aim to reduce maternity care disparities for Black and Native American persons by 50%.
3. **Quality Measure Performance** - Sharing Member information through the HIE has significantly improved IEHP's performance on DHCS Minimum Performance Level (MPL) measures, including Controlling Blood Pressure, Hemoglobin A1c control for diabetes, and Childhood and Adolescent Immunizations.
4. **Regulatory Compliance** - IEHP's participation in the HIE ensures compliance with California Health and Human Services (CalHHS) Data Exchange Framework (DxF) requirements, which mandate Medi-Cal Managed Care Plans and Providers to share health and social services data starting January 31, 2024.
5. **Skilled Nursing Facilities (SNFs)** – In 2025, IEHP and Manifest MedEx (MX) began onboarding five SNFs to the HIE, enabling real-time data sharing for timely, proactive care coordination. This pilot replaces manual processes like fax and lays the groundwork for expanding SNF integration to ensure optimal Member care.

To sustain and expand these outcomes, IEHP requires dedicated MX technical leadership and custom development capabilities. These investments will align data exchange with quality goals, address evolving challenges, and deliver tailored solutions that support organizational priorities. By strengthening data sharing, improving data quality, and enhancing reporting, IEHP can leverage technology to drive better Member outcomes.

**Procurement Solicitation Type:** Enterprise Services Agreement

**Recommendation(s):**

That the Governing Board of IEHP authorize the Chief Executive Officer (CEO), or his designee to, after legal review and approval, execute the Eighth Amendment to the Participation Agreement with Manifest MedEx for an additional amount not to exceed \$700,000 for two-years.

Under this amendment, Manifest MedEx will assign a dedicated resource to collaborate closely with IEHP’s Quality and IT Departments. This individual will serve as the primary point of coordination for data exchange activities, ensuring technical efforts align with quality improvement initiatives and organizational goals. Responsibilities include streamlining communication, guiding solutions to enhance accuracy and reliability of ambulatory data connections, and supporting quality-focused projects.

Additionally, this resource will facilitate engagement between Manifest MedEx and IEHP’s Primary Care Provider network to address data challenges, manage technical requests, and foster collaboration.

Beyond coordination and quality support, Manifest MedEx will provide custom development services to address evolving data quality needs that impact IEHP’s ability to achieve quality measure targets. This flexibility enables IEHP to adapt quickly to emerging priorities and leverage technology to drive improved outcomes.

The additional cost of this Eighth Amendment shall not exceed \$700,000 effective on the date of last signature for a period of two years. The total cost (including this request) of this Agreement shall not exceed \$19,219,858.

<b>Financial Impact: \$700,000</b>	<b>Not to Exceed Amount: \$19,219,858</b>	<b>Term: 2 Years</b>
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
Included in CY2026 Budget	K. Moussa 2.12.26	H. Clear 2.12.26		J. Diekmann 2/12/2026	G. Fick 2/13/2026

**Department: QUALITY****E.3. APPROVE THE 2026 QUALITY MANAGEMENT PROGRAM DESCRIPTION & QUALITY IMPROVEMENT & QUALITY MANAGEMENT WORKPLAN**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) maintains a comprehensive, ongoing Quality Management (QM) Program designed to continuously monitor and improve the quality of care, access to services, and patient safety for its members. The program uses a structured process to evaluate, track, and trend performance across clinical care, behavioral health, care management, patient safety, cultural and linguistically appropriate services, and care coordination. These efforts align with IEHP's mission, vision, values, and Strategic Plan.

**Governance and Oversight**

The Quality Management & Health Equity Transformation Committee (QMHETC), led by the Chief Quality Officer and Chief Medical Officer, provides strategic direction and oversight of the QM Program.

Membership includes:

- Internal IEHP leaders and key departments
- External partners such as Independent Physician Association (IPA) Medical Directors and representatives from Riverside and San Bernardino County Public Health Departments

QMHETC reviews recommendations from multiple subcommittees, including:

- Quality Improvement Council (QIC)
- Quality Improvement Subcommittee (QISC)
- Population Health Management (PHM)
- Member Experience (MESC)
- Utilization Management (UM)
- Peer Review
- Pharmacy & Therapeutics (P&T)
- Credentialing
- Delegation Oversight
- Dual Eligible Special Needs Plan (D-SNP) Model of Care & Medicare Stars
- Provider Network Access
- Hospital and Ancillary Quality Improvement
- Skilled Nursing Facility (SNF)
- Member Safety Subcommittee
- Ambulatory Provider Quality Informatics & Technology (Ambulatory QIT)
- Community Advisory Committee (Member Workgroup)

**Regulatory and Accreditation Compliance**

QM activities meet requirements from Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), Centers for Medicare & Medicaid Services (CMS), and Covered California, and ensure compliance with National Committee for Quality Assurance (NCQA) accreditation standards through an annual QI/QM Workplan.

This workplan:

- Tracks progress on QI initiatives throughout the year
- Defines objectives for improving clinical care, safety, service quality, and member/provider experience
- Includes timelines, departments responsible, and evaluation of prior issues

IEHP also aligns quality and health equity efforts with DHCS’ Comprehensive Quality Strategy, monitors DHCS-selected measures stratified by demographics, and responds to findings from DHCS reports (e.g., Technical Report, Health Disparities Report, Preventive Services Report).

**Quality Improvement Initiatives**

QI initiatives follow a rigorous process of identification, development, and implementation, focusing on high-volume, high-risk, or deficient areas. These initiatives aim to improve:

- Care and service quality
- Access and safety
- Member experience

Performance is monitored using Managed Care Accountability Set (MCAS) and other quality measures. Data-driven strategies and customized metrics guide implementation plans and support IEHP’s Strategic Plan.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP Approve the 2026 Quality Management Program Description & Quality Improvement & Quality Management Workplan.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	N/A	J. Diekmann 1/26/2026	G. Fick 2/12/2026

**Department: QUALITY****C.4. APPROVE THE FUNDING FOR THE 2026-27 QUALITY ACHIEVEMENT PROGRAM**

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

**Background & Discussion:**

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

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

The inaugural 2023-24 Quality Achievement Program yielded positive results, and the Board most recently approved a continuation of the 2025-26 Quality Achievement Program in August 2025.

Given that the timeframe for the Quality Achievement Program measures are calendar year based (January – December), IEHP intends to communicate the program details to its Team Members earlier in the year so that they can implement their strategies and interventions with as much time as possible to improve this measure set.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP Approve the funding for the 2026-27 Quality Achievement Program for an amount not to exceed \$20,810,848 which will be included in the 2027 budget. The estimated payout is \$15,608,136, assuming attainment of 75% of performance targets.

Given the continued emphasis on quality measure outcome performance from key regulators and accreditation bodies, including the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), Covered CA (CCA), Centers for Medicare & Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA), and given the continued positive results of this program, IEHP recommends the continuation of the Quality Achievement Program for another year, 2026-27.

The design of the Quality Achievement Program (QAP) will remain unchanged from the 2025-26 program. All measures will remain unchanged from the current program.

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

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

**Team Member Eligibility:** IEHP team members hired in their role before October 1, 2026, and remaining in the qualifying role on June 30, 2027, would be eligible for this achievement program.

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

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

- Annual Earnings Period: January 1, 2026, through December 31, 2026.
- Team members with less than a year of service will have their payout prorated based on the performance period.

**Measures:** Performance on the 2026-27 QAP will be spread across 10 measures. Each Quality measure will hold equal potential value. For example, for Directors and above, each quality measure will be worth 1.50% if both improvement and achievement goals are met. The table below illustrates the 10 measures included in the 2026-27 QAP along with the regulatory agencies who monitor IEHP's performance on these measures.

Quality Measures	DHCS	DMHC	CMS	Covered CA	NCQA
Cervical Cancer Screening – ECDS	X			X	X
Timely Postpartum Care	X	X		X	X
Child & Adolescent Well Care Visits	X	X		X	X
Well-Child Visits in the First 30 Months of Life (0-15 Months)	X	X		X	X
Well-Child Visits in the First 30 Months of Life (15-30 Months)	X	X		X	X
Childhood Immunizations: Combo 10 - ECDS	X	X		X	X
Immunizations for Adolescents: Combo 2	X	X		X	X
Colorectal Cancer Screening		X	X	X	
Controlling High Blood Pressure	X	X	X	X	X
HbA1c Control (<=9.0%)	X	X	X	X	X

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

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

CMS: Centers for Medicare and Medicaid Services

Covered CA: Covered CA Quality Rating System Measure

NCQA: National Committee for Quality Assurance Health Plan Rating Measures

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

- **Achievement Goal:** Defined as meeting the defined benchmark target for the measure, set at the *next highest* national Medicaid or Medicare percentile cut point (that is at least 1 percentage point higher than IEHP's 2025 rate). National Medicaid and Medicare benchmarks are published by the National Committee for Quality Assurance (NCQA) in the Quality Compass in September of each year.
- **Improvement Goal:**
  - For measures with an Achievement Goal set below the 75<sup>th</sup> percentile: Defined as closing the gap between IEHP's 2025 rate and the 2026 Achievement Goal rate by at least 75%.
  - For measures with an Achievement Goal set at or above the 75<sup>th</sup> percentile: Defined as closing the gap between IEHP's 2025 rate and the 2026 Achievement Goal rate by at least 50%.

The chart below summarizes the preliminary goals set for each of the 10 measures included in the 2026-27 program. Final goals will be set once measurement year (MY) 2025 rates are submitted in June 2026 and benchmarks are released in September 2026.

Quality Measures	IEHP Interim MY 2025 Performance*	IEHP 2025 Performance Benchmark*	MY 2026 Interim Improvement Goal	MY 2026 Interim Achievement Goal
Cervical Cancer Screening - ECDS	57.30%	66 <sup>th</sup> percentile	62.48%	90 <sup>th</sup> percentile (64.21%)
Timely Postpartum Care	80.50%	33 <sup>rd</sup> percentile	84.18%	66 <sup>th</sup> percentile (85.40%)
Child and Adolescent Well Care Visits	55.94%	50 <sup>th</sup> percentile	60.11%	66 <sup>th</sup> percentile (61.50%)
Well-Child Visits in the First 30 Months of Life (0-15 Months)	54.10%	10 <sup>th</sup> percentile	63.31%	50 <sup>th</sup> percentile (66.38%)
Well-Child Visits in the First 30 Months of Life (15-30 Months)	73.47%	50 <sup>th</sup> percentile	78.22%	66 <sup>th</sup> percentile (79.80%)
Childhood Immunizations: Combo 10 - ECDS	20.85%	25 <sup>th</sup> percentile	23.13%	50 <sup>th</sup> percentile (26.89%)
Immunizations for Adolescents: Combo 2	42.80%	75 <sup>th</sup> percentile	49.40%	90 <sup>th</sup> percentile (56.00%)
Colorectal Cancer Screening (DSNP)	71.27%	3 Stars	75.57%	5 Stars (77.00%)
Controlling High Blood Pressure (DSNP)	70.55%	2 Stars	75.39%	3 Stars (77.00%)

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<b>HbA1c Control (&lt;=9) (DSNP)</b>	78.75%	<b>2 Stars</b>	81.19%	<b>3 Stars (82.00%)</b>
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*\*Based on data of January 2026 – 1<sup>st</sup> Run*

**Key Dates:**

- **Measurement Year:** The MY (or performance period) is defined as January 1, 2026, through December 31, 2026.
- **Finalized Rates:** IEHP’s finalized 2026 rates will be reported to DHCS and CMS in June 2027.
- **Payout Dates:** The 2026-27 Quality Achievement Program payout will be distributed during the July 2027 payroll.

