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

Board Report #376

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

***** LIVE STREAMING FOR THIS MEETING*****
https://youtube.com/live/lmf19tmhRrE?feature=share

AGENDA

I. Call to Order
II. Pledge of Allegiance
III. Roll Call
IV. Special Presentation in recognition of Jane Maass, Vice President, Business Relationship Management
V. Changes to the Agenda

VI. Public Comments on Matters on the Agenda

VII. 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.

VIII. Adopt and Approve the Meeting Minutes from the September 14, 2026 Regular Meeting of the Governing Board of the Inland Empire Health Plan

A. IEHP Governing Board - September 14, 2026 Meeting Minutes - Draft

IX. CONSENT AGENDA

A. **ADMINISTRATION (Jarrod McNaughton)**

1. Approve the Inland Empire Health Plan 2027 Governing Board Meeting Calendar
2. Delegation of Authority to Approve the Third Amendment to the Enhanced Care Management Provider Agreement with IEHP Health Access
3. Approve the First Amendment to the Professional Services Agreement with Tenfold Health, Inc. for Strategic Consulting Services
4. Delegation of Authority to Approve the Funding Agreement with Riverside University Health System to Provide Support for Financial Consulting Services
5. Delegation of Authority to Approve the Funding Agreement with San Bernardino County on Behalf of Arrowhead Regional Medical Center to Provide Support for Financial Consulting Services

B. **FINANCE DEPARTMENT (Patrick Brosnan)**

1. Update on the Workers' Compensation and Crime Insurance Policy Renewals
2. Update on the Insurance Renewals for Property and Casualty, Management Liability, Cyber Liability, and Fiduciary Liability
3. Ratify and Approve the First Amendment to the Professional Services Agreement with ABM Industry Groups, LLC. for Building Engineering Services
4. Approve the First Amendment to the Professional Services Agreement with Health Management Systems, Inc. for Coordination of Benefits Identification and Recovery Services

C. **HEALTH SERVICES DEPARTMENT (Edward Juhn, M.D.)**
   1. Approve the Second Amendment to the Funding Agreement with San Bernardino County Department of Public Health for Community Health Improvement Plan Services
   2. Approve the Funding Increase to the Service Agreement with MedImpact Healthcare Systems, Inc. for Pharmacy Benefits Management Services

D. **INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)**
   1. Delegation of Authority to Approve the Data Center Licensing Agreement with County of Riverside Information Technology for Co-Location Services of Inland Empire Health Plan's Offsite Data and Network Equipment
   2. Approve the Award of Request For Proposal #26-06970 for Data Abstraction and Natural Language Processing Solution and Delegation of Authority to Approve Contractual Documents with Datycs Inc.

E. **OPERATIONS DEPARTMENT (Susie White)**
   1. 2025 Independent Physician Association Performance Evaluation Tool Review
   2. Approve the First Amendment to the Proprietary Services Agreement with J.D. Power for Customer Services Excellence Program Services

F. **QUALITY DEPARTMENT (Genia Fick)**
   1. 2025 Culturally and Linguistically Appropriate Services Annual Evaluation Review
   2. Approve the Award of Request For Proposal 25-06897 and Delegation of Authority to Approve Contractual Documents with ProPeer Resources, LLC, Advanced Medical Reviews, and Medical Review Institute of America, for Independent Physician Review Services

G. **PROVIDER CONTRACTING DEPARTMENT (Susie White)**
   1. Approve the Ancillary Provider Agreement with FoodSmart Nutrition Network for Community Support Services

X. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

A. **ADMINISTRATION (Jarrod McNaughton)**
   1. Chief Executive Officer Update
      i. CEO Board report_Oct 12 Presentation

B. **FINANCE DEPARTMENT (Patrick Brosnan)**
   1. Monthly Financial Report

i. Monthly Financial Presentation (PE083126)

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

1. 2026 Medi-Cal and Medicare Consumer Assessment of Healthcare Providers & Systems Member Satisfaction Survey Results
2. Medi-Cal and Dual Eligible Special Needs Plan Healthcare Effectiveness Data and Information Set and Managed Care Accountability Set Initial Results for Measurement Year 2025
   i. Measure Year 2025 Quality Results Presentation

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

XII. Board Member Comments

XIII. Closed Session

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

1. Conference with Legal Counsel-Anticipated Litigation: Initiation of litigation pursuant to subdivision (d)(2) of Government Code Section 54956.9:

   a. 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 the purposes of discussing or taking action on a health plan trade secret.

XIV. Adjournment

The next meeting of the IEHP Governing Board will be held on December 14, 2026, at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

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 SEPTEBER 14, 2026, REGULAR MEETING

Governing Board Members Present:

Supervisor Curt Hagman
Supervisor Karen Spiegel
Supervisor Jesse Armendarez
Supervisor Yxstian Gutierrez
Dr. Dan Anderson
Drew Williams
Eileen Zorn

Governing Board Members Absent:

Governing Board Member Vacancy: None

Inland Empire Health Plan Employees and Legal Counsel Present:

Jarrod McNaughton, Chief Executive Officer
Genia Fick, Chief Quality Officer
Edward Juhn, Chief Medical Officer
Sylvia Lozano, Chief Transformation Officer
Leona Liu, Vice President, Finance
Michelle Rai, Chief Communications & Marketing Officer
Supriya Sood, Chief People Officer
Susie White, Chief Operations Officer
Anna Wang, Esq., Vice President, General Counsel
Raymond Mistica, Esq. Deputy County Counsel
Annette Taylor, Secretary to the Governing Board

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

Guest(s): None

I. Call to Order:
Chair Hagman called the September 14, 2026, regular meeting of the Inland Empire Health Plan Governing Board to order at 9:03 a.m.

II. Pledge of Allegiance: *Omitted because it was conducted at the previous meeting.*

III. Roll Call:

IV. Agenda Changes: No changes

V. Public Comments on Matters on the Agenda: None.

VI. Conflict of Interest Disclosure: None

VII. Adopt and Approve the Meeting Minutes from August 10, 2026, Meeting of the Governing Board of the Inland Empire Health Plan.

Action: On motion of Member Gutierrez and seconded by Member Anderson, the Meeting Minutes from August 10, 2026, Regular Meetings of the Governing Board of the Inland Empire Health Plan were approved as presented. (Gutierrez/Anderson)

VIII. Consent Agenda:

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

IX. Policy Agenda and Status Report on Agency Operations (Board Report #375)

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 September 2026. Genia Fick, Chief Quality Officer, Kirk Fermin, Director, Provider Network, and Greg Bradbard, Chief Executive Officer, IEHP Foundation, all contributed to this update. Mr. Bradbard provided the Board with an information sheet on Foundation activities (attached to these meeting minutes).

**Members Hagman, Zorn, Gutierrez, and Armendarez commented on update.*

Item A.2. Board Education – Telehealth Services and Partners:
Susie White, Chief Operating Officer, introduced Jeff Pearce, Director, Innovation & Acceleration, who presented the update on Telehealth.

**Members Hagman and Zorn commented on presentation.*

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

B. FINANCE DEPARTMENT (Patrick Brosnan):
Patrick Brosnan, Chief Financial Officer, presented the following Finance section of the Status Report:

Item B.1. Monthly Financial Review:
Leona Liu, Vice President, Finance, presented the financials for PE073126 in Mr. Brosnan's absence.

***Members Hagman and Zorn commented on report.*

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

C. OPERATIONS DEPARTMENT (Susie White):
Susie White, Chief Operations Officer, presented the following Operations section of the Status Report:

Item C.1. Hospital Rating/Stars Update:
Sylvia Lozano, Chief Transformation Officer, introduced Nikole DeVries, Vice President, Hospital & Post Acute Care Delivery, who presented the update.

***Members Hagman and Zorn commented on update.*

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: *No Business*

XIII. Adjournment
Chair Hagman adjourned the September 14, 2026, IEHP Governing Board meeting at 10:08 a.m.

The Approved Governing Board Minutes for September 14, 2026, will have a copy of the IEHP Board Report #375 attached

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

_____
Annette Taylor
Secretary to the IEHP Governing Board

DRAFT

Department: ADMINISTRATION

A.1. APPROVE THE INLAND EMPIRE HEALTH PLAN 2027 GOVERNING BOARD MEETING CALENDAR

Chief: Jarrod McNaughton, Chief Executive Officer

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

Recommendation(s)
That the Governing Board of the IEHP approve the 2027 IEHP Governing Board meeting calendar as presented.

A Governing Board Meeting calendar has been developed to identify the regular meeting dates for the 2027 calendar year to provide the public notice of the agencies' regular public meetings to minimize any confusion. The proposed 2027 meeting dates are as follows:

Monday, January 11	Monday, July 12
Monday, February 8	Monday, August 9
Monday, March 8	Monday, September 13
Monday, April 12	Monday, October 11
Monday, May 10	Monday, November 8
Wednesday, June 2	Monday, December 13

After approval, any changes to the 2027 calendar will be submitted to the Governing Board for approval.

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

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

Department: ADMINISTRATION

A.2. DELEGATION OF AUTHORITY TO APPROVE THE THIRD AMENDMENT TO THE ENHANCED CARE MANAGEMENT PROVIDER AGREEMENT WITH THE IEHP HEALTH ACCESS

Chief: Dara Francisco, Interim Chief Executive Officer

Background & Discussion:
In June 2024, under Minute Order 24-019, the Inland Empire Health Plan (IEHP) entered into an Enhanced Care Management (ECM) Provider Agreement with IEHP Health Access, effective July 1, 2024, for ECM service delivery to enrolled and qualified IEHP Medi-Cal Members. Since establishing service delivery, IEHP Health Access has cared for an average enrolled population of over 2,500 IEHP members per month. These services are currently supplied by 15 total ECM care teams that have been strategically deployed across IEHP's areas of greatest member need or provider network coverage gaps.

Procurement Solicitation Type: N/A

Recommendation(s):
That the Governing Board of IEHP authorize the Chief Executive Officer or his designee to negotiate and, after legal review and approval, execute the Third Amendment to the ECM Provider Agreement with IEHP Health Access, effective November 1, 2026.

These Agreement updates incorporate changes to IEHP's ECM program criteria to better align with intensities of service delivery expectations recently shared by the Department of Health Care Services (DHCS). IEHP is enacting these changes across all applicable Provider Agreements within the Plan's ECM network. Specifically, this Third Amendment clarifies care team composition and caseload volume requirements, further details provider classifications by ECM Population of Focus (PoF), increases the net number of encounters required for qualifiable receipt of capitation payment, and further demarcates payment categories for outreach claims by care team staff type and place of service.

Financial Impact: NA	**Not to Exceed Amount:** NA	**Term:** N/A

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	S. Oh 9/17/26	A. Edwards 9/22/86	J. McNaughton

Department: **ADMINISTRATION**

A.3. APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH TENFOLD HEALTH, INC. FOR STRATEGIC CONSULTING SERVICES

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:
Inland Empire Health Plan (IEHP) has contracted with Tenfold Health, Inc. (Tenfold) since December 9, 2019, to provide strategic consulting and insights to the Chief Executive Officer (CEO) and Executive Team. These services have helped to strengthen Board and leadership alignment, advance the CEO's strategic objectives, build the Strategic Plan, and support the implementation of multiple Goals, Strategies, and projects including the Care Division, Advanced Illness and Hospice, Shared Vision Partners, Long-Term Services and Supports (LTSS), and partnering with organizations across the region like the California University of Science & Medicine (CUSM) in alignment with IEHP's Mission, Vision, and Values (MVV) and its 2030 Vision.

On January 1, 2026, IEHP entered into a new Agreement with Tenfold.. The Governing Board approved this Professional Services Agreement under Minute Order 25-005, establishing the term through December 31, 2026. As IEHP continues to expand strategic initiatives and navigate a challenging landscape, sustained executive-level strategic advisory support remains necessary to maintain leadership alignment, organizational continuity, and progress toward IEHP's long-term strategic goals and Vision.

Procurement Solicitation Type: Government Discount
Tenfold was selected through a government discount in compliance with Section 4.1 (Exemptions to Obtaining Competition) of the IEHP Procurement Policies and Procedures Manual.
Government Pricing Structure: Tenfold provides non-profits, governments, and other mission driven organizations like IEHP with substantial cost savings through a pricing structure that aims to be approximately 33% less than standard market rates.

Recommendation(s):
That the Governing Board of IEHP Approve the First Amendment with Tenfold Health, Inc, for Strategic Consulting Services for three (3) additional years, effective January 1, 2027, through December 31, 2029, for an additional amount not to exceed $5,415,598.

Tenfold will continue delivering services that include, but are not limited to, the following:

- Continued advisory support to the CEO across the four Partnership Focus Areas: Partnering with the CEO, Strategic Advising, Deep Dive Partnering, and Advancing Vision Externally
- Facilitation of Board retreats and Executive Team strategy sessions, and leadership connection sessions, on an approximately 120-day basis
- Strategic support for the Care Division's development and launch, including organizational structure design, provider and service integration sequencing, and physician recruitment strategy

- Strategic and tactical planning support for Advanced Illness and Hospice programs, including support for the Advanced Illness Steering Committee
- Monthly meeting support, presentation development, and progress reporting on CEO-assigned projects

Tenfold's continued services directly support IEHP's 2030 Vision by strengthening executive and Board alignment, advancing the Care Division launch, and fostering regional partnerships.

Financial Impact: $5,415,598	**Not to Exceed Amount:** $9,103,475	**Term:** Three (3) Years

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2027 Budget	L Herrera 9/16/2026	J. Phay 9/3/2026	M. DeNobrega 09/23/26	T. Pham 09/15/2026	J. McNaughton 09/18/2026

Department: ADMINISTRATION

A.4. DELEGATION OF AUTHORITY TO APPROVE THE FUNDING AGREEMENT WITH RIVERSIDE UNIVERSITY HEALTH SYSTEM TO PROVIDE SUPPORT FOR FINANCIAL CONSULTING SERVICES

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:
The Inland Empire Health Plan (IEHP) has committed to provide funding to Riverside University Health System (RUHS) to support its revenue cycle operations and improvement efforts, including commercial payor readiness. Improved revenue cycle operations at RUHS will enhance the efficiency and quality of care delivery for IEHP members, strengthen the financial sustainability of a key safety-net provider in IEHP's network, and support IEHP's mission to improve health outcomes in the Inland Empire.

Procurement Solicitation Type: N/A

Recommendation(s):
That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Funding Agreement with Riverside University Health System to support its revenue cycle operations, in an amount not to exceed $600,000.00, effective through December 31, 2027

Financial Impact: $600,000	**Not to Exceed Amount:** $600,000	**Term:** December 31, 2027

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Will be Included in CY2027 Budget	P. Brosnan	NA	S. Oh	A. Wang	J. McNaughton

Department: ADMINISTRATION

A.5. DELEGATION OF AUTHORITY TO APPROVE THE FUNDING AGREEMENT WITH SAN BERNARDINO COUNTY ON BEHALF OF ARROWHEAD REGIONAL MEDICAL CENTER TO PROVIDE SUPPORT FOR FINANCIAL CONSULTING SERVICES

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:
The Inland Empire Health Plan (IEHP) has committed to provide funding to Arrowhead Regional Medical Center (ARMC) to support its revenue cycle operations and improvement efforts, including commercial payor readiness. Improved revenue cycle operations at ARMC will enhance the efficiency and quality of care delivery for IEHP members, strengthen the financial sustainability of a key safety-net provider in IEHP's network, and support IEHP's mission to improve health outcomes in the Inland Empire.

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 the Funding Agreement with the County of San Bernardino on behalf of ARMC to support its revenue cycle operations and improvement efforts, in an amount not to exceed $600,000.00, effective through December 31, 2027.

Financial Impact: $600,000	**Not to Exceed Amount:** $600,000	**Term:** December 31, 2027

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Will be included in CY2027 Budget	P. Brosnan	NA	S. Oh	A. Wang	J. McNaughton

Department: FINANCE

B.1. UPDATE ON THE WORKERS' COMPENSATION AND CRIME INSURANCE POLICY RENEWALS

Chief: Patrick Brosnan, CPA, Chief Financial Officer

Background & Discussion:
On June 8, 2026, under Minute Order #26-054, the Governing Board delegated authority to the Chief Executive Officer or his designee to negotiate and, after legal review and approval, sign policy and collateral trust documents pertaining to the insurance renewals of the Workers' Compensation and Crime insurance policies for Policy Period July 1, 2026, through June 30, 2027, for an estimated amount not to exceed $3,455,727 for insurance costs and $1,250,000 for collateral trust account(s). The estimated insurance cost also covers any taxes/fees to procure these insurance policies and includes a 20% contingency on the Workers' Compensation policy to cover any additional amounts that IEHP may owe resulting from payroll reconciliation, incurred losses and associated claim handling fees, fees associated with the Collateral Trust and Loss Fund Escrow accounts, and any other applicable taxes and fees.

Below tables summarize the renewal outcome for Workers' Compensation and Crime insurance policies. The renewal coverages for both policies remain the same as the expiring coverages; however, overall deductible increased from $500K to $750K for the Workers Compensation policy and from $2,500 to $100K for the Crime insurance policy compared to prior policy period.

Insurance Policy	Insurance Carrier	Coverage	Deductible
Workers' Compensation	American Zurich Insurance Company (Zurich)	Workers' Comp: Statutory, Employer's Liability coverage: $2 million	$750,000
Crime	National Union Fire Insurance Company of Pittsburg, PA (AIG)	$10 million	$100,000

Item	Renewal	Expiring
Workers' Compensation Premium[1]	$ 745,565	$ 833,541
Claim handling fees [2]	73,000	63,502
Claim losses [3]	2,200,000	1,544,719
Loss Fund Escrow Account [4]	120,000	20,000
Workers' Compensation Insurance Costs	**$3,138,565**	**$2,461,762**
Crime Policy Premium	40,788	41,905
Crime Insurance Costs	**$40,788**	**$41,905**
Total Insurance Costs	3,179,353	2,503,667
Collateral deposit [5]	1,150,000	1,150,000
Total Amount	**$4,329,353**	**$3,653,667**

[1] The premium for Workers' Compensation policy is subject to reconciliation based on actual data.
[2] The estimated claim handling fees are based on the past three years average.

(3) The estimated losses are based on the average claims incurred in the past three years below $750,000.
(4) IEHP is required to maintain a Loss Fund Escrow account, which will be utilized to fund the deductible portion of Workers' compensation claims. The account was initially set up since 2018-19 policy year and currently has a balance of $200,000, which includes the amount required for the renewal policy period. In the event if IEHP decides to change insurance carrier at the next renewal, the escrow account will remain in effect until all outstanding claims for all policy periods are closed. Any remaining amount will then be refunded to IEHP.
(5) IEHP is required to have a collateral deposit in the event IEHP fails to pay the deductible portion on Workers Compensation claims. Both IEHP and Zurich agreed to terminate the Collateral Trust account since IEHP procured a Letter of Credit in the amount of $7,814,992 to meet this collateral deposit requirement, including for all policy periods since July 1, 2018. Similar to the Loss Fund Escrow account, the Letter of Credit will remain in effect until all outstanding claims for all policy periods are closed. Any remaining amount will then be refunded to IEHP.

Procurement Solicitation Type: N/A

Recommendation(s):
Review & File

Financial Impact: $4,705,727	**Not to Exceed Amount:** $4,705,727	**Term:** 12 months

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026 Budget	NA	NA	NA	C. Choi	P. Brosnan 09/17/26

Department: FINANCE

B.2. UPDATE ON THE INSURANCE RENEWALS FOR PROPERTY AND CASUALTY, MANAGEMENT LIABILITY, CYBER LIABILITY, AND FIDUCIARY LIABILITY

Chief: Patrick Brosnan, CPA, Chief Financial Officer

Background & Discussion:
On March 9, 2026 under Minute Order #26-021, the Governing Board delegated authority to the Chief Executive Officer or his designee to approve and sign policy documents for insurance renewals of 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.

The grid below summarizes the final results of IEHP's insurance renewal process.

Insurance Policy	Insurance Carrier/Broker	Expiring Program[(1)]	Renewal Program[(1)]	Coverage/Deductible Change(s)
Commercial General Liability	Chubb	$88,618	$89,044	No changes
Commercial Auto Liability	Chubb	$29,841	$33,302	No changes
Commercial Property	Chubb	$132,582	$89,637	No primary flood coverage.
	Steadfast	$33,000	$29,000	No changes - Vacant building coverage plus $1 million primary flood coverage for the Indio location.
Commercial Umbrella Liability ($40 million)	Chubb	$30,420	$29,967	No changes - Primary $10 million coverage; includes Communicable Diseases coverage.
	AXA XL	$40,000	$40,000	Excess $15 million coverage; includes Communicable Diseases coverage.
	Arch	$31,500	$29,999	Prior coverage was with CNA. Excess $15 million coverage; now includes Communicable Diseases coverage.
DIC - Earthquake ($100 million)	Arrowhead[(2)]	$507,700	$450,000	Policy includes $50 million flood coverage instead of $25 million excess coverage.
DIC - Earthquake ($4.625 million)	Starstone Specialty	$15,340	$0	Indio location is covered under the Arrowhead DIC policy.
	Fortegra Specialty	$11,680	$0	
DIC – Flood ($4.625 million)	Chubb	$4,227	$0	Indio location is covered under the Arrowhead DIC policy.
DIC - Flood (~$1.238 million)	Chubb	$0	$4,950	Flood coverage is procured for the Tyler Street, Riverside location since Arrowhead DIC policy does not cover it for flood.
Total - Property & Casualty		**$924,908**	**$795,899**	
Primary D&O/EPL ($5 million shared)	Starr	$398,128	$452,822	EPL deductible increased to $1M from $750K previously.

Excess D&O/EPL ($5 million)	AWAC	$226,500	$245,000	No changes
Excess D&O Side A ($5 million)	RSUI	$54,000	$54,000	No changes
Primary MCE&O ($5 million)	TDC	$289,204	$289,204	No changes
Excess MCE&O ($5 million)	AWAC	$169,750	$169,750	No changes
Excess MCE&O ($10 million)	Ironshore	$100,750	$100,750	No changes
	Chatham	$71,443	$71,157	
Total - Management Liability		**$1,309,775**	**$1,382,683**	
Primary Cyber ($10 million)	Chubb	$401,033	$401,033	Policy now includes $500K sublimit for Betterment coverage.
Excess Cyber ($10 million)	Beazley	$328,847	$324,837	Policy now includes $500K sublimit for Betterment coverage.
Excess Cyber ($10 million)	Allianz	$246,635	$243,628	Policy now includes $500K sublimit for Betterment coverage.
Excess Cyber ($10 million)	CNA	$199,775	$197,338	Policy now includes $500K sublimit for Betterment coverage.
Excess Cyber ($10 million)	AIG	$147,833	$146,030	Policy now includes $500K sublimit for Betterment coverage.
Total - Cyber Liability		**$1,324,123**	**$1,312,866**	
Fiduciary Liability ($10 million)	Hudson Insurance	$30,215	$31,665	Coverage procured through Alliant Services; deductible increased from $250K to $350K for Class Action and Derivative Claims
Total		**$3,589,021**	**$3,523,113**	

(1) Premiums do not include taxes and fees.