<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>
Will be included in CY2027 Budget	NA	NA	NA	J. Diekmann 1/13/2026	G. Fick 1/14/2026

**Department: ADMINISTRATION**

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

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

**Background & Discussion:**

Chief Executive Officer update for the March 9, 2026, Governing Board Meeting.

**Recommendation(s):**

Review and File

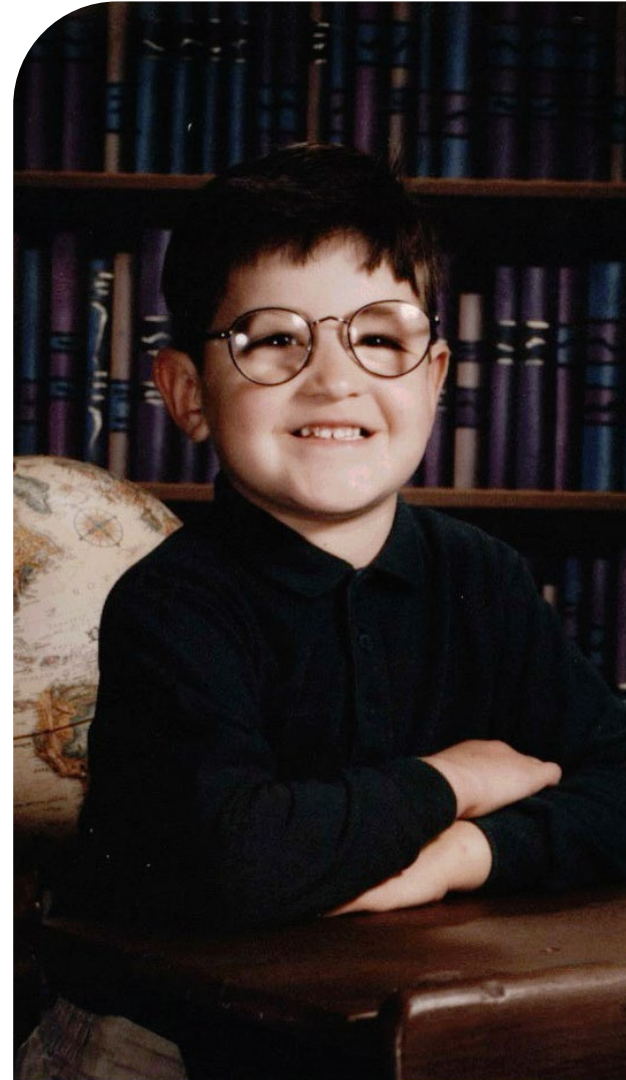


# Governing Board Meeting

CEO BOARD REPORT | *March 9, 2026*

# MISSION MOMENT: SAM'S STORY

- Our “Stories From The Heart” series highlighted team member Sam Torres.
- Growing up, Sam’s parents navigated a period of financial instability, which meant sometimes driving to Tijuana and Mexicali for less expensive vision care.
- When the glasses he’d worn for years finally broke, a local optometrist reviewed Sam’s coverage as a young IEHP member and was able to prescribe brand-new glasses. That started the first positive ripple effect.
- Sam went on to college and earned a master’s in public health. He has worked at IEHP for 12 years – as a quality systems program administrator – going from experiencing the ripple effects to... making them for others.



# IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR - FORECAST	+ OR - LAST MONTH
January 2026	1,507,300	1,468,277	(39,023)	(49,122)
February 2026	1,482,300	1,455,141	(27,159)	(13,136)
March 2026	1,460,000	1,446,127	(1,3873)	(9,014)



# STATE LEGISLATIVE VISITS

- VP of Government Affairs Victoria Ostermann visited with state legislative offices on Feb. 17 and 18 to engage in meaningful conversations.
- Offices visited were:
  - Senator Akilah Weber Pierson (Chair, Senate Health)
  - Senator Caroline Menjivar (Chair, Senate HHS Budget Subcommittee 3)
  - Senator Sabrina Cervantes (Riverside)
  - Senator Eloise Gomez Reyes (San Bernardino)
  - Senator Kelly Seyarto (Murrieta)
  - Assemblymember Juan Carrillo (Palmdale)
  - Assemblymember Robert Garcia (Rancho Cucamonga)
  - Assemblymember Jeff Gonzalez (Indio)
  - Assemblymember Corey Jackson (Moreno Valley)
  - Assemblymember James Ramos (San Bernardino)
  - Assemblymember Greg Wallis (Rancho Mirage)
- Topics discussed included H.R.1 impacts, Medi-Cal sustainability priorities, member retention strategies, SafetyNet and rural health care delivery, and cost containment efforts.



# IEHP FOUNDATION IN SACRAMENTO

- IEHP Foundation's Champions for Vibrant Health Leadership Network visited Sacramento Feb. 23 and 24.
- Eighty nonprofit leaders from 40 organizations met with legislators and agencies in 60 meetings to discuss the most pressing issues and priorities for Inland Empire families, including access to affordable housing, comprehensive health care, nutritious food, quality jobs and children and youth supports.
- Leaders engaged in meaningful dialogue with:
  - Senator Eloise Gomez Reyes (San Bernardino)
  - Senator Kelly Seyarto (Murrieta)
  - Senator Rosilicie Ochoa Bogh (Yucaipa)
  - Assemblymember Robert Garcia (Rancho Cucamonga)
  - Assemblymember Leticia Castillo (Corona)
  - Assemblymember Jeff Gonzalez (Indio)
  - Assemblymember Dr. Corey Jackson (Moreno Valley)
  - GO-Serve Director and California Chief Service Officer Josh Fryday



# PALO VERDE HOSPITAL AND RIVERSIDE COUNTY

- The Palo Verde Healthcare District Board of Directors has approved a 180-day agreement with Riverside County aimed at stabilizing emergency services at Palo Verde Hospital.
- The agreement authorizes leadership from Riverside University Health System Medical Center and Clinics to deploy a county-led strike team.
- The county's team will assess current operations with a focus on patient safety, staffing stability and emergency department processes.



# PROVIDER DINNER SERIES

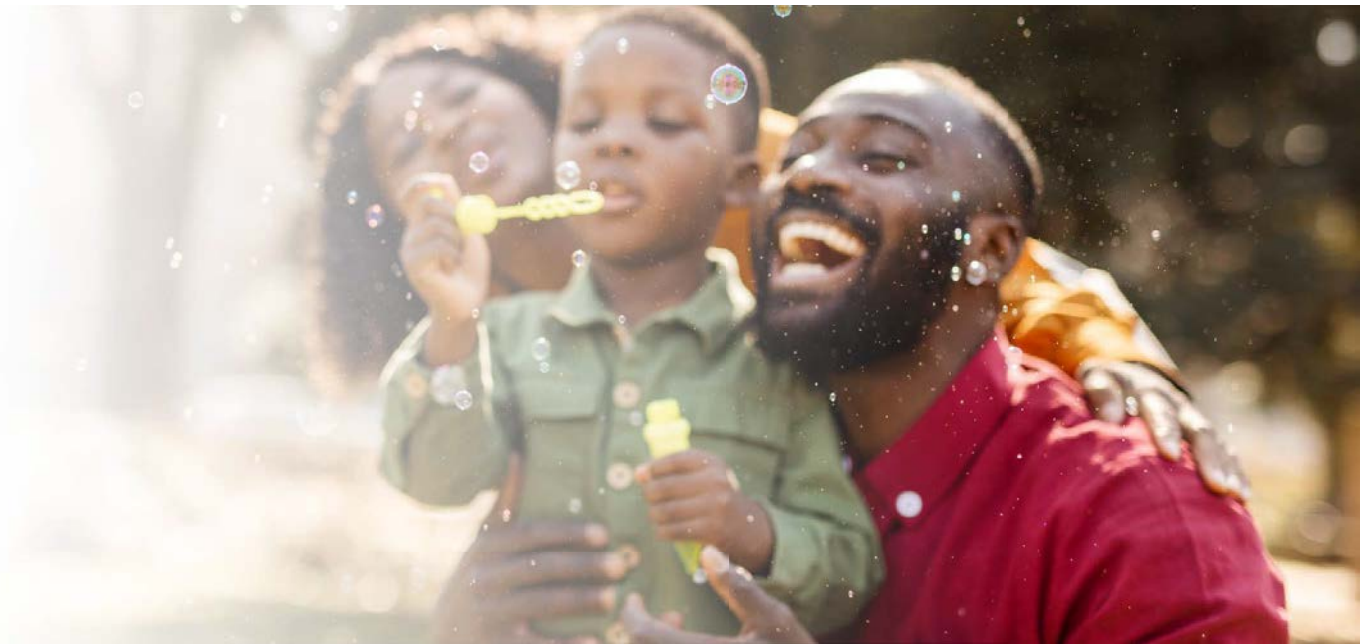
- The Feb. 18 dinner was held in Pomona.
- The dinner was attended by local providers, their guests, community partners and IEHP leaders.
- Topics discussed included the impact of the Consumer Assessment of Healthcare Providers and Systems (CAHPS), how H.R.1 affects Medi-Cal enrollment policies and CalAIM initiatives.
- Dr. Lester Holstein of Premier Family Medicine Associates specifically expressed appreciation for the provider dinner series and for IEHP's ongoing support of the physician network.



February 2026  
Provider Dinner

# LHPC LEGISLATIVE BRIEFING PANELIST

- CEO Jarrod McNaughton joined other health care CEOs on Feb. 12 to provide a legislative briefing to key leadership in the State Assembly and Senate.
- The virtual session was hosted by Local Health Plans of California (LHPC).
- The panel shared the incredible work being done by local non-profit health plans to strengthen safety net providers, create greater access for members, increase quality, and be the best stewards of public funds.