(2) There are multiple insurance carriers involved in the Earthquake tower to spread the risk among partners. The ones involved in the renewal policy are: Primary layer ($25 million) – Underwriters at Lloyd's London-Atrium (10%), Hiscox Syndicate #33 (40%), Underwriters at Lloyd's London-Kiln (20%), Underwriters at Lloyd's London/Hamilton (20%) and Munich Re-Lloyd's Syndicate MRS 457 (10%); Excess layer ($75 million) – Palomar (33.33%) and Steadfast (66.67%).

Highlighted insurance coverage changes are listed below:

- Property & Casualty policies:
  - Chubb no longer offers primary $25 million flood coverage on the Commercial Property policy.
  - Excess Umbrella carrier Arch does not have the communicable disease exclusion.
  - Arrowhead DIC – Earthquake policy now provides $50 million flood coverage instead of $25 million excess flood coverage. However, separate flood coverage had to be procured for the Tyler Street, Riverside location since Arrowhead refused to cover it.
- D&O/EPL: Increased EPL deductible from $750K to $1M.
- Cyber Liability policies: Policy now includes $2.5 million sublimit for Betterment coverage.
- Fiduciary Liability: Increased deductible of $350K for Class Action and Derivative Claims.

The final renewal premium for 2026-2027 is -1.8% or $65,908 lower than the expiring premium for the insurance policies discussed above.

Procurement Solicitation Type: N/A

Recommendation(s):
Review & File

Financial Impact: $3,523,113[(1)]	**Not to Exceed Amount:** $4 million	**Term:** 12 months

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026 Budget	NA	NA	NA	C. Choi 9/18/26	P. Brosnan 9/18/26

Department: **FINANCE**

B.3. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH ABM INDUSTRY GROUPS, LLC. FOR BUILDING ENGINEERING SERVICES

Chief: Patrick Brosnan, Chief Financial Officer

Background & Discussion:
The Inland Empire Health Plan (IEHP) required a comprehensive engineering services program to facilitate IEHP building operations and facilities regulatory needs. On December 12, 2024, IEHP issued Request for Proposal (RFP) #24-05873 for Building Engineering Services on Bonfire, its public third-party bidding website. After thorough review, the Evaluation Committee recommended RFP #24-05873 be awarded to ABM Industry Groups, LLC. (ABM Industry) as the most responsive and responsible bidder. IEHP contracted with ABM Industry for Building Engineering Services on October 1, 2025, through September 30, 2026.

ABM Industry provides building engineering services for the operation, monitoring, and maintenance of heating, ventilation, air conditioning, plumbing, electrical systems, and other equipment related to the mechanical and electrical plant equipment of IEHP corporate and satellite locations. ABM Industry also provides miscellaneous general property maintenance and assistance with keeping IEHP buildings compliant with city, state, and federal regulations, under its building engineering services contract with IEHP. IEHP intends to continue these services for an additional one (1) year term.

Procurement Solicitation Type: RFP
On September 8, 2025, the Governing Board of the IEHP approved the award of RFP# 24-05873 to ABM Industry.

Recommendation(s):
That the Governing Board of the IEHP Ratify and Approve the First Amendment to the Professional Services Agreement with ABM Industry for an amount not to exceed $2,184,657.69 for an additional one (1) year term effective October 1, 2026, through September 30, 2027. The total cost of this Agreement shall not exceed $4,833,175.56 through September 30, 2027.

IEHP negotiated a 17.5% reduction from the total not to exceed cost of the initial PSA for this First Amendment based on the following:

- Reduction in total onsite personnel from twelve (12) to nine (9) engineers.
- Reduction in ad hoc contingency from $400,000 to $200,000.

IEHP includes a $200,000 contingency to cover any standby pay, overtime, ad hoc projects or requests that may occur during the contract term. The breakdown of the costs for this Amendment are as follows:

ABM Industry First Amendment	Cost
Contract Value	$1,984,657.69
Contingency	$200,000.00
Total	**$2,184,657.69**

Financial Impact: $2,184,657.69	**Not to Exceed Amount:** $4,833,175.56	**Term:** 1 year

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026 Budget	S. McCalley 09/16/2026	S. Cox 09/16/2026	M. Popka 09/17/26	J. Mansour 09/11/26	P. Brosnan 09/16/26

Department: FINANCE

B.4. APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH HEALTH MANAGEMENT SYSTEMS, INC. FOR COORDINATION OF BENEFITS IDENTIFICATION AND RECOVERY SERVICES

Contact: Patrick Brosnan, Chief Financial Officer

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

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

On January 1, 2026, IEHP entered into a new Agreement with HMS, reducing the commission rate from 20% to 19%, representing continued cost efficiency for IEHP. The Governing Board approved this Professional Services Agreement under Minute Order 25-220, establishing the term through December 31, 2026.

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

Recommendation(s):
That the Governing Board of IEHP authorize the Chief Executive Officer or designee to, after legal review and approval, negotiate and execute the First Amendment with Health Management Systems, Incorporated for Coordination of Benefits Identification and Recovery Services for one (1) additional year, effective January 1, 2027, through December 31, 2027.

All costs for this agreement are covered by recovered payments from the responsible health insurance carriers. Services will be performed for a contingency fee of 19% of funds recovered, with no upfront costs to IEHP. Based on historical performance, HMS is expected to recover a minimum of $10 million

annually, resulting in a net benefit to IEHP of approximately $8.1 million per year after commission fees.

HMS will continue delivering services that include, but are not limited to, the following:

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

Financial Impact: N/A	**Not to Exceed Amount**: N/A	**Term:** One (1) Additional Year

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
N/A	T. Lu 08/26/2025	J. Morales/C. Andrade 08/20/2026	M. DeNobrega 09/17/26	E. Chase 08/26/2026	P. Brosnan 09/18/2026

Department: HEALTH SERVICES

C.1. APPROVE THE SECOND AMENDMENT TO THE FUNDING AGREEMENT WITH SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH FOR COMMUNITY HEALTH IMPROVEMENT PLAN SERVICES

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

Background & Discussion:
Since 2013, Public Health entities seeking to maintain voluntary accreditation from the Public Health Accreditation Board (PHAB) have been required to complete a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP) every three years. The CHA serves as the foundation for informing the development of the CHIP, by allowing the community to prioritize high-priority areas and needed resources. San Bernardino County conducts its CHAs, to learn and understand the key issues that impact health and quality of life in San Bernardino County, with a goal of engaging residents, analyzing health data and trends, and providing an opportunity for the community to prioritize key issues for action. San Bernardino County's latest CHA in 2024 as published in 2024 and the CHIP will span 2024 through 2029. The identified health priorities for improvement are Behavioral Health, Injury and Violence Prevention, and Chronic Disease.

Procurement process: N/A

Recommendation(s):
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Second Amendment to the Funding Agreement with San Bernadino County Department of Public Health to support the implementation of the CHIP interventions for an additional $300,000 through June 30, 2027. The total amount of the Agreement shall not exceed $600,000.

Per the Population Health Management Policy Guide, Department of Healthcare Services (DHCS) requires Managed Care Plans (MCPs) to meaningly participate in the CHA/CHIP by participating in steering committees, data sharing, and contributing resources in the form of funding and/or in-kind staffing.

The funding provided through IEHP is pulled from the CalAIM Incentive Payment Program (IPP) dollars and will support the implementation of the CHIP. Behavioral health, injury and violence prevention, and chronic disease were identified as the top health priorities for improvement, and CHIP workgroups are developing action plans in these areas. It is anticipated that activities in these priority areas will be aligned with IEHP quality metrics and will improve the health of IEHP Members. Funding will support Community Engagement, Support Staff, Communications and Consultant fees. IEHP will establish outcome measures to track, as well as validate completion of the following Success Measures under this Agreement:

1. The onboarding of five (5) Health Educator Specialists and one (1) Office Specialist to support CHIP implementation activities.

2. Completion of two (2) community partner awareness interactions and three (3) Community Based Organization (CBO) Collaborative meetings.
3. By June 30, 2027, increase community awareness of the CHIP, its implementation, and assist with its further implementation activities, specifically to include:
    a. Coordinate with Implementation Committee participants to identify and recruit to fill any significant gaps in sectoral, service, or subject matter representation by March 31, 2027.
    b. Assist with the stand-up and kickoff of the Injury and Violence Prevention Workgroup by identifying key stakeholders and partners, building a partner list, promoting participation, scheduling reoccurring meetings, and developing meeting materials by January 31, 2027.
    c. Develop a plan to strategically identify and engage potential partners in implementation activities by January 31, 2027.
4. By June 30, 2027, present at least three (3) CHIP updates to the San Bernardino County Department of Public Health's CBO Collaborative to:
    a. Share themes and feedback gathered from community forums conducted in 2025 – 2026 and solicit recommendations to incorporate community feedback into CHIP implementation.
    b. Present updates on implementation activity and progress and recruit additional CHIP implementation workgroup participants by May 31, 2027.
5. By June 30, 2027, develop a report that summarizes feedback, partners, identified gaps, and concerns for implementation consideration in relation to both bullets above, by CVS leadership and the department.

Financial Impact: $300,000	**Not to Exceed Amount:** $600,000	**Term:** June 30, 2027

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	M. Martinez 9/4/26	N/A	M. Popka 9/17/26	T. Wada 9/4/26	E. Juhn 9/17/26

Department: HEALTH SERVICES

C.2. APPROVE THE FUNDING INCREASE TO THE SERVICE AGREEMENT WITH MEDIMPACT HEALTHCARE SYSTEMS, INC. FOR PHARMACY BENEFITS MANAGEMENT SERVICES

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

Background & Discussion:
MedImpact Healthcare Systems, Inc. (MedImpact) serves as Inland Empire Health Plan's (IEHP) Pharmacy Benefits Manager (PBM). As IEHP's PBM, MedImpact manages the day-to-day administration of the pharmacy benefit program for Medicare and Covered California (CCA) members. This includes activities such as maintaining and managing the drug formulary, processing and paying pharmacy claims, supporting a high-quality pharmacy network, reviewing and processing prior authorizations, providing member and provider call-center services, and delivering clinical and analytics support.

These administrative services ensure that prescription drug claims are accurately processed; members receive their medications without disruption, and IEHP's pharmacy operations remain compliant, efficient, and cost-effective. The administrative fees paid to MedImpact cover these services and represent the cost of managing the pharmacy benefit, essentially ensuring that medications are billed, reviewed, and paid correctly and that both members and providers receive timely support.

IEHP has worked with MedImpact since January 2022 under Minute Order 22-001, with the most recent Amendment executed in January 2026.

The Governing Board had previously approved the Amendments to the Agreement as follows:

MedImpact Cost Breakdown		
Document	Administrative Cost	Board Approved Date:
Service Agreement - MO: 22-046	$ 8,600,000.00	3/14/2022
First Amendment for CDAG Services MO: 22-253	$ 1,121,000.00	7/11/2022
Second Amendment for CCA Services MO: 22-353	$ 4,500,000.00	11/14/2022
Fifth Amendment for Optional Support MO: 25-069	$ 630,000.00	4/14/2025
Seventh Amendment Term Extension + 2026 Admin Funds -MO: 25-210	$ 5,876,000.00	10/14/2025
Eight Amendment - MO 24-167	$ 50,000.00	1/5/2026
Current NTE Amount:	**$ 20,777,000.00**	

Procurement Solicitation Type: RFP

In July 2021, IEHP issued a competitive Request for Proposal (RFP) seeking a Pharmacy Benefits Management (PBM) partner. The RFP required interested PBMs to demonstrate strong performance across several key areas, including the delivery of comprehensive pharmacy benefit services, technical flexibility and scalability, transparency, service level commitments, performance guarantees, and competitive pricing.

After a thorough evaluation of both technical capabilities and financial proposals, MedImpact ranked highest among respondents. MedImpact demonstrated the strongest combination of operational performance, technology readiness, and cost-effectiveness for both Custom and PBM Formulary models. As a result, MedImpact was selected as the PBM vendor and began providing services to IEHP in January 2022

Recommendation(s):

That the Governing Board of Inland Empire Health Plan (IEHP) approve a funding increase to the Service Agreement with MedImpact Healthcare Systems, Inc. for calendar year 2027 Pharmacy Benefits Management (PBM) administrative services, in an amount not to exceed $6,441,299, through December 31, 2027.

This recommended 2027 PBM administrative budget reflects the average volume of Prior Authorizations, pharmacy claims (Part D and Part B), and Opioid Case Management Services processed in 2026. The modest increase for 2027 is primarily driven by higher average monthly service volumes experienced in 2026. As a reminder, administrative funds approved in prior years do not carry over, and each year's PBM administrative budget is established independently.

The total 2027 administrative amount of $6,441,299 covers both Medicare and Covered California (CCA) lines of business. This cost is supported by MedImpact's comprehensive PBM services, which include clinical program support, claims processing accuracy, member focused initiatives, and financial and operational safeguards that ensure compliant, cost-effective, and high-quality pharmacy benefits for IEHP members.

Approval of this funding increase sets the Not to Exceed (NTE) administrative amount under the MedImpact Agreement at $27,218,299 through December 31, 2027.

Financial Impact:	**Not to Exceed Amount:**	**Term:**
$6,441,299	$27,218,299	December 31, 2027

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2027 Budget	C. Aguirre 09/03/2026	H. Clear 09/03/2026	Make Selection [enter date]	Dr. H. Lee 09/02/2026	E. Juhn 09/17/26

Department: **INFORMATION TECHNOLOGY**

D.2. DELEGATION OF AUTHORITY TO APPROVE THE DATA CENTER LICENSING AGREEMENT WITH COUNTY OF RIVERSIDE INFORMATION TECHNOLOGY FOR CO-LOCATION SERVICES OF INLAND EMPIRE HEALTH PLAN'S OFFSITE DATA AND NETWORK EQUIPMENT

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:
The Inland Empire Health Plan (IEHP) has leased space at 1960 Chicago Avenue in Riverside, California, since 2007 to support IEHP's Disaster Recovery Plan. In March 2014, the lease was sold and transferred by Acorn Technology to the County of Riverside. As a result, the Riverside County Information Technology (RCIT) department assumed responsibility for providing data center co-location services to IEHP.

This data center provides co-location services for data and network equipment that is not housed at IEHP's Business Center. The site currently supports Physical Services, Virtual Services, Network Switches, and other essential infrastructure.

The current Data Center Licensing Agreement was approved and executed in June 2021 for a five (5) year term through December 31, 2026, for an amount not to exceed $4,990,696.

Procurement process: Government Agency
IEHP's procurement framework recognizes the statutory exemptions that allow direct agreements with public entities without formal competition requirements. Specifically, Sections 1.1- 1.2 of IEHP's Procurement Policies and Procedures Manual authorizes direct agreements with government agencies without formal competition.

Recommendation(s):
That the Governing Board of the IEHP authorize the Chief Executive Officer or his designee to, after legal review and approval, sign the new Data Center Licensing Agreement with the County of Riverside Information Technology for the provision of co-location services for an amount not to exceed $2,600,000 for five (5) years, effective January 1, 2027, through December 31, 2031.

The amount of rack-unit space that IEHP uses varies from month to month. IEHP's current average usage is approximately 475 rack units, and the plan anticipates an increase in usage over the coming years. Accordingly, the requested funding increase presented to the Board assumes usage of 700 rack units.

Financial Impact: $2,600,000	**Not to Exceed Amount:** $2,600,000	**Term:** 60 Months

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2027 Budget	K. Tsui 08/21/2026	S. Cox 09/03/2026	M. DeNobrega 09/17/26	J. Gupta 08/21/2026	V. Devabhaktuni 9/18/2026

Department: INFORMATION TECHNOLOGY

D.2 APPROVE THE AWARD OF REQUEST FOR PROPOSAL #26-06970 FOR DATA ABSTRACTION AND NATURAL LANGUAGE PROCESSING SOLUTION AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH DATYCS INC.

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:
Inland Empire Health Plan (IEHP) currently utilizes Prospective Chart Review (PCR) processes to support clinical data reviews needed for key health plan programs including HEDIS® and Risk Adjustment. IEHP's PCR processes rely heavily on manual chart review and abstraction, requiring, on average, 10 to 15 minutes per record for approximately 40,000 charts annually. This labor-intensive workflow demands significant staffing, including six (6) full-time team members and up to six (6) temporary contractors during key months each year. Despite these staffing investments, the process remains difficult to scale and is prone to bottlenecks, backlogs, and delayed reporting during high-volume periods.

As regulatory requirements and clinical data demands continue to grow, the limitations of manual review present risks of capacity issues that may negatively impact quality submissions and ratings. The current model cannot sustainably support the increasing volume and complexity of chart abstraction without substantial resource increases. Additionally, the lack of automation impacts IEHP's ability to generate timely and accurate quality measure and risk adjustment reporting.

To address these challenges, IEHP requires an automated solution capable of substantially reducing manual review time, improving throughput, and maintaining or enhancing abstraction accuracy. A technology-enabled approach that supports automated abstraction and incorporates advanced Natural Language Processing (NLP) capabilities is necessary to ensure consistent, efficient, and scalable processing of clinical data.

Procurement Solicitation Type: RFP
On April 2, 2026, IEHP issued Request for Proposal (RFP) #26-06970 through Bonfire, IEHP's public third-party bidding platform. 1,333 potential bidders/suppliers were notified/invited through Bonfire, 48 parties downloaded the bid documents, and IEHP ultimately received five proposals. Three bidders were down-selected following completion and review of technical scoring, resulting in three finalists: **EXL Health**, **Abstractive Health Inc.**, and **Datycs Inc.** With the scoring as follows:

TECHNICAL PROPOSAL SCORES (OUT OF 65 POINTS)

Bidder	Score
Datycs Inc.	58.47
Abstractive Health Inc.	57.71
EXL Health	56.53

LOCAL PREFERENCE POINTS (OUT OF 5 POINTS)

Datycs Inc.	0.00
Abstractive Health Inc.	0.00
EXL Health	0.00

PRICE SCORES (OUT OF 30 POINTS)

Abstractive Health Inc.	30.00
EXL Health	29.85
Datycs Inc.	26.60

TECHNICAL PROPOSAL SCORES WITH COST (OUT OF 100 POINTS)

Abstractive Health Inc.	81.71
EXL Health	79.39
Datycs Inc.	77.06

DEMO/ORAL INTERVIEW SCORES (OUT OF 10 POINTS)

Datycs Inc.	8.00
EXL Health	7.00
Abstractive Health Inc.	6.00

FINAL TOTAL SCORES (OUT OF 110 POINTS)

Abstractive Health Inc.	87.71
EXL Health	86.39
Datycs Inc.	85.06

After a comprehensive evaluation of the submitted proposals, the Evaluation Committee recommends awarding the RFP to Datycs Inc. (Datycs). While Datycs did not receive the highest overall numerical score, the Evaluation Committee determined, based on IEHP's Procurement Policies and Procedures Manual (FIN/PUR 01), Best Value procurement provisions, evaluation criteria outlined in the RFP, and the evaluation as a whole, that Datycs represents the best value to IEHP.

Datycs presented a highly detailed and well-structured proposal, demonstrated relevant technical expertise, and performed strongly during the product demonstration and oral interview. The Evaluation Committee identified strengths in Datycs' NLP platform, functional capabilities, and advanced reporting features which align with IEHP's operational requirements and objectives. Datycs also received the highest technical proposal score and the highest demonstration/oral interview scores among the finalists.

The recommendation is consistent with IEHP's Procurement Policies and Procedures Manual (FIN/PUR 01), which provides for Best Value procurement and consideration of applicable

quantitative and qualitative factors in determining the greatest overall benefit to IEHP. Considering the evaluation criteria established in the RFP and the evaluation as a whole, the Evaluation Committee determined that Datycs Inc. provides the best overall value to support IEHP's NLP initiatives.

Recommendation(s):

That the Governing Board of IEHP Approve the award of RFP #26-06970 to Datycs Inc. and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, execute all contractual agreements with Datycs Inc. for the provision of a Data Abstraction and Natural Language Processing (NLP) Solution and related services for an estimated amount not to exceed cost of $1,630,000 for a five and one-half year period.

Financial Impact: $1,630,000	**Not to Exceed Amount:** $1,630,000	**Term:** 5.5 years

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Tsui 9/16/2026	S. Cox 9/16/2026	M. Popka 9/17/2026	N. Mahan 9/18/2026	V. Devabhaktuni 9/18/26

Department: OPERATIONS

E.1. 2025 INDEPENDENT PHYSICIAN ASSOCIATION PERFORMANCE EVALUATION TOOL REVIEW

Chief: Susie White, Chief Operating Officer

Background & Discussion:
Inland Empire Health Plan (IEHP) developed the Performance Evaluation Tool (PET) to assess the Plan's contracted Medi-Cal Independent Physician Association (IPA) in multiple operational areas on an annual basis. IEHP uses the PET to determine the level of compliance by each IPA in meeting:

1) Contractual responsibilities,
2) IEHP standards, including regulatory compliance, and
3) Administering delegated duties.

Performance is reviewed and scored in seven (7) functional areas that are monitored by IEHP through audits, monthly reporting requirements, contractual performance compliance, and other activities the IPA participates in throughout the contract year, in the following functional areas:

1) Claims,
2) Communication,
3) Encounter Data,
4) Finance,
5) Grievance & Appeals,
6) Delegation Oversight Audit Results, and
7) Delegate Reporting & Member Access Audit.

The PET results are used to help determine if IEHP should continue its contractual relationship with the IPA and the term of the renewal contract to be offered.
Based on PET scores, IEHP extends the IPA contract term as follows:

Score	Contract Term
95% or above	3 years
85% to 94.99%	2 years
80% to 84.99%	1 year
Less than 80%	Non-renewal

The following includes a comparison of IPA scores from 2023 to 2025.