# REIMAGINED COCA-COLA PRODUCTION CENTER

- A new 620,000-square-foot Coca-Cola production and distribution center is being built across the street from IEHP's headquarters in Rancho Cucamonga.
- IEHP has a temporary access agreement with Ryan Companies providing 350 parking spaces of its northwest parking lot.
- The new state-of-the-art facility is targeted to come online in Q4 2027 and will feature a fully electric fleet of material-handling equipment and 2 megawatts of onsite solar power.
- A groundbreaking ceremony was held Feb. 26 and was attended by IEHP representatives.
- IEHP Board Member and Second District Supervisor Jesse Armendarez shared brief words during the event.





*Thank you*

**Department: FINANCE**

**B.1. MONTHLY FINANCIAL REVIEW**

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

**Background & Discussion:**

Monthly Financials for Period Ending January 31, 2026

**Recommendation(s):**

Review and File

# FINANCE DIVISION

## January 2026

# MONTHLY FINANCIALS

Presented  
March 9, 2026



# Financial Position Summary

- 2025 was the first step to Return to Profitability. We achieved cost reduction through several initiatives and record revenue increases. Our financial position stabilized to near breakeven from 2024's significant losses.
- 2026 should allow us to build back up our reserves and increase our days of cash-on-hand. This will be driven by continued small decreases in costs, and the significant rate increase we negotiated with DHCS.
- For the month of January 2026, we have a consolidated net surplus of ~\$41.6M.
- Overall, IEHP anticipates CY 2026 to end with a net surplus.



# January 2026 Actual vs Budget: Consolidated

	January Month-to-Date		
	Actual	Budget	Variance
<b>Total Revenue</b>	\$ 739,431,289	\$ 762,260,766	\$ (22,829,477)
<b>Total Medical Costs</b>	\$ 660,921,969	\$ 691,879,350	\$ 30,957,381
<b>Total Operating Expenses</b>	\$ 44,072,972	\$ 45,535,604	\$ 1,462,632
<b>Total Non Operating Income (Expense)</b>	\$ 7,127,884	\$ 3,682,901	\$ 3,444,983
<b>Non-Medical Expenses</b>	\$ 5,366	\$ 8,333	\$ 2,967
<b>Net Surplus (Deficit)**</b>	\$ 41,558,866	\$ 28,520,380	\$ 13,038,486
<b>Medical Cost Ratio**</b>	89.4%	90.8%	(1.4%)
<b>Administrative Cost Ratio**</b>	6.0%	6.0%	(0.0%)

## Highlights for the Month:

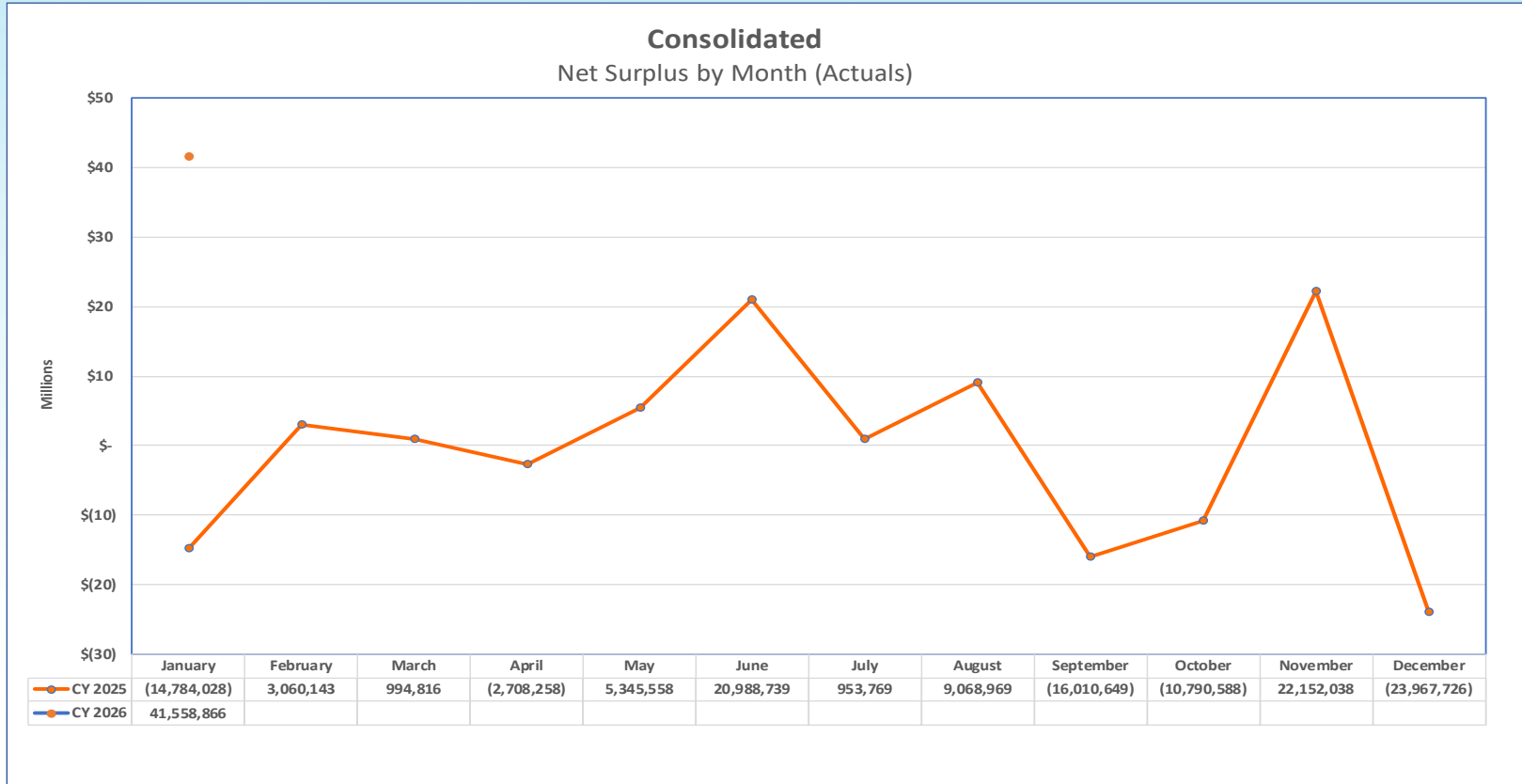
- Overall, we will have a consolidated net surplus of ~\$42M for January.
- The unfavorable revenue variance compared to budget is primarily due to unfavorable adjustments due to UIS risk corridor for CY 2025 dates of service and D-SNP risk adjustment for Plan Year 2025, partially offset by higher-than-expected MCE Non-Dual , Child, and other member months.
- The favorable medical costs variance compared to budget is primarily due favorable TRI expense adjustments, lower-than-expected FFS claims trend, capitation expense, and pharmacy expense.
- The favorable non-operating income (expense) variance compared to budget is primarily due to investment income and unrealized gain on California Employers' Pension Prefunding Trust fund.

\*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

	January Month-to-Date		
	Actual	Budget	Variance
Total Revenue	\$ 647,458,895	\$ 661,208,863	\$ (13,749,968)
Total Medical Costs	\$ 562,182,448	\$ 601,429,081	\$ 39,246,633
Total Operating Expenses	\$ 32,387,157	\$ 39,012,879	\$ 6,625,722
Total Non Operating Income (Expense)	\$ 162,067	\$ -	\$ 162,067
Net Surplus (Deficit)**	\$ 53,051,357	\$ 20,766,903	\$ 32,284,454
Medical Cost Ratio**	86.8%	91.0%	(4.1%)
Administrative Cost Ratio**	5.0%	5.9%	(0.9%)

## Highlights for the Month:

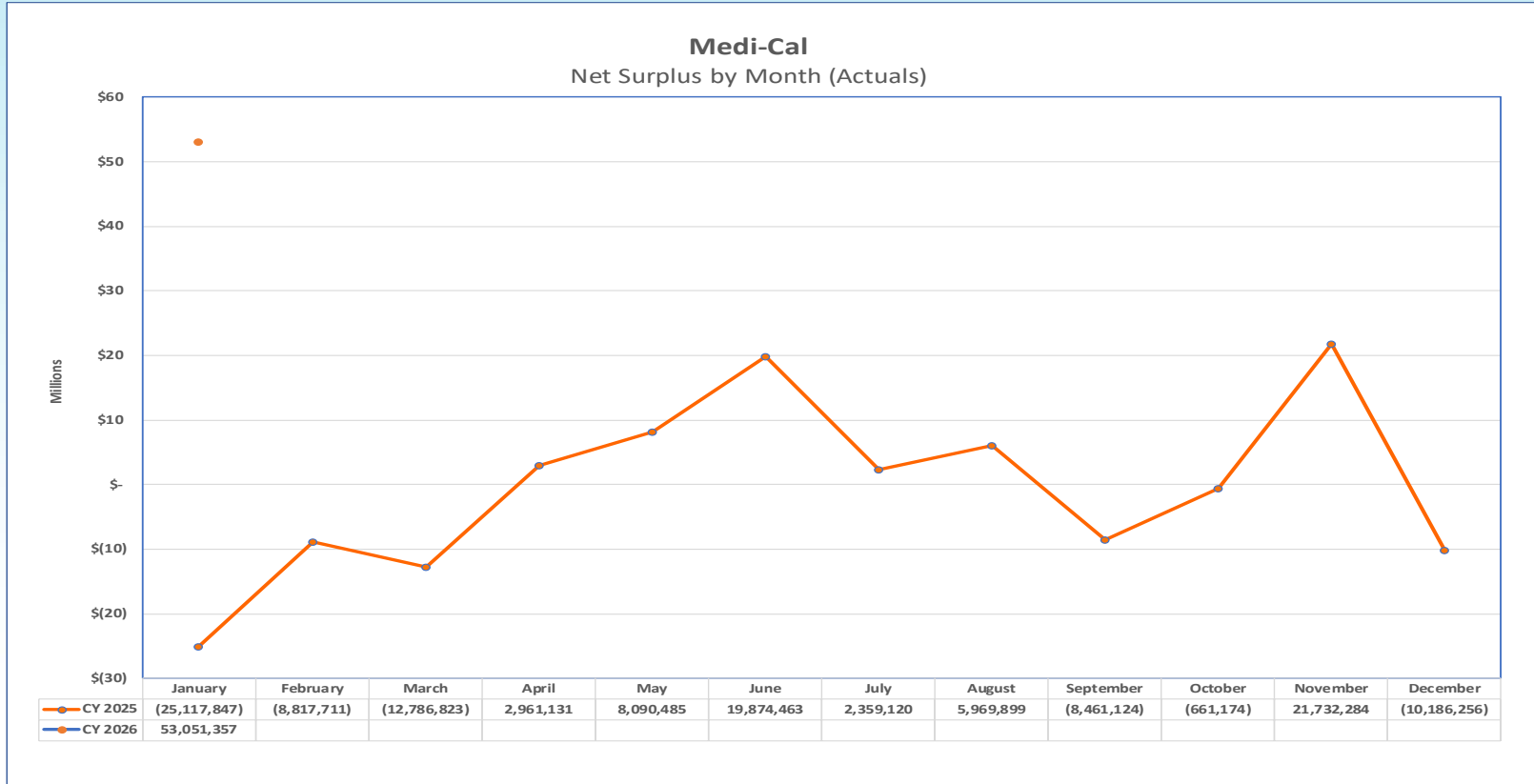
- The unfavorable revenue variance compared to budget is primarily due to unfavorable adjustment due to UIS risk corridor for CY 2025 dates of service, partially offset by higher-than-expected MCE Non-Dual , Child, and other member months.
- The favorable medical costs variance compared to budget is primarily due favorable TRI expense adjustments, lower-than-expected FFS claims trend, and capitation expense.
- The favorable operating expense variance is primarily driven by lower department costs related to the product line, whereas the budget was developed in line with the admin portion of our Medi-Cal revenue rates.