IPA	2023	2024	2025
Alpha Care Medical Group (ACMG)	78%	77%	76%
Optum Care Network Inland Faculty MG (IFMG)	82%	89%	86%
LaSalle Medical Associates (LSMA)	77%	92%	90%
Physicians Health Network (PHN)	90%	87%	83%

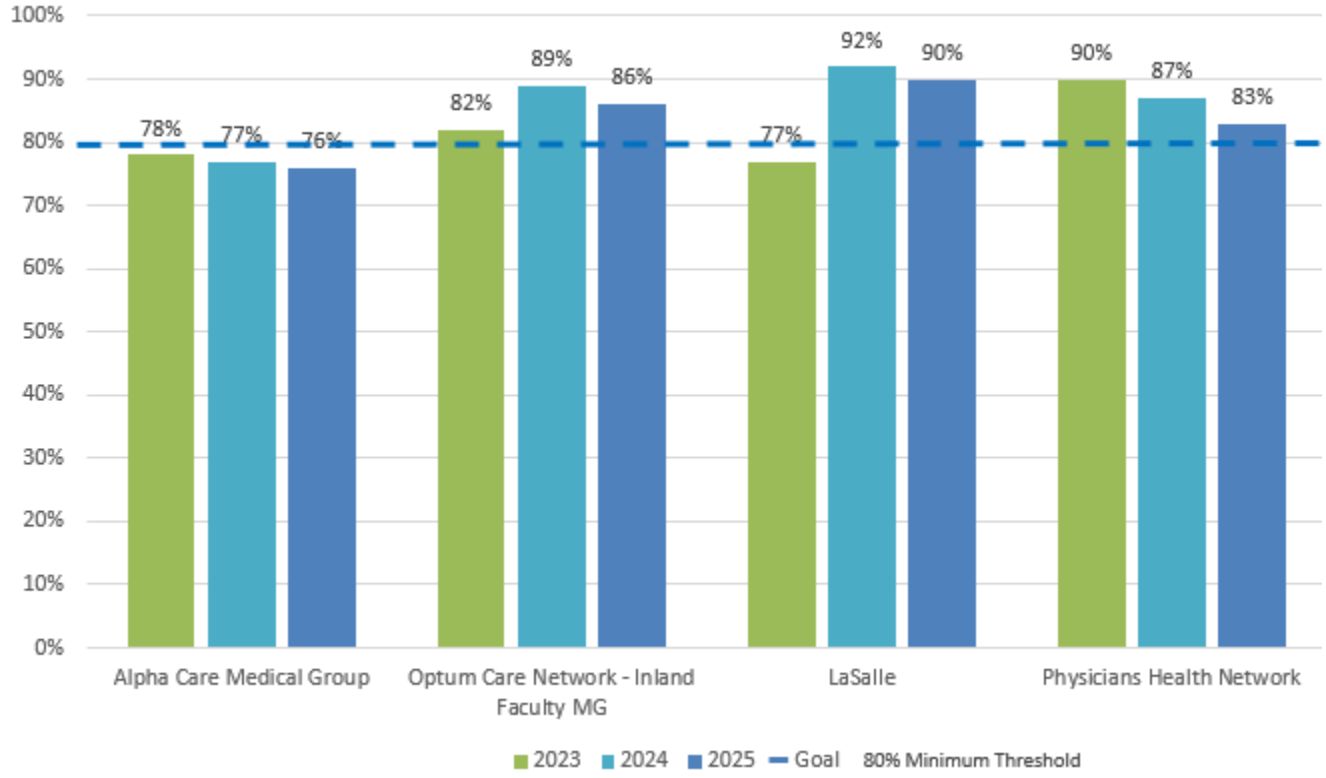
One (1) IPA fell below the 80% minimum threshold for 2025.

- Alpha Care Medical Group (ACMG) continued to struggle with Claims, scoring 2 out of 18 points, and in Delegate Reporting & Member Access Audit, scoring 27 out of 32 points.

IEHP took the following action to address the repeated deficiencies from Alpha Care Medical Group:

- Alpha Care Medical Group's contract will be terminated effective September 30, 2026.

The graph below represents the final scores from 2023 - 2025 PET



Procurement Solicitation Type: N/A

Recommendation(s):

Review and File

Financial Impact: N/A	**Not to Exceed Amount:** N/A	**Term:** N/A

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	J. Ortega 9/16/2026	S. White 9/16/2026

Department: **OPERATIONS**

E.2. APPROVE THE FIRST AMENDMENT TO THE PROPRIETARY SERVICES AGREEMENT WITH J.D. POWER FOR CUSTOMER SERVICES EXCELLENCE PROGRAM SERVICES

Chief: Susie White, Chief Operating Officer

Background & Discussion:
In 2024, Inland Empire Health Plan (IEHP) entered into a Proprietary Services Agreement (PSA) with J.D. Power to participate in their Customer Service Certification Program, a performance-based evaluation designed to measure and benchmark customer experience excellence across customer call centers in varying industries. J.D. Power provides a structured, externally validated methodology that offers independent measurement of IEHP's service performance. Their certification framework evaluates organizations against defined program criteria, focusing specifically on Voice of the Member insights and independently validated metrics.

In 2025, IEHP pursued certification for the first time and completed the program requirements under the initial PSA, gaining valuable insight into service performance and Member experience trends. Since completing the program in 2025, IEHP's Member Services call center has seen consistently high Net Promoter Scores for IEHP in after-call surveys and the implementation of outstanding best practices has allowed IEHP to better capture and act upon first contact resolution, which saw a 5.9-point increase from 2025 to 2026.

Procurement Solicitation Type: Single Source
Following extensive market research and multiple engagements throughout 2023 and 2024, IEHP leadership approved J.D. Power as a single-source supplier due to its proprietary expertise in consumer research, customer-experience-focused certification model, and evaluation approach that distinguishes it from competitors such as SQM and Purdue University. Since the certification and licensing requirements are unique to J.D. Power and cannot be reasonably met by other vendors, IEHP confirmed that no acceptable substitutes exist, supporting the Single Source Justification (SSJ) requirements under Section 3.11 of the Procurement Policies and Procedures Manual.

Recommendation(s):
That the Governing Board of IEHP Approve the First Amendment to the J.D. Power Proprietary Services Agreement to extend the term through October 27, 2028, for an additional $474,643 for Customer Services Excellence Program Services, for 2026 and 2027.

Building on the value derived from the initial engagement, IEHP seeks to continue participating in the Customer Services Excellence Program for the next two years. This continuous participation enables IEHP to track changes in Member experience expectations and measure operational performance over time, providing actionable improvement opportunities and comparative benchmarks against industry peers. J.D. Power's findings and recommendations directly inform IEHP's internal service strategy and operational planning.

The current PSA with J.D. Power is scheduled to conclude in October 2026, and extending this agreement ensures continuity in evaluation, benchmarking, and certification activities that support IEHP's continued focus on improving Member experience.

Financial Impact: $474,643	**Not to Exceed Amount:** $857,543	**Term:** 10/28/26 - 10/27/28

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2027 Budget	A. Renolayan, 8/28/2026	S. Cox 09/03/2026	M. Popka 09/17/26	09/17/26R. Paul 09/04/2026	S. White 09/09/2026

Department: QUALITY

F.1. 2025 CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES ANNUAL EVALUATION REVIEW

Chief: Genia Fick, MA, Chief Quality Officer

Background & Discussion:
Inland Empire Health Plan's (IEHP) Quality Management & Health Equity Transformation Committee (QMHETC) prepares and approves an Annual Evaluation Report assessing IEHP's 2025 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.

CLAS Program Description and Goals
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 governing 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 Workforce Diversity, Provider Network Adequacy & C&L Responsiveness
3. Identification and Reduction of Health Care Disparities

Through various mechanisms, IEHP reporting identifies disparity gaps for priority preventive care services and chronic 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 the Population Health Management (PHM) Population Assessment Study, Annual HEDIS® Report, 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 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 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 by Line of Business (LOB)**
    - Reduce disparity among the Black population for the Childhood Immunization Status measure (Medi-Cal LOB).
    - Increase the rate of adequately controlled blood pressure (under 140/90 mm Hg) for Black adult IEHP Members with a diagnosis of hypertension (Medi-Cal LOB).
    - Decrease the rate of Hispanic Members in the glycemic status >9% measure (Medi-Cal LOB).
    - Increase the rate of Breast Cancer Screening measure among American Indian Members (Medi-Cal LOB)
    - Decrease the rate of Hispanic Members in the glycemic status >9% measure (IEHP DualChoice LOB).
    - Increase the rate of Hispanic Members in the glycemic status <8% measure (IEHP Covered LOB).

- **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 by Line of Business (LOB)**
    - Reduce the disparity among the White population for Rating of Health Plan measure (Medi-Cal LOB).
        - 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 (Medi-Cal LOB).
        - Current White population rate is 6% lower than the overall plan rate.
    - Improve access to language service for Members with Limited English Proficiency (LEP) by increasing the availability of qualified bilingual and medical interpreter staff at Provider sites (Medi-Cal, IEHP DualChoice, and IEHP Covered LOBs).
    - Increase Team Members, subcontractors, downstream subcontractors, and Network Providers awareness on sensitivity, diversity, cultural competency and humility, and health

equity to improve access and quality of care for IEHP's membership (Medi-Cal, IEHP DualChoice, and IEHP Covered LOBs).

Conclusion
In 2025, CLAS continued to demonstrate meaningful advancement, with several key successes that strengthen the overall impact of the program.

- Reduced racial disparities in major CAHPS experience measures, successfully meeting Experience Measurable Goals.
- Improved clinical outcomes across multiple populations, including better blood pressure control and reduced poor glycemic status among Black and Hispanic Members.
- Expanded language access through the Provider Medical Interpretation Pilot and new Member/Provider Portal interpreter request features.

These program achievements complemented IEHP's implementation of both Clinical and Experience Measurable Goals, further enhancing the effectiveness 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 (CHEO), Health Plan Accreditation, the CLAS Program owners, and community representatives for feedback. Additionally, the CLAS Evaluation was formally presented at the Community Advisory Committee (CAC), the Enrollment Advisory Committee (EAC) and to the Quality Management Health Equity Transformation Committee (QMHETC). Throughout the year, IEHP remained focused on meeting the program goals and completing all initiatives as outlined in the 2025 Quality Management/Quality Improvement & Culturally Linguistically Appropriate Services (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 & File.

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

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	Make Selection [enter date]	G. Uribe 8/3/2026	G. Fick 9/18/2026

Department: **QUALITY**

F.2. APPROVE THE AWARD OF REQUEST FOR PROPOSAL 25-06897 AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH PROPEER RESOURCES, LLC, ADVANCED MEDICAL REVIEWS, AND MEDICAL REVIEW INSTITUTE OF AMERICA, FOR INDEPENDENT PHYSICIAN REVIEW SERVICES

Chief: Genia Fick, MA, Chief Quality Officer

Background & Discussion:
Health plans accredited by the National Committee for Quality Assurance (NCQA) are required to obtain independent specialist physician review for any appealed denials of medical care that are requested by a specialist physician.

Procurement Solicitation Type: RFP
On April 29, 2026, Inland Empire Health Plan (IEHP) Procurement issued Request for Proposal (RFP) 25-06897 for Independent Physician Review Services on Bonfire, its third-party bidding website. The opportunity was distributed to 377 vendors, and 29 downloaded the solicitation. The RFP closed on May 26, 2026, and IEHP received three proposals from the following vendors:

Vendor
ProPeer Resources, LLC
Advanced Medical Reviews
Medical Review Institute of America

IEHP's Evaluation Committee reviewed all submitted proposals, scoring them based on responsiveness to the RFP and the ability to meet IEHP-specific scope of service. Below are the results:

Vendor	Out of 100 points
ProPeer Resources, LLC	89.39
Advanced Medical Reviews	84.72
Medical Review Institute of America	73.90

Proposals were evaluated based on responsiveness, qualifications of physician reviewers, ability to meet turnaround requirements, completeness of NCQA-required processes, and pricing. Final scores reflected performance across all criteria.

The Evaluation Committee recommends awarding RFP-25-06897 to the three bidders: ProPeer Resources, LLC, Advanced Medical Reviews, and Medical Review Institute of America. IEHP selected three vendors, rather than just one, as each provides a different specialty of physician reviewer services to support member needs. Additionally, with three vendors, IEHP will have multiple resources available during weekends, holidays, and after hours. Procurement and Finance also reviewed vendor financial stability as part of the evaluation to support a multi-year award.

Recommendation(s):

That the Governing Board of IEHP Approve the award of RFP 25-06897 and authorize the Chief Executive Officer or designee to negotiate and, upon legal review and approval, execute contractual documents with ProPeer, Advanced Medical Reviews, and Medical Review Institute of America for Independent Physician Review Services for a term of five (5) years for cost not to exceed $1,800,000.00.

IEHP intends to execute an Agreement with each of the three vendors. The total amount for Independent Physician Review Services shall not exceed $1,800,000.00 through September 30, 2031, allocated among the three vendors. The three vendors will competitively bid on physician reviewer projects on an as-needed basis, and assignments will be made by the requesting IEHP department based on the best quote in terms of price, delivery, and service. Accordingly, IEHP does not guarantee a minimum amount of spend or utilization per vendor.

Financial Impact: $1,800,000.00	**Not to Exceed Amount:** $1,800,000.00	**Term: 5-years**

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026 Budget	C. Aguirre 08/10/2026	S. Cox 9/3/2026	M. De Nobrego 09/23/26	J. Wellmaker 08/07/2026	G. Fick 9/21/2026

Department: PROVIDER CONTRACTING

G.1. APPROVE THE ANCILLARY PROVIDER AGREEMENT WITH FOODSMART NUTRITION NETWORK FOR COMMUNITY SUPPORT SERVICES

Chief: Susie White, Chief Operating Officer

Background & Discussion:
As required by the California Department of Healthcare Services (DHCS), Inland Empire Health Plan (IEHP) administers Community Supports services, including Medically Tailored Meals (MTM) and Medically Supportive Food (MSF), for eligible Medi-Cal Members.

To better define roles and responsibilities within these programs, IEHP seeks to execute an Ancillary Provider Agreement (Agreement) with David Ashley, M.D., P.C., D/B/A Foodsmart Nutrition Network and its Management Services Organization, Zipongo, INC. D/B/A Foodsmart**, (**Foodsmart**)** an independent Registered Dietician (RD) Assessment and Nutrition Counseling provider. Under this Agreement, Foodsmart will not provide meals or groceries; instead, Foodsmart will conduct all MTM/MSF Nutrition Assessments, verify eligibility, deliver Nutrition Counseling, manage closed-loop referral documentation, and submit MTM/MSF authorization requests via the IEHP Provider Portal. MTM/MSF orders will continue to be fulfilled by IEHP-contracted food vendors.

Foodsmart's Scope of Work includes:

- Completing Nutrition Assessments using DHCS-approved Medical Necessity Criteria.
- Providing culturally and linguistically competent Nutrition Counseling.
- Conducting outreach and engagement for approximately 2,000 referrals per month.
- Managing full closed-loop referral reporting and documentation requirements.
- Submitting MTM/MSF authorization requests through IEHP systems.
- Supporting compliance with DHCS Community Supports Policy Guide, All Plan Letters, and IEHP MTM/MSF operational standards.

Due to the specialized nature of MTM/MSF Community Supports and the independent-assessment model, Attachments A, A-1, and B required substantial revision from IEHP's standard ancillary templates. These attachments outline the scope of work and reimbursement rates, both of which were tailored specifically to Nutrition Assessment and Nutrition Counseling service. The resulting updates incorporate dedicated clinical assessment workflows, expanded reporting requirements, and detailed nutrition-specific performance standards.

Procurement Solicitation Type: N/A

Recommendation(s):
That the Governing Board of IEHP Approve the Ancillary Provider Agreement with FoodSmart Nutrition Network effective November 1, 2026, through October 31, 2031.

This Agreement will clarify roles within the MTM/MSF model, strengthen compliance, expand access to dietitian-led clinical assessments, and support IEHP's strategic goals for member-centered care, transparency, and operational accountability. It will also establish Foodsmart as IEHP's

independent RD Assessment provider for MTM/MSF, ensuring alignment with DHCS Community Supports Policy Guide and IEHP operational standards while strengthening member access, quality, and oversight of MTM/MSF Community Supports.

Financial Impact: N/A	**Not to Exceed Amount:** N/A	**Term:** 5-years

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026 Budget	NA	NA	A. Mejia 09/21/26	C. Vega 08/20/26	E. Juhn 09/21/26 S. White 09/22/26

Department: ADMINISTRATION

A.1. CHIEF EXECUTIVE OFFICER UPDATE

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:
Chief Executive Officer update for October 12, 2026, Governing Board Meeting.

Recommendation(s):
Review and File

IEHP
Inland Empire Health Plan

Governing Board Meeting

CEO BOARD REPORT | *Oct. 12, 2026*

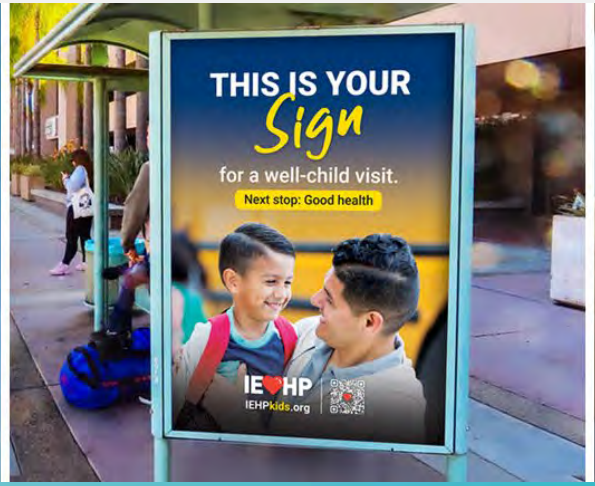
MISSION MOMENT: GRAND SLAM HEALTH JAM

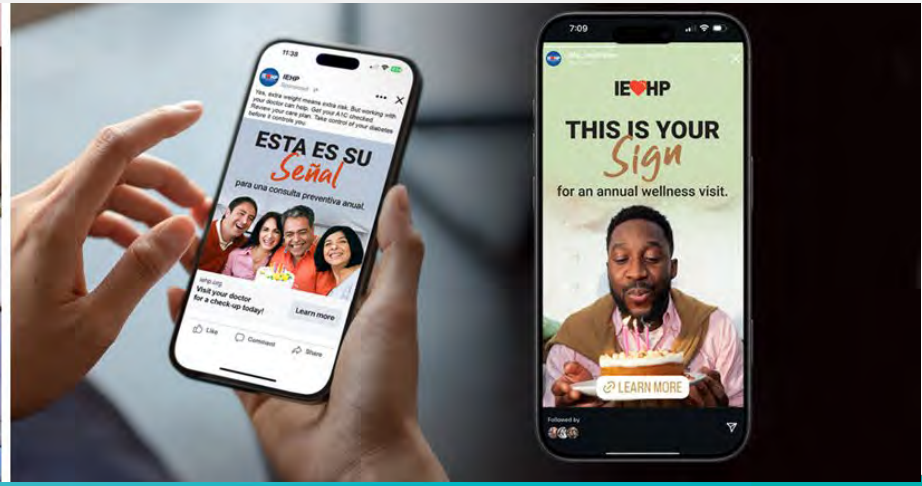
- IEHP partnered with the Ontario Tower Buzzers baseball team to host the 2026 Grand Slam Health Jam event on Sept. 5.
- Game attendees had access to free basic vitals checks, health education activities and fun giveaways.

Content contributor: Jarrod McNaughton

IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
August 2026	1,392,348	1,393,185	837	(5,978)
September 2026	1,384,751	1,390,224	5,473	(2,961)
October 2026	1,385,199	1,393,528	8,329	3,304





The reported membership is run on and for the 1st of the month by using DHCS's 834 file.

Content contributor: Jarrod McNaughton

STARRING MOMENT: 2026 NCQA HEALTH PLAN RATING

- The National Committee for Quality Assurance (NCQA) released its annual Health Plan Ratings for 2026, and IEHP has earned an impressive **4 out of 5** rating for our Medi-Cal line of business.
- This marks only the second time in our organization's history that we have achieved this level of performance.
- This amazing accomplishment reflects the strength of our Quality Improvement, Member Experience and Provider Engagement strategies and our team member's unwavering dedication to ensuring our members receive the high-quality care they need when they need it.

ACAP FALL MEMBERSHIP CONFERENCE & CEO SUMMIT

- IEHP CEO Jarrod McNaughton attended the Fall Membership Conference of the Association for Community-Affiliated Plans (ACAP) Oct. 1-2 in Washington, D.C.
- Leaders from the Centers for Medicare and Medicaid Services (CMS) discussed H.R. 1 implementation challenges, value of managed care plans, data importance, AI, and program integrity.
- Jarrod presented during ACAP's CEO Summit on the "Value of Managed Care Panel," amplifying value through quality coordinated care, member importance, organizational strength, value-based contracting, accountability, and fiscal stewardship.
- IEHP was also recognized for NCQA 4-Star Achievement during the event.

Content contributor: Jarrod McNaughton

MCO TAX LAWSUIT

- The California Medical Association (CMA) and the California Association of Health Plans (CAHP) have filed a lawsuit with the California Supreme Court challenging the state's proposed Managed Care Organization (MCO) tax.
- The lawsuit claims the tax violates the state constitution, circumvents Proposition 35, exceeds taxation limits on health insurance coverage established by California voters and does not spend the revenue derived from this healthcare tax in accordance with Proposition 35.
- **Why this matters:**
  - If the lawsuit prevails, it could create a budget hole for the state to fill.
  - Could result in further cuts to the Medi-Cal program.
  - If the lawsuit is defeated, it could create higher premiums for the Covered California line of business.
  - Could also have other financial impacts.

Content contributor: Jarrod McNaughton

PROVIDER DINNER SERIES

- The Sept. 27 dinner was held in Fontana.
- The dinner was attended by local providers and their guests, along with IEHP and community leaders.
- Discussion topics included the impacts of H.R. 1, quality updates and the Network Expansion Fund.
- **Why this matters:**
  - These dinners connect us with our providers and help us understand the issues that are important to them and their practices.