\*\*Differences are due to rounding



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

Medi-Cal results drove overall Plan improvement



# Actual vs Budget: D-SNP

	January Month-to-Date		
	Actual	Budget	Variance
Total Revenue	\$ 71,189,824	\$ 81,523,205	\$ (10,333,381)
Total Medical Costs	\$ 79,444,307	\$ 73,929,640	\$ (5,514,667)
Total Operating Expenses	\$ 6,745,290	\$ 3,569,279	\$ (3,176,011)
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -
Net Surplus (Deficit)**	\$ (14,999,772)	\$ 4,024,286	\$ (19,024,058)
Medical Cost Ratio**	111.6%	90.7%	20.9%
Administrative Cost Ratio**	9.5%	4.4%	5.1%

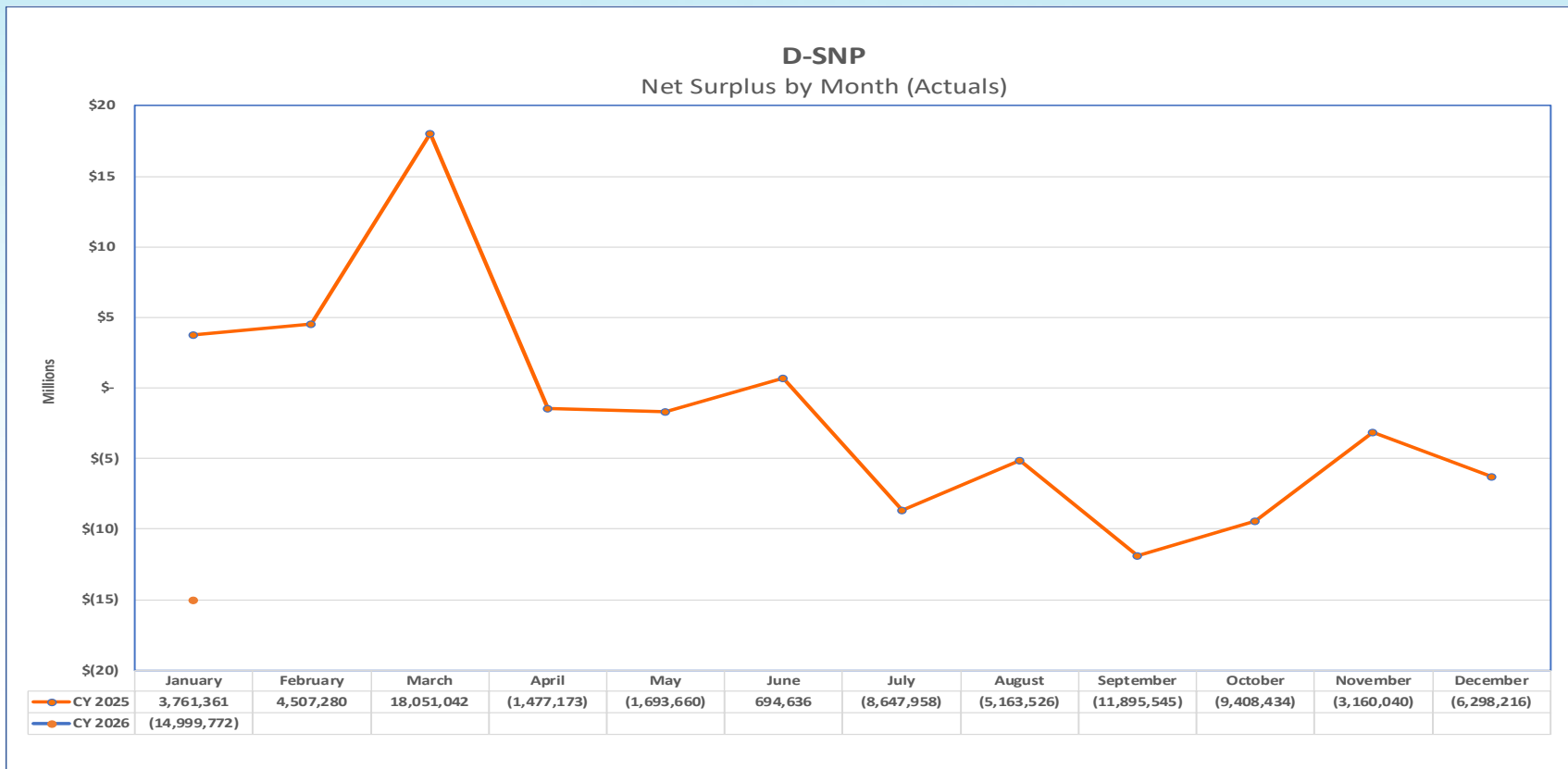
## Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to risk adjustment for Plan Year 2025.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected FFS claims attributed to increased utilization, partially offset by favorable pharmacy and capitation expense.
- The unfavorable operating expense variance is primarily driven by higher department costs related to the product line, whereas the budget was developed in line with regulatory reporting projections.

\*\*Differences are due to rounding



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



# Actual vs Budget: IEHP Covered (CCA)

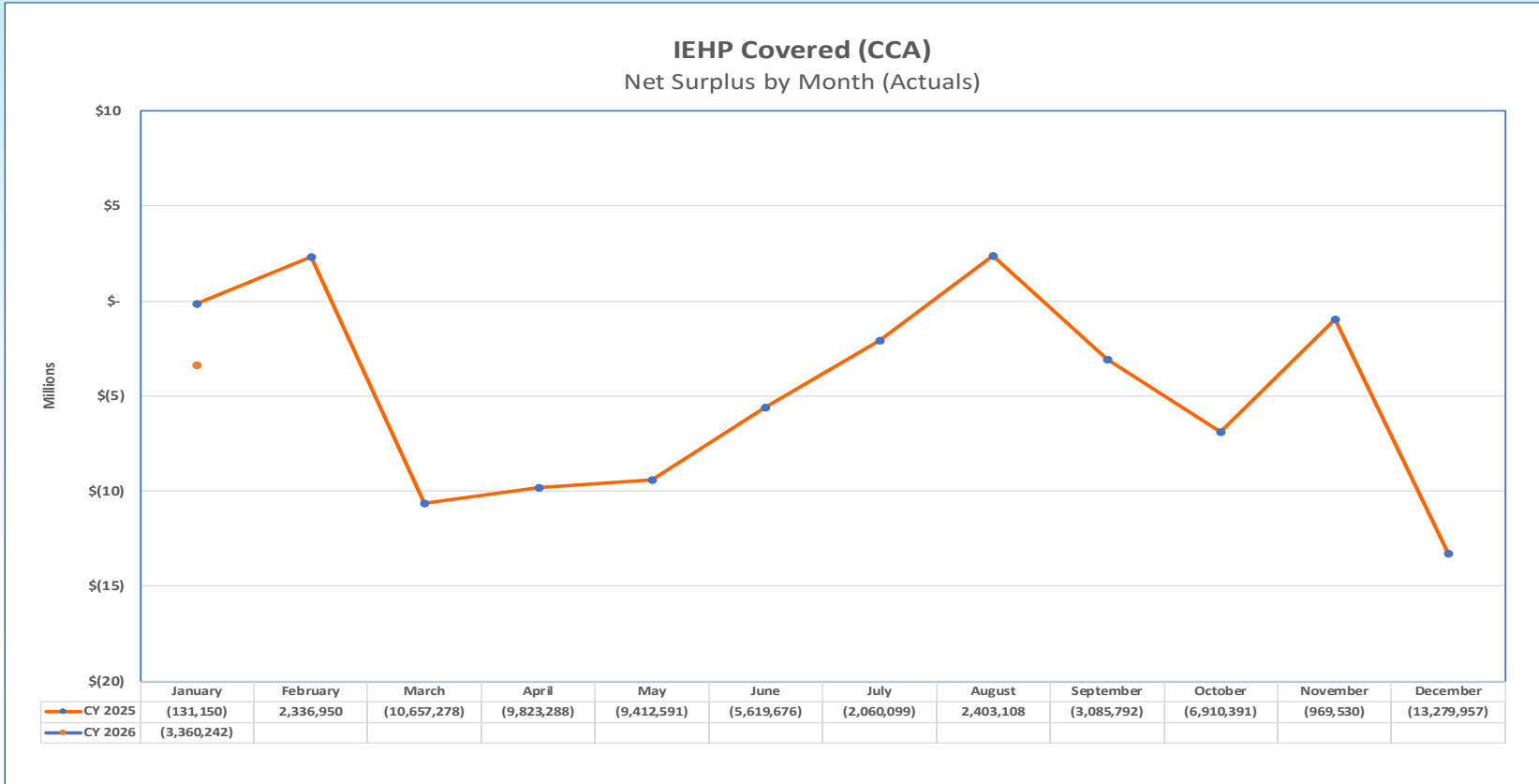
	January Month-to-Date		
	Actual	Budget	Variance
Total Revenue	\$ 20,782,569	\$ 19,528,699	\$ 1,253,870
Total Medical Costs	\$ 19,202,286	\$ 16,520,629	\$ (2,681,657)
Total Operating Expenses	\$ 4,940,525	\$ 2,953,446	\$ (1,987,079)
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -
Net Surplus (Deficit)**	\$ (3,360,242)	\$ 54,623	\$ (3,414,865)
Medical Cost Ratio**	92.4%	84.6%	7.8%
Administrative Cost Ratio**	23.8%	15.1%	8.6%

## Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected Silver membership.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected utilization in FFS claims.
- The unfavorable operating expense variance is primarily driven by higher department costs related to the product line, whereas the budget was developed in line with regulatory reporting projections.