Content contributor: Jarrod McNaughton

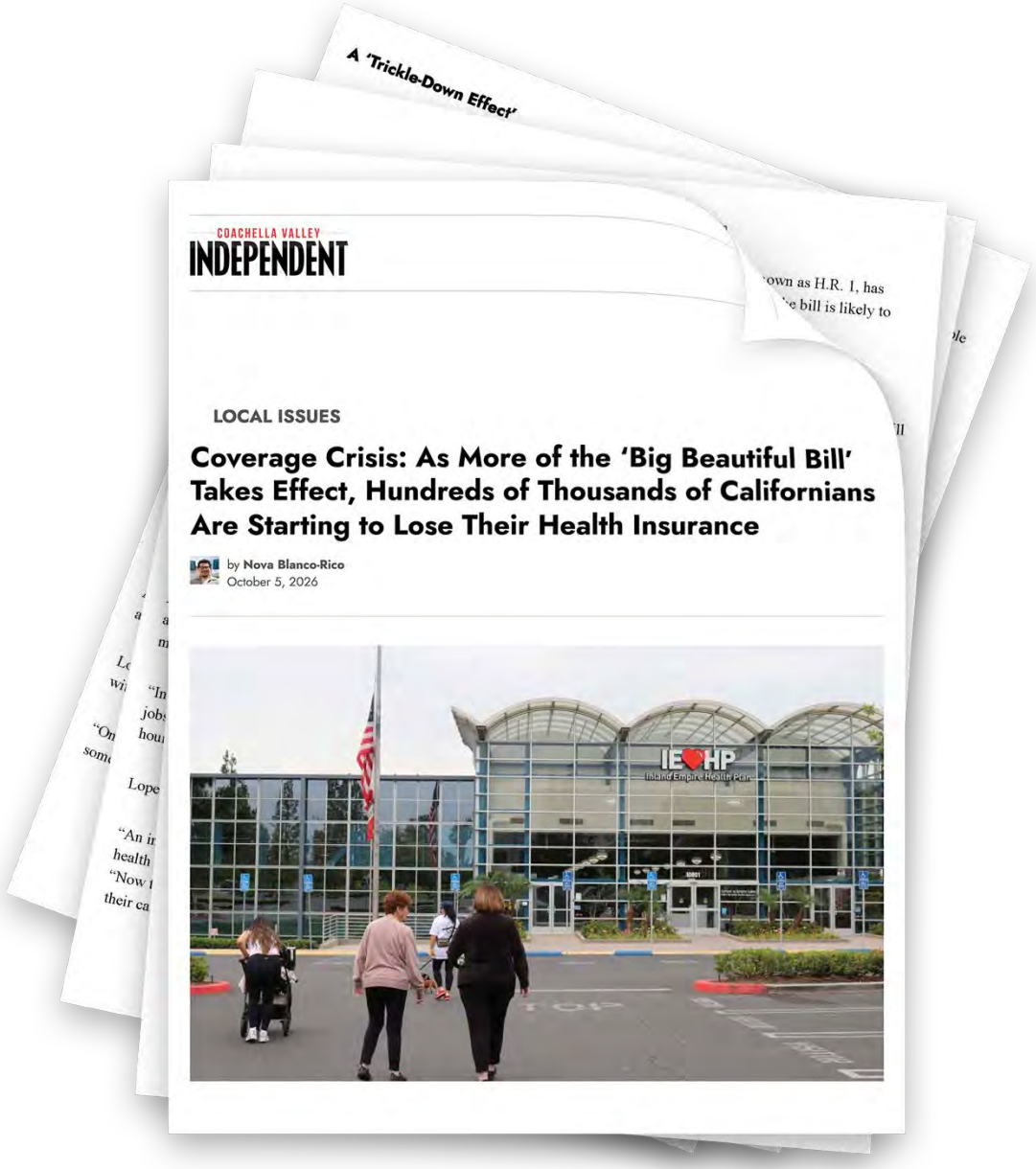
IEHP CELEBRATES 30 YEARS OF CARING TOGETHER

- A special event celebrating IEHP's 30 years of service to the community was held Oct. 26 at the Riverside Community Wellness Center.
- Chief Operating Officer Susie White and Director of Community Wellness Centers and Community Engagement Delia Orosco were recently featured in a segment on NBC Palm Springs about IEHP's 30th anniversary. They were interviewed about the health plan's preventive care services and free community wellness classes.

Content contributor: Jarrod McNaughton

IEHP IN THE MEDIA

- **Chief Strategy Officer Thomas Pham** was interviewed by the Coachella Valley Independent about the impacts of H.R. 1.
- In the Oct. 5 article, Thomas shared thousands of Coachella Valley residents will lose their Medi-Cal coverage.
- As a result, uninsured populations will likely seek undercompensated care from hospital emergency rooms in the local area.



IEHP LEADERS IN THE COMMUNITY

- **VP of Population Health & CalAIM Dr. Takashi Wada** gave the keynote address at the Healthy Desert, Healthy You Summit in Rancho Mirage on Sept. 10. He was also interviewed by NBC Palm Springs.
- **Dr. Wada** also spoke on a panel at the HealthySteps SoCal Summit on Sept. 15 in Brea. He discussed dyadic care from a managed care plan perspective.

IEHP
Inland Empire Health Plan

Thank you

Department: FINANCE

B.1. MONTHLY FINANCIAL REVIEW

Chief: Patrick Bronsan, Chief Financial Officer

Background & Discussion:
Monthly Financials for Period Ending August 31, 2026

Recommendation(s):
Review and File

FINANCE DIVISION
August 2026
MONTHLY FINANCIALS

Presented
October 12, 2026

IEHP
Inland Empire Health Plan

Financial Position Summary

- We have a consolidated net surplus of $31M for August 2026 and a net surplus of $231M year-to-date as of August 2026, which is favorable to budget.
  - Medi-Cal YTD net surplus of $239M is favorable to budget (+$54M).
  - D-SNP YTD net deficit of ($21M) is unfavorable to budget (-$38M).
  - CCA YTD net deficit of ($28M) is unfavorable to budget (-$27M).

- DMHC is still requiring IEHP to continue monthly financial reporting.

August 2026 Actual vs Budget: Consolidated

	August Month-to-Date ($ amounts in millions)			August Year-to-Date ($ amounts in millions)		
	Actual	Budget	Variance	Actual	Budget	Variance
Membership	1,397,326	1,416,058	(18,732)	11,487,569	11,519,857	(32,288)
Revenue	$731.3	$737.0	($5.7)	$5,825.8	$5,979.6	($153.8)
Medical Costs	653.6	705.9	52.3	5,271.6	5,411.5	139.9
Operating (G&A) Expenses	45.0	41.6	(3.4)	329.1	349.1	20.0
Operating Surplus (Deficit)	**32.7**	**(10.5)**	**43.2**	**225.1**	**219.0**	**6.1**
Non Operating Income (Expense)	6.2	3.7	2.5	51.7	30.5	21.2
Non-Medical Expenses	7.6	3.1	(4.5)	45.9	24.8	(21.1)
Net Surplus (Deficit)	**$31.3**	**($9.9)**	**$41.2**	**$230.9**	**$224.7**	**$6.2**
Medical Cost Ratio	89.4%	95.8%	6.4%	90.5%	90.5%	0.0%
Administrative Cost Ratio	6.2%	5.6%	(0.6%)	5.6%	5.8%	0.2%

Highlights for the Month:

- The unfavorable revenue variance compared to budget is due to lower-than-expected SPD-LTC and MCE Non-Dual membership, partially offset by higher-than-expected D-SNP membership.
- The favorable medical costs variance compared to budget is primarily due to lower-than-expected FFS claims attributed to prior period restatements and lower trends.
- The unfavorable operating expenses variance compared to budget is primarily due to a $4.5M CY 2026 pension expense true-up, partially offset by underutilized expenses.
- The favorable non operating income (expense) variance compared to budget is primarily due to higher-than-expected interest income.
- The unfavorable non-medical expenses variance compared to budget is primarily due to the Community Reinvestment program reserve.

*Rounding adjustments have been applied for presentation purposes.
*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.)

Actual vs Budget: Medi-Cal

	August Month-to-Date ($ amounts in millions)			August Year-to-Date ($ amounts in millions)		
	Actual	Budget	Variance	Actual	Budget	Variance
Membership	1,362,970	1,379,191	(16,221)	11,180,743	11,211,729	(30,986)
Revenue	$629.9	$641.2	($11.3)	$5,014.0	$5,193.0	($179.0)
Medical Costs	556.0	612.3	56.3	4,481.7	4,694.6	212.9
Operating (G&A) Expenses	36.3	35.1	(1.2)	249.1	294.8	45.7
Operating Surplus (Deficit)	**37.6**	**(6.2)**	**43.8**	**283.2**	**203.6**	**79.6**
Non Operating Income (Expense)	(0.2)	0.0	(0.2)	(0.3)	0.0	(0.3)
Non-Medical Expenses	7.0	2.2	(4.8)	43.5	18.0	(25.5)
Net Surplus (Deficit)	**$30.4**	**($8.4)**	**$38.8**	**$239.4**	**$185.6**	**$53.8**
Medical Cost Ratio	88.3%	95.5%	7.2%	89.4%	90.4%	1.0%
Administrative Cost Ratio	5.8%	5.5%	(0.3%)	5.0%	5.7%	0.7%

Highlights for the Month:

- The unfavorable revenue variance compared to budget is due to lower-than-expected SPD-LTC and MCE Non-Dual membership.
- The favorable medical costs variance compared to budget is primarily due to lower-than-expected FFS claims attributed to prior period restatements and lower trends.
- The unfavorable operating expenses variance is primarily driven by higher department costs related to the Medi-Cal LOB, whereas the budget was developed using the admin portion of our Medi-Cal revenue rates.
- The unfavorable non-medical expenses variance compared to budget is primarily due to the Community Reinvestment program reserve.

*Rounding adjustments have been applied for presentation purposes.

Actual vs Budget: D-SNP

	August Month-to-Date ($ amounts in millions)			August Year-to-Date ($ amounts in millions)		
	Actual	Budget	Variance	Actual	Budget	Variance
Membership	38,206	34,400	3,806	306,883	279,226	27,657
Revenue	$85.0	$77.9	$7.1	$667.4	$637.4	$30.0
Medical Costs	84.1	77.5	(6.6)	639.7	592.4	(47.3)
Operating (G&A) Expenses	5.3	3.5	(1.8)	48.4	27.9	(20.5)
Operating Surplus (Deficit)	(4.4)	(3.1)	(1.3)	(20.7)	17.1	(37.8)
Non Operating Income (Expense)	0.0	0.0	0.0	0.0	0.0	0.0
Net Surplus (Deficit)	($4.4)	($3.1)	($1.3)	($20.7)	$17.1	($37.8)
Medical Cost Ratio	98.9%	99.6%	0.7%	95.9%	92.9%	(3.0%)
Administrative Cost Ratio	6.3%	4.4%	(1.9%)	7.2%	4.4%	(2.8%)

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected D-SNP membership.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected FFS claims attributed to increased utilization and higher membership.
- The unfavorable operating expenses variance is primarily driven by higher department costs related to the D-SNP LOB, whereas the budget was developed using regulatory reporting projections.

*Rounding adjustments have been applied for presentation purposes.

Actual vs Budget: IEHP Covered (CCA)

	August Month-to-Date ($ amounts in millions)			August Year-to-Date ($ amounts in millions)		
	Actual	Budget	Variance	Actual	Budget	Variance
Membership	34,356	36,867	(2,511)	306,826	308,128	(1,302)
Revenue	$16.4	$17.9	($1.5)	$144.4	$149.2	($4.8)
Medical Costs	12.4	16.0	3.6	142.6	124.5	(18.1)
Operating (G&A) Expenses	3.2	3.1	(0.1)	30.1	26.4	(3.7)
Operating Surplus (Deficit)	**0.8**	**(1.2)**	**2.0**	**(28.3)**	**(1.7)**	**(26.6)**
Non Operating Income (Expense)	0.0	0.0	0.0	0.0	0.0	0.0
Net Surplus (Deficit)	**$0.8**	**($1.2)**	**$2.0**	**($28.3)**	**($1.7)**	**($26.6)**
Medical Cost Ratio	75.7%	89.8%	14.1%	98.8%	83.5%	(15.3%)
Administrative Cost Ratio	19.3%	17.2%	(2.1%)	20.8%	17.7%	(3.1%)

Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to lower-than-expected CCA Silver membership.
- The favorable medical costs variance compared to budget is primarily driven by favorable prior period restatement, partially offset by unfavorable expenses for Pharmacy and Emergency Room services.

*Rounding adjustments have been applied for presentation purposes.