\*\*Differences are due to rounding

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



# Balance Sheet: Current Month vs Prior Month

	Jan-26	Dec-25	Variance
<b><u>Assets and Deferred Outflows</u></b>			
Current Assets	\$ 2,472,722,139	\$ 2,562,376,043	\$ (89,653,905)
Long Term Receivables	\$ 627,120	\$ -	\$ 627,120
Other Non Current Assets	\$ 72,798,697	\$ 71,484,635	\$ 1,314,062
Capital Assets	\$ 298,654,975	\$ 301,967,622	\$ (3,312,647)
Deferred Outflows of Resources	\$ 88,680,255	\$ 88,680,255	-
Net Other Assets	\$ -	\$ -	\$ -
<b>Total Assets and Deferred Outflows**</b>	<b>\$ 2,933,483,186</b>	<b>\$ 3,024,508,555</b>	<b>\$ (91,025,369)</b>
<b><u>Liabilities, Deferred Inflows, and Net Position</u></b>			
Current Liabilities	\$ 1,763,182,692	\$ 1,896,323,810	\$ (133,141,118)
Long-Term Liabilities	\$ 23,688,580	\$ 23,852,023	\$ (163,443)
Deferred Inflows Of Resources	\$ 18,864,715	\$ 18,144,388	\$ 720,327
Net Position	\$ 1,127,747,199	\$ 1,086,188,334	\$ 41,558,866
<b>Total Liabilities, Deferred Inflows, and Net Position**</b>	<b>\$ 2,933,483,186</b>	<b>\$ 3,024,508,555</b>	<b>\$ (91,025,369)</b>

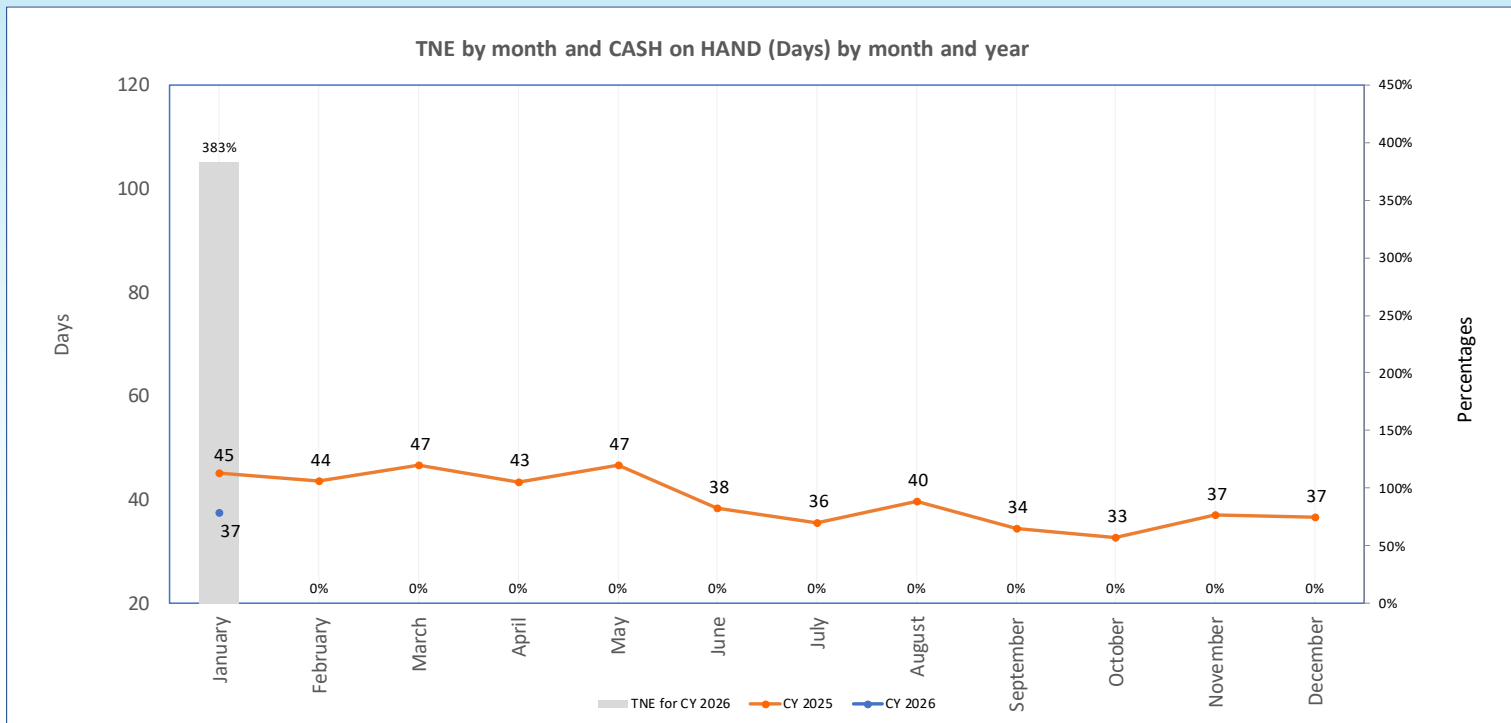
## **Highlights for the Month:**

- Decrease in Current Assets and Current Liabilities is primarily due to \$320.9M IGT distribution to providers, partially offset by \$89.5M February D-SNP capitation payment received in January.

\*\*Differences are due to rounding



# TNE and Cash On Hand



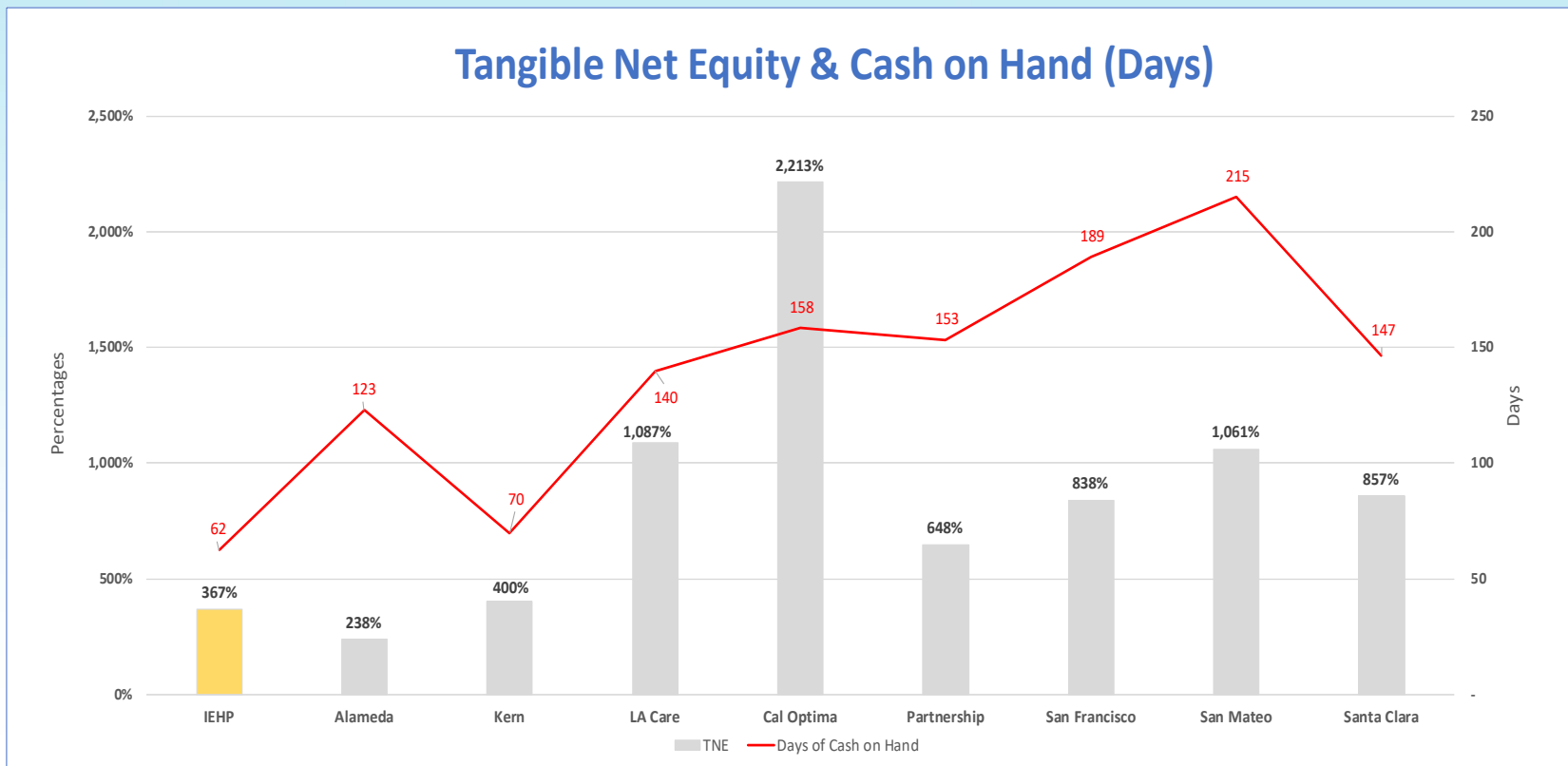
## Highlights for the Month:

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



# Appendix



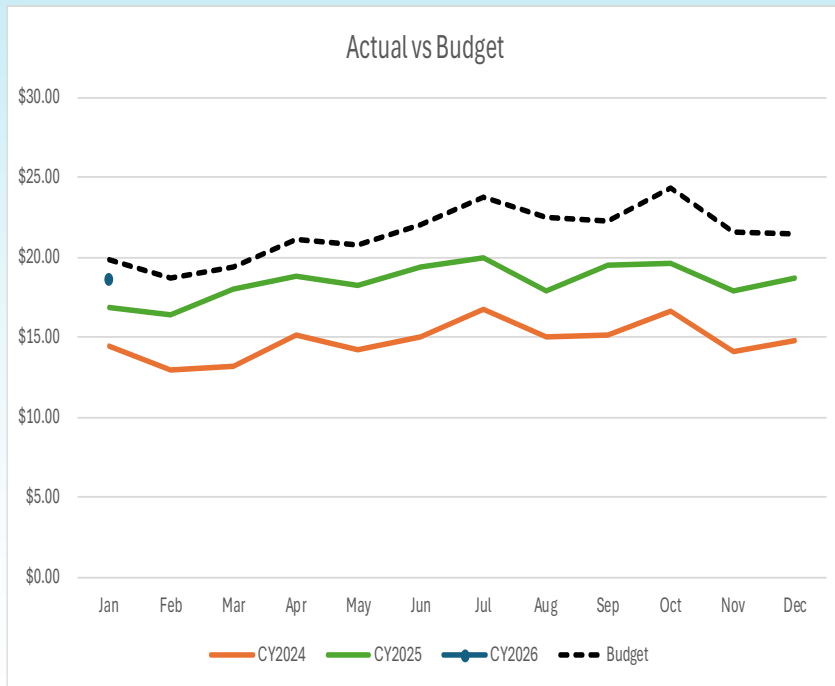


Note 1: From the DMHC quarterly Orange Blank report.

Note 2: IEHP COH number (above) is different from the COH in slide deck 12. This is primarily due to pass-throughs being excluded in slide deck 12.



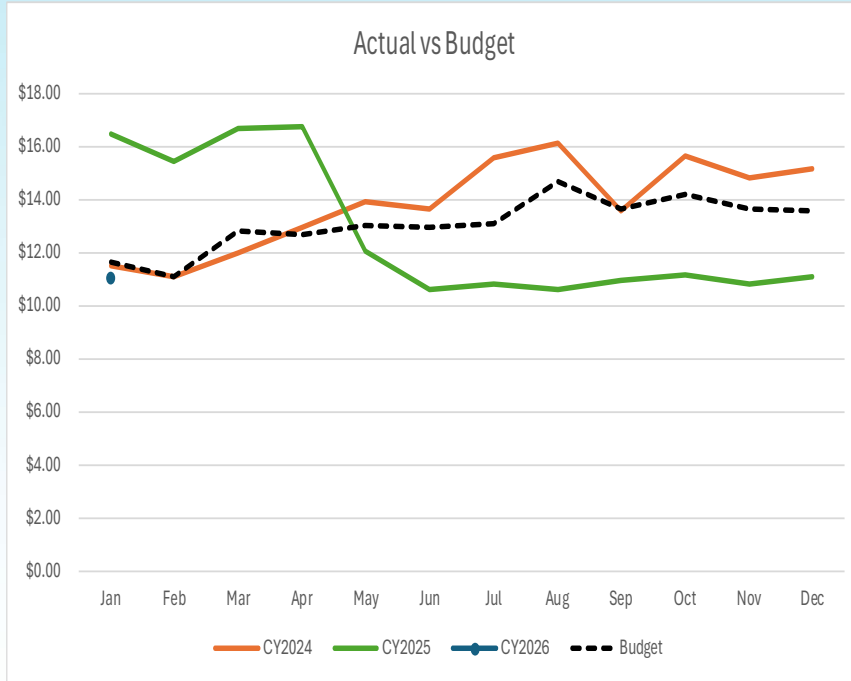
# Behavioral Health Therapy – Autism



Service Month	Incurred PMPM				Trends		Variance to
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$14.49	\$16.91	\$18.55	\$19.87	16.7%	9.7%	-6.7%
Feb	\$12.92	\$16.47		\$18.69	27.5%		
Mar	\$13.17	\$17.97		\$19.36	36.4%		
Apr	\$15.19	\$18.84		\$21.18	24.0%		
May	\$14.28	\$18.29		\$20.78	28.0%		
Jun	\$15.01	\$19.46		\$22.07	29.6%		
Jul	\$16.75	\$20.01		\$23.81	19.4%		
Aug	\$15.01	\$17.87		\$22.46	19.0%		
Sep	\$15.18	\$19.53		\$22.22	28.7%		
Oct	\$16.61	\$19.64		\$24.29	18.2%		
Nov	\$14.11	\$17.88		\$21.54	26.7%		
Dec	\$14.85	\$18.70		\$21.41	25.9%		

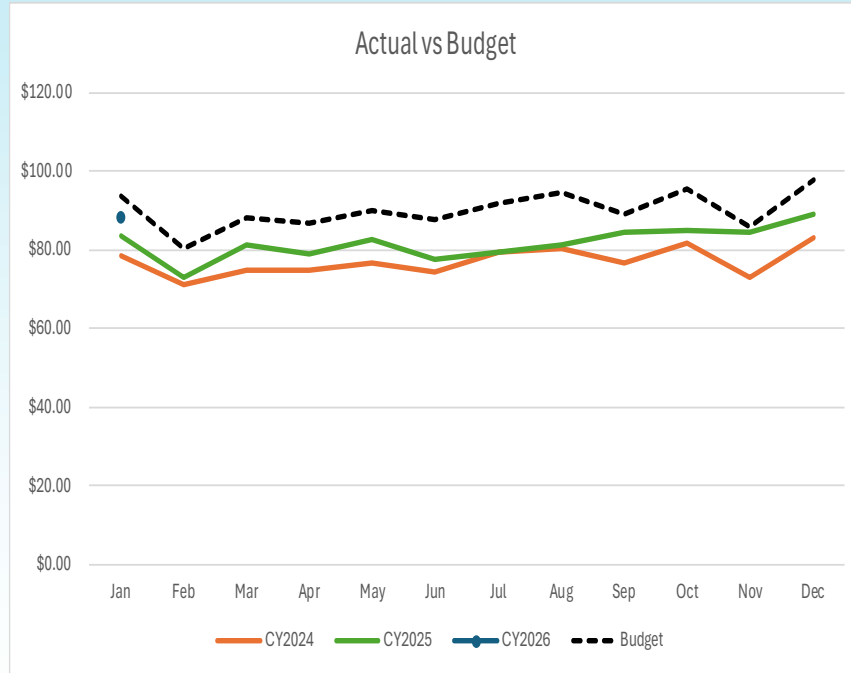


# Transportation



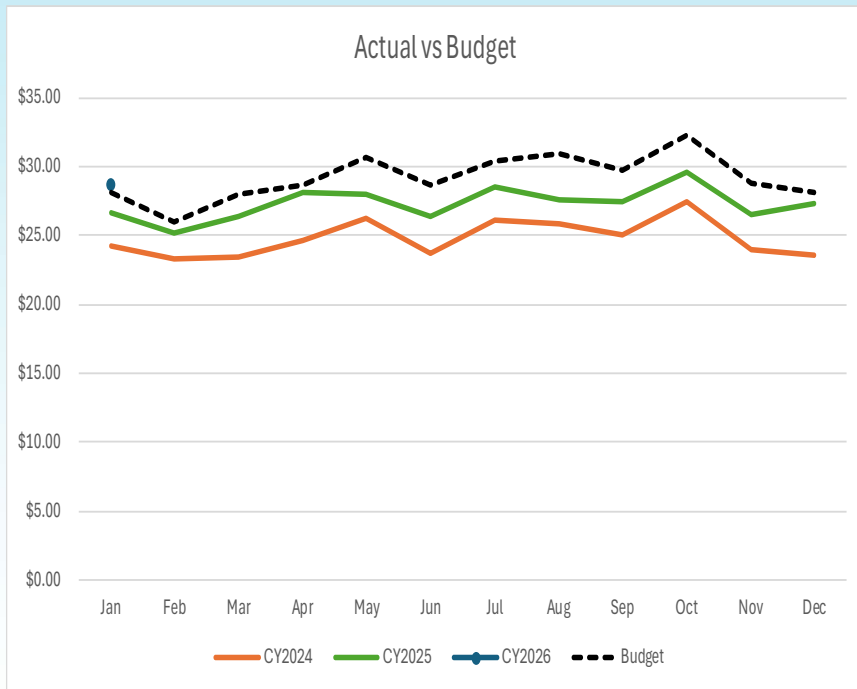
Service Month	Incurred PMPM				Trends		Variance to
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$11.53	\$16.48	\$11.05	\$11.63	42.9%	-33.0%	-5.0%
Feb	\$11.09	\$15.41		\$11.12	39.0%		
Mar	\$11.98	\$16.69		\$12.83	39.3%		
Apr	\$12.93	\$16.72		\$12.70	29.4%		
May	\$13.93	\$12.03		\$13.04	-13.6%		
Jun	\$13.64	\$10.60		\$12.95	-22.3%		
Jul	\$15.53	\$10.83		\$13.11	-30.3%		
Aug	\$16.11	\$10.61		\$14.67	-34.1%		
Sep	\$13.56	\$10.95		\$13.62	-19.2%		
Oct	\$15.63	\$11.16		\$14.17	-28.6%		
Nov	\$14.80	\$10.81		\$13.64	-27.0%		
Dec	\$15.17	\$11.11		\$13.55	-26.7%		





Service Month	Incurred PMPM				Trends		Variance to
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$78.69	\$83.36	\$87.95	\$93.59	5.9%	5.5%	-6.0%
Feb	\$71.00	\$73.16		\$80.42	3.0%		
Mar	\$75.01	\$81.17		\$88.38	8.2%		
Apr	\$75.04	\$79.21		\$86.80	5.6%		
May	\$76.46	\$82.71		\$90.06	8.2%		
Jun	\$74.61	\$77.50		\$87.55	3.9%		
Jul	\$79.44	\$79.26		\$91.71	-0.2%		
Aug	\$80.57	\$81.43		\$94.81	1.1%		
Sep	\$76.86	\$84.41		\$89.02	9.8%		
Oct	\$81.65	\$85.14		\$95.69	4.3%		
Nov	\$73.06	\$84.36		\$86.00	15.5%		
Dec	\$83.25	\$89.31		\$97.63	7.3%		

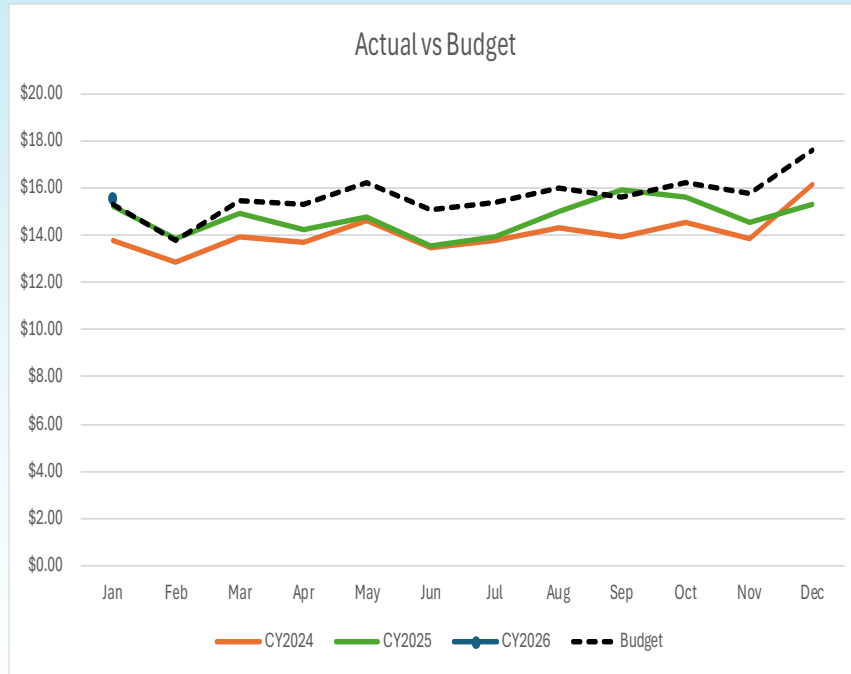




Service Month	Incurred PPM				Trends		Variance to
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$24.24	\$26.70	\$28.63	\$28.19	10.2%	7.2%	1.6%
Feb	\$23.26	\$25.18		\$25.98	8.3%		
Mar	\$23.39	\$26.39		\$28.05	12.8%		
Apr	\$24.70	\$28.16		\$28.73	14.0%		
May	\$26.22	\$27.95		\$30.66	6.6%		
Jun	\$23.76	\$26.39		\$28.60	11.1%		
Jul	\$26.07	\$28.55		\$30.44	9.5%		
Aug	\$25.83	\$27.53		\$30.91	6.6%		
Sep	\$25.02	\$27.46		\$29.73	9.7%		
Oct	\$27.46	\$29.55		\$32.30	7.6%		
Nov	\$24.03	\$26.55		\$28.74	10.5%		
Dec	\$23.52	\$27.33		\$28.08	16.2%		



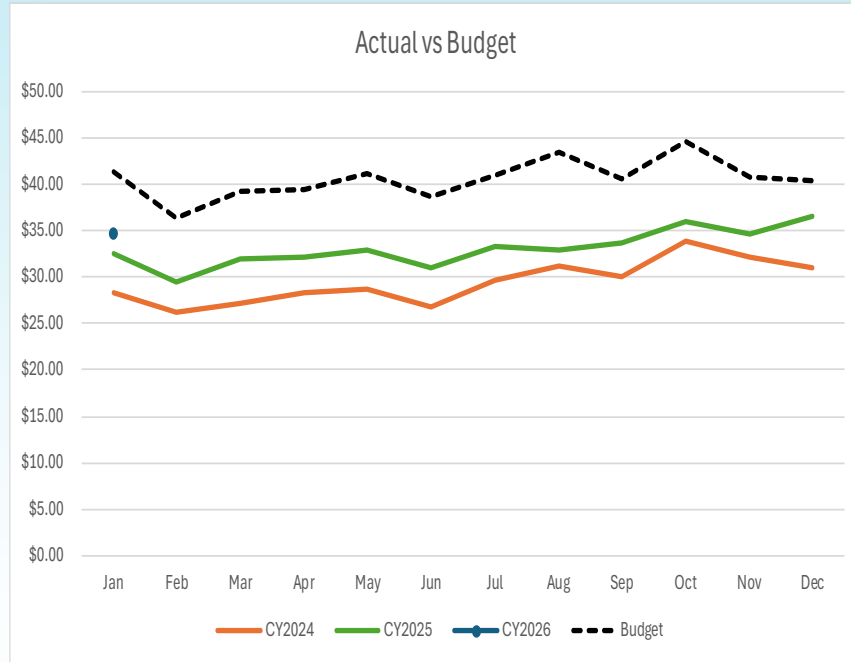
# Emergency Room



Service Month	Incurred PPM				Trends		Variance to
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$13.78	\$15.20	\$15.53	\$15.31	10.3%	2.1%	1.4%
Feb	\$12.87	\$13.87		\$13.76	7.8%		
Mar	\$13.95	\$14.96		\$15.49	7.3%		
Apr	\$13.73	\$14.24		\$15.28	3.7%		
May	\$14.61	\$14.78		\$16.24	1.2%		
Jun	\$13.47	\$13.52		\$15.05	0.4%		
Jul	\$13.80	\$13.90		\$15.39	0.7%		
Aug	\$14.29	\$14.97		\$15.97	4.8%		
Sep	\$13.92	\$15.90		\$15.63	14.2%		
Oct	\$14.54	\$15.60		\$16.20	7.3%		
Nov	\$13.84	\$14.56		\$15.80	5.2%		
Dec	\$16.17	\$15.32		\$17.61	-5.3%		



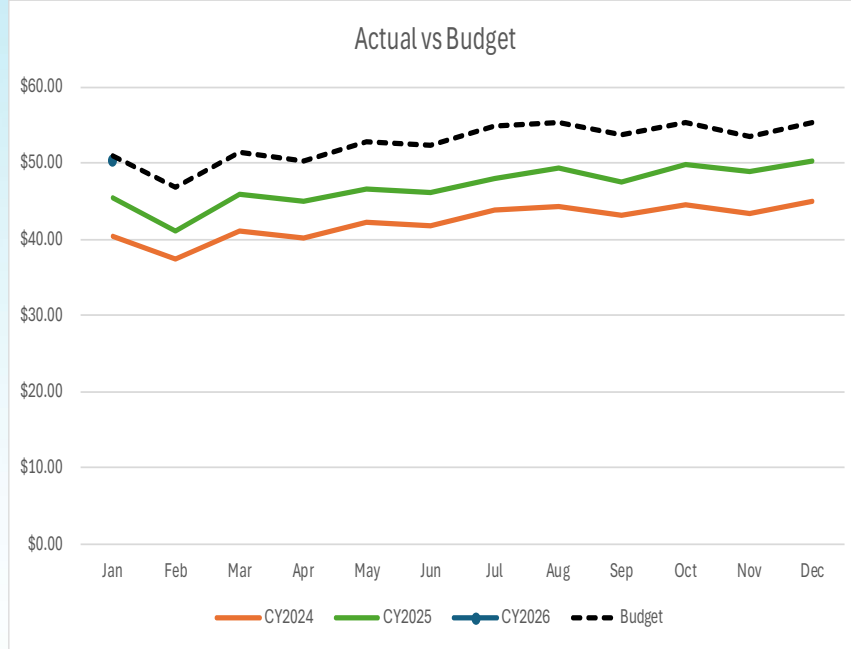
# Specialist Claims



Service Month	Incurred PPM				Trends		Variance to
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$28.38	\$32.51	\$34.68	\$41.25	14.6%	6.6%	-15.9%
Feb	\$26.19	\$29.38		\$36.28	12.2%		
Mar	\$27.18	\$32.04		\$39.22	17.9%		
Apr	\$28.24	\$32.21		\$39.46	14.0%		
May	\$28.78	\$32.99		\$41.10	14.6%		
Jun	\$26.75	\$31.07		\$38.56	16.2%		
Jul	\$29.65	\$33.38		\$40.93	12.6%		
Aug	\$31.24	\$32.82		\$43.41	5.1%		
Sep	\$30.10	\$33.68		\$40.66	11.9%		
Oct	\$33.79	\$35.99		\$44.62	6.5%		
Nov	\$32.23	\$34.69		\$40.77	7.6%		
Dec	\$30.96	\$36.46		\$40.39	17.7%		

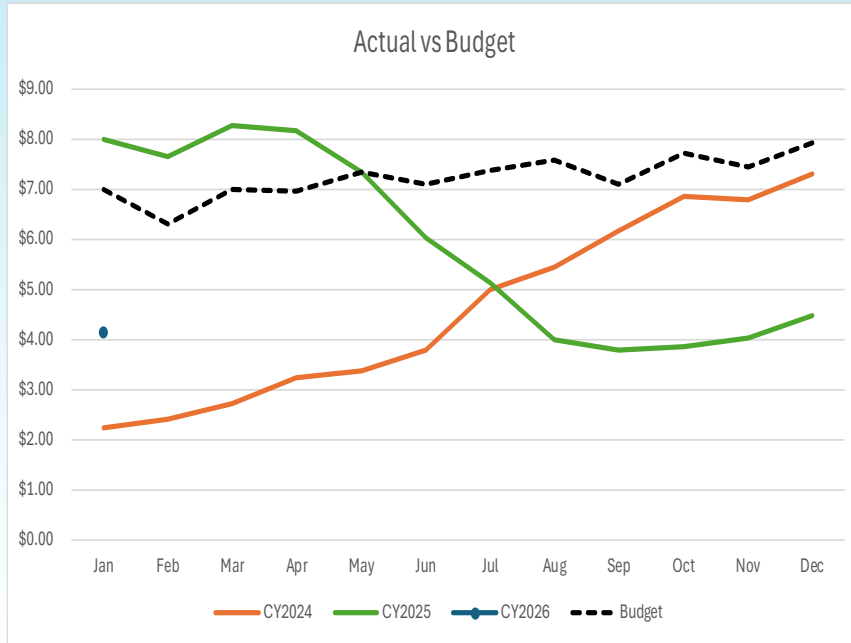


# Long Term Care



Service Month	Incurred PMPM				Trends		Variance to
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$40.43	\$45.44	\$50.26	\$50.95	12.4%	10.6%	-1.3%
Feb	\$37.51	\$41.20		\$46.92	9.8%		
Mar	\$41.18	\$45.91		\$51.50	11.5%		
Apr	\$40.24	\$44.94		\$50.31	11.7%		
May	\$42.19	\$46.59		\$52.89	10.4%		
Jun	\$41.68	\$46.22		\$52.31	10.9%		
Jul	\$43.81	\$47.99		\$54.81	9.5%		
Aug	\$44.39	\$49.43		\$55.28	11.3%		
Sep	\$43.17	\$47.45		\$53.68	9.9%		
Oct	\$44.56	\$49.74		\$55.24	11.6%		
Nov	\$43.45	\$49.01		\$53.49	12.8%		
Dec	\$44.98	\$50.39		\$55.26	12.0%		





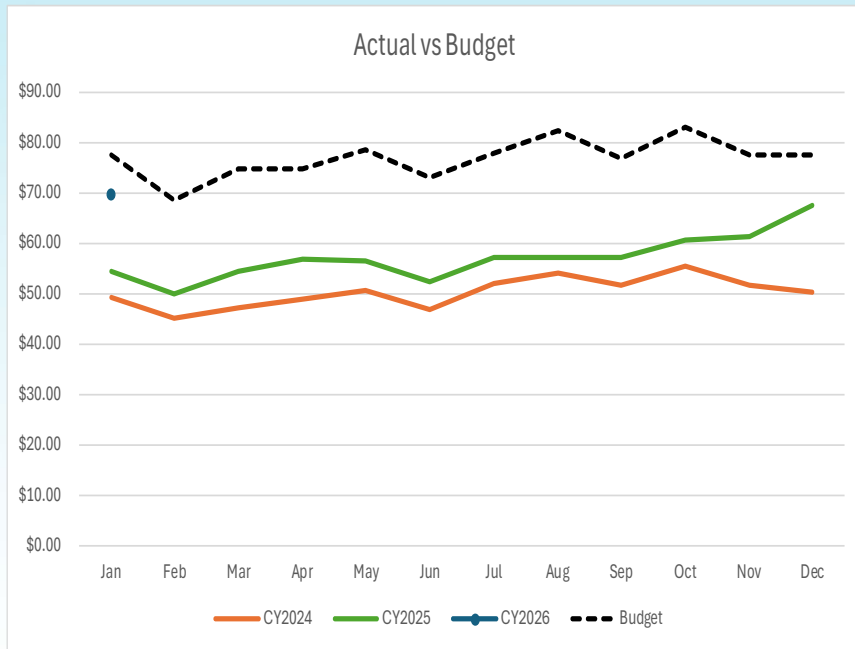
Service Month	Incurred PMPM				Trends		Variance to
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$2.25	\$8.01	\$4.12	\$6.99	255.1%	-48.5%	-41.1%
Feb	\$2.41	\$7.66		\$6.32	217.3%		
Mar	\$2.72	\$8.28		\$6.99	204.3%		
Apr	\$3.22	\$8.15		\$6.97	152.9%		
May	\$3.36	\$7.33		\$7.35	117.9%		
Jun	\$3.77	\$6.04		\$7.09	60.0%		
Jul	\$4.99	\$5.11		\$7.38	2.5%		
Aug	\$5.44	\$3.99		\$7.59	-26.7%		
Sep	\$6.15	\$3.79		\$7.08	-38.3%		
Oct	\$6.84	\$3.86		\$7.71	-43.6%		
Nov	\$6.78	\$4.01		\$7.44	-40.8%		
Dec	\$7.32	\$4.49		\$7.92	-38.6%		

**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)



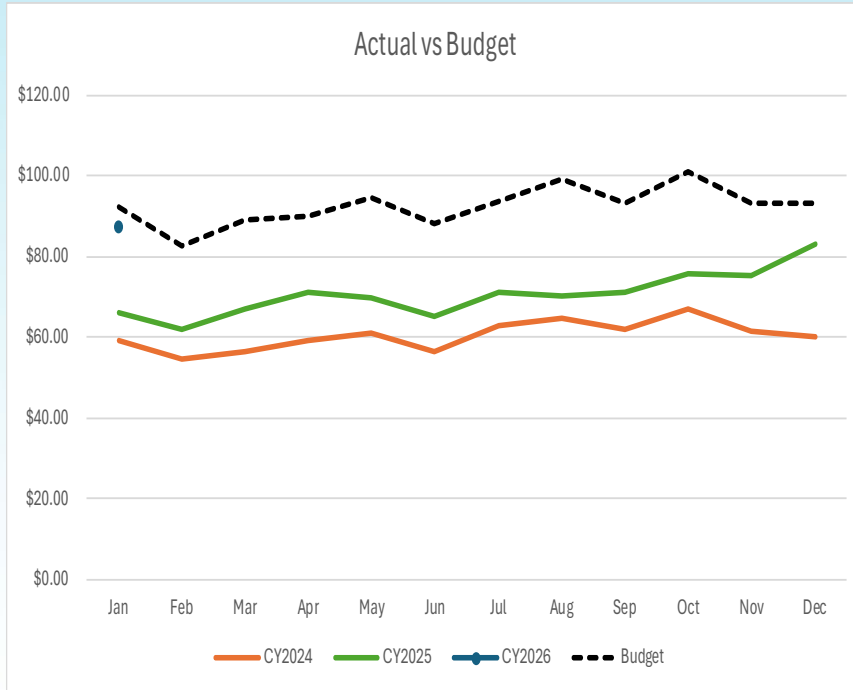
Service Month	Incurred PMPM				Trends		Variance to
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$49.22	\$54.27	\$69.46	\$77.47	10.3%	28.0%	-10.3%
Feb	\$45.21	\$49.90		\$68.51	10.4%		
Mar	\$47.16	\$54.32		\$74.61	15.2%		
Apr	\$48.88	\$56.86		\$74.81	16.3%		
May	\$50.56	\$56.48		\$78.47	11.7%		
Jun	\$46.77	\$52.26		\$73.13	11.7%		
Jul	\$52.16	\$57.26		\$77.98	9.8%		
Aug	\$54.07	\$57.07		\$82.33	5.6%		
Sep	\$51.80	\$57.14		\$76.84	10.3%		
Oct	\$55.37	\$60.73		\$83.14	9.7%		
Nov	\$51.55	\$61.48		\$77.49	19.2%		
Dec	\$50.13	\$67.43		\$77.64	34.5%		

**Professional include services:**

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



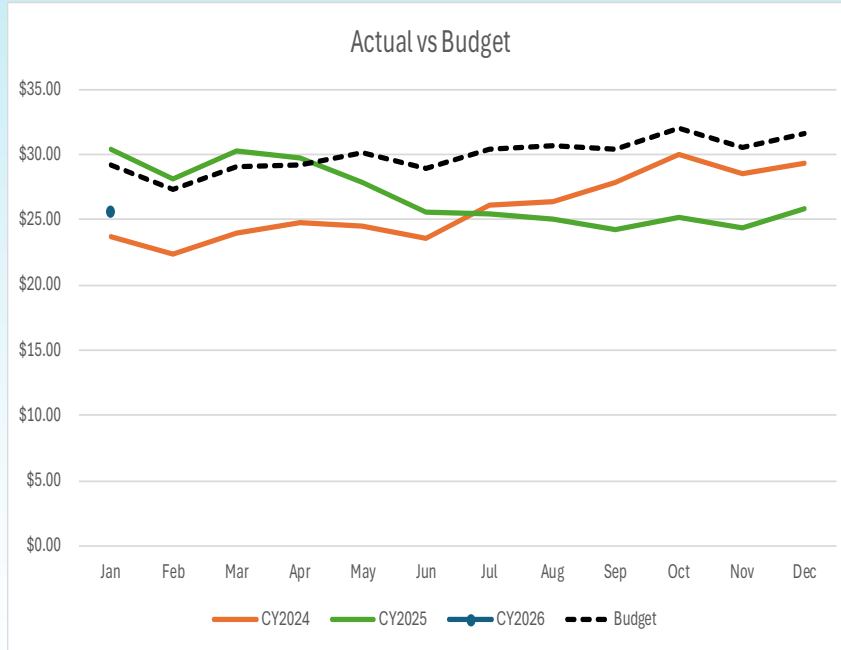
# Professional (Mental Health - Outpatient Included)



Service Month	Incurred PMPM				Trends		Variance to
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$59.31	\$66.17	\$87.26	\$92.24	11.6%	31.9%	-5.4%
Feb	\$54.42	\$61.89		\$82.44	13.7%		
Mar	\$56.66	\$66.98		\$89.08	18.2%		
Apr	\$59.15	\$70.96		\$90.01	20.0%		
May	\$61.13	\$69.63		\$94.40	13.9%		
Jun	\$56.53	\$65.02		\$88.05	15.0%		
Jul	\$62.78	\$71.11		\$93.86	13.3%		
Aug	\$64.83	\$70.44		\$99.10	8.7%		
Sep	\$62.15	\$71.11		\$93.01	14.4%		
Oct	\$67.11	\$75.93		\$101.16	13.1%		
Nov	\$61.59	\$75.37		\$93.45	22.4%		
Dec	\$60.01	\$83.14		\$93.08	38.6%		



# Other (Transportation, BHT Excluded)



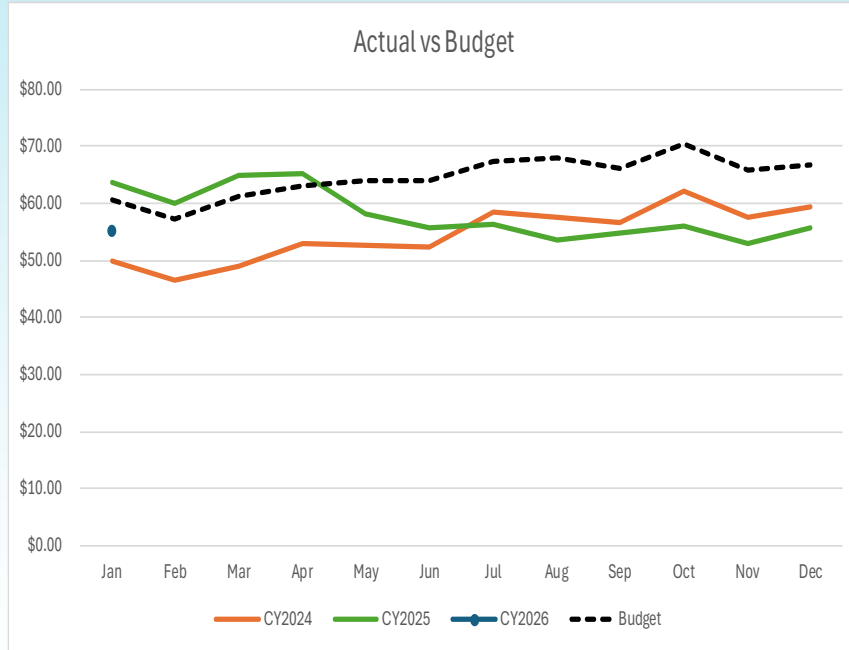
Service Month	Incurred PMPM				Trends		Variance to
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$23.76	\$30.40	\$25.58	\$29.21	28.0%	-15.9%	-12.4%
Feb	\$22.43	\$28.18		\$27.32	25.7%		
Mar	\$23.95	\$30.31		\$29.02	26.5%		
Apr	\$24.84	\$29.68		\$29.15	19.5%		
May	\$24.45	\$27.80		\$30.09	13.7%		
Jun	\$23.59	\$25.53		\$28.95	8.2%		
Jul	\$26.13	\$25.45		\$30.42	-2.6%		
Aug	\$26.43	\$25.07		\$30.69	-5.2%		
Sep	\$27.85	\$24.20		\$30.39	-13.1%		
Oct	\$29.95	\$25.21		\$32.03	-15.8%		
Nov	\$28.57	\$24.38		\$30.60	-14.7%		
Dec	\$29.30	\$25.80		\$31.66	-11.9%		

**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
	CY2024	CY2025	CY2026	Budget	CY2025	CY2026	Budget
Jan	\$49.78	\$63.80	\$55.18	\$60.71	28.2%	-13.5%	-9.1%
Feb	\$46.43	\$60.07		\$57.12	29.4%		
Mar	\$49.10	\$64.97		\$61.21	32.3%		
Apr	\$52.96	\$65.24		\$63.03	23.2%		
May	\$52.66	\$58.12		\$63.91	10.4%		
Jun	\$52.24	\$55.59		\$63.97	6.4%		
Jul	\$58.42	\$56.29		\$67.33	-3.6%		
Aug	\$57.56	\$53.55		\$67.82	-7.0%		
Sep	\$56.59	\$54.68		\$66.24	-3.4%		
Oct	\$62.20	\$56.01		\$70.48	-9.9%		
Nov	\$57.47	\$53.07		\$65.78	-7.7%		
Dec	\$59.32	\$55.62		\$66.63	-6.2%		



# 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  
IGT – Intergovernmental Transfers  
IT – Information Technology  
MCE – Medicaid Coverage Expansion  
MCO – Managed Care Organization  
MDP – Manufacturing Discount Program  
MEP – Medical Expenditure Percentages  
MLR – Medical Loss Ratio  
MOT – Major Organ Transplant  
PHDP – Private Hospital Directed Payment  
SNF – Skilled Nursing Facility  
TNE – Tangible Net Equity  
TRI – Targeted Rate Increases  
UIS - Unsatisfactory Immigration Status