Balance Sheet: Current Month vs Prior Month

($ amounts in millions)

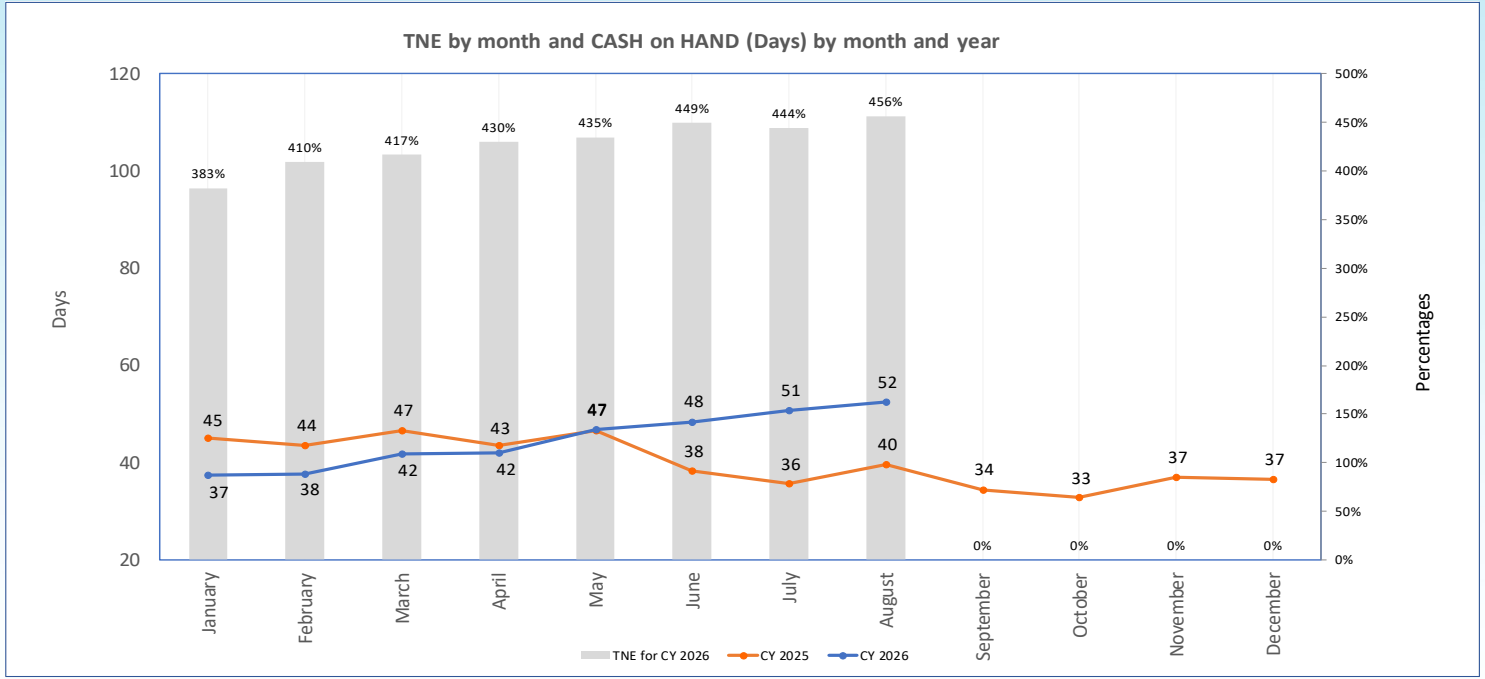
	Aug-26	Jul-26	Variance
Assets and Deferred Outflows			
Current Assets	$2,533.4	$2,514.8	$18.6
Other Non Current Assets	76.2	75.6	0.6
Long Term Receivables	0.6	0.6	0.0
Capital Assets	297.7	299.1	(1.4)
Deferred Outflows of Resources	81.4	88.7	(7.3)
Total Assets and Deferred Outflows	**$2,989.3**	**$2,978.8**	**$10.5**
Liabilities, Deferred Inflows, and Net Position			
Current Liabilities	$1,627.0	$1,647.0	($20.0)
Long Term Liabilities	26.5	27.2	(0.7)
Deferred Inflows Of Resources	18.7	18.8	(0.1)
Net Position	1,317.1	1,285.8	31.3
Total Liabilities, Deferred Inflows, and Net Position	**$2,989.3**	**$2,978.8**	**$10.5**

Highlights for the Month:

- Increase in Current Assets is primarily due to $65.1M CY 2026 MCO tax accrual, partially offset by -$44.6M payment to CMS for CY 2025 CCA Risk Adjustment Program ($31.6M payment and $13.0M APTC August revenue payment reduction).
- Decrease in Deferred Outflows of Resources is primarily due to CY 2026 pension expense true-up.
- Decrease in Current Liabilities is primarily due to the recognition of -$91.9M unearned revenue for D-SNP August payment received in July and -$44.6M CY 2025 CCA Risk Adjust Program payment to CMS, partially offset by $61.4M CY 2026 MCO tax expense accrual and other activity.

*Rounding adjustments have been applied for presentation purposes.

Tangible Net Equity (TNE) and Cash On Hand

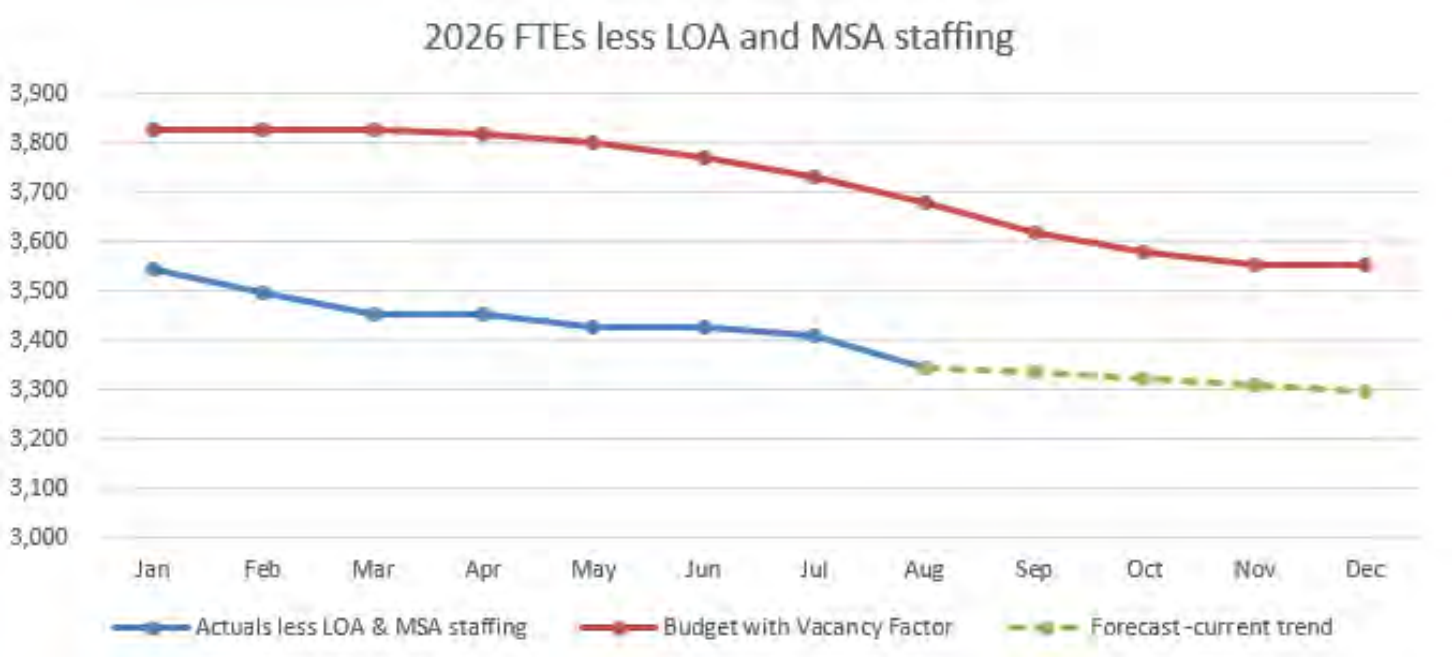


Highlights for the Month:

- The increase in days of cash on hand is primarily due to lower G&A payments in August compared to July.

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

2026 FTEs without LOA and MSA Staffing

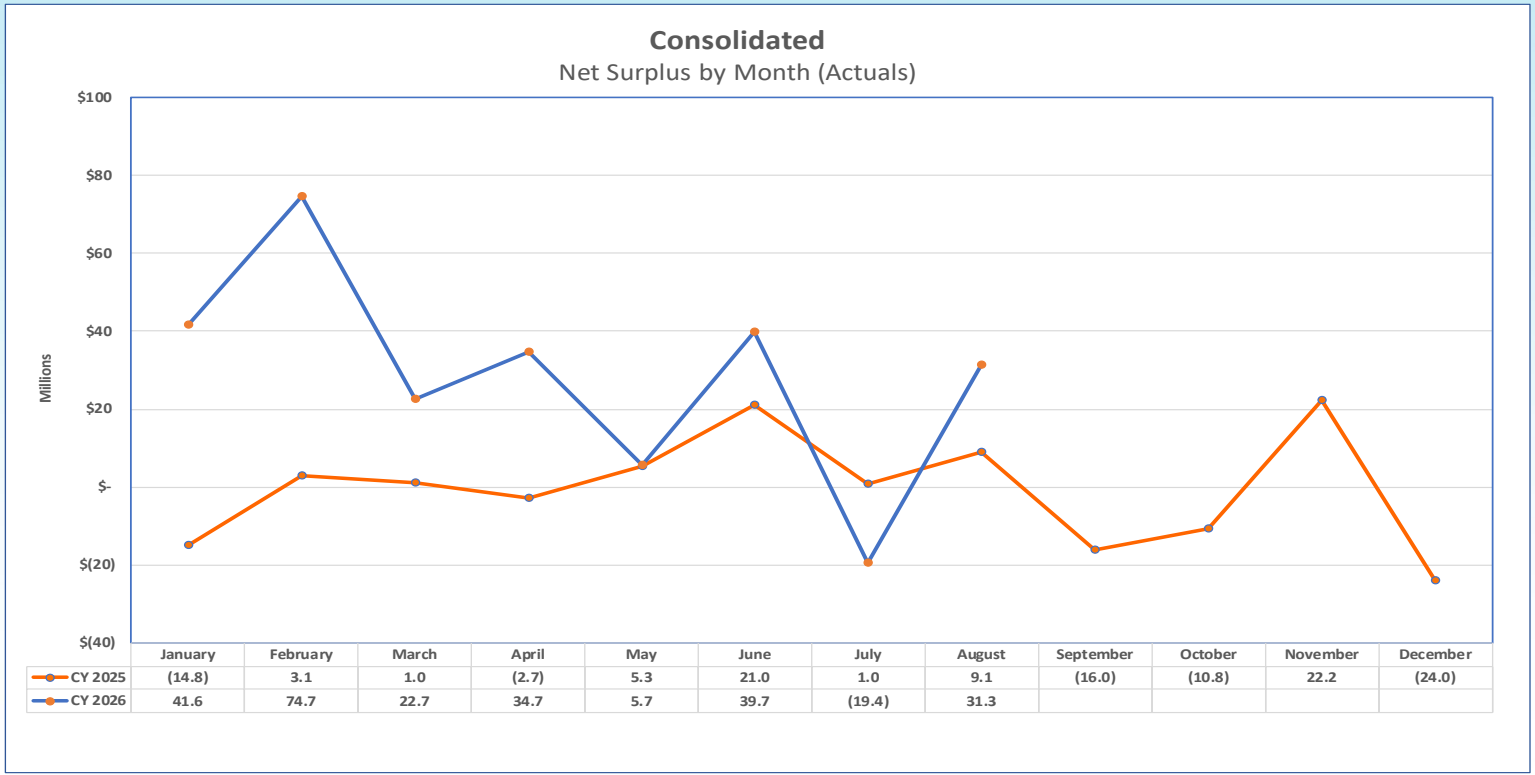


As of August 29th, this reflects the total FTE count without LOA and MSA team members.

Appendix

Net Surplus Trend Graphs

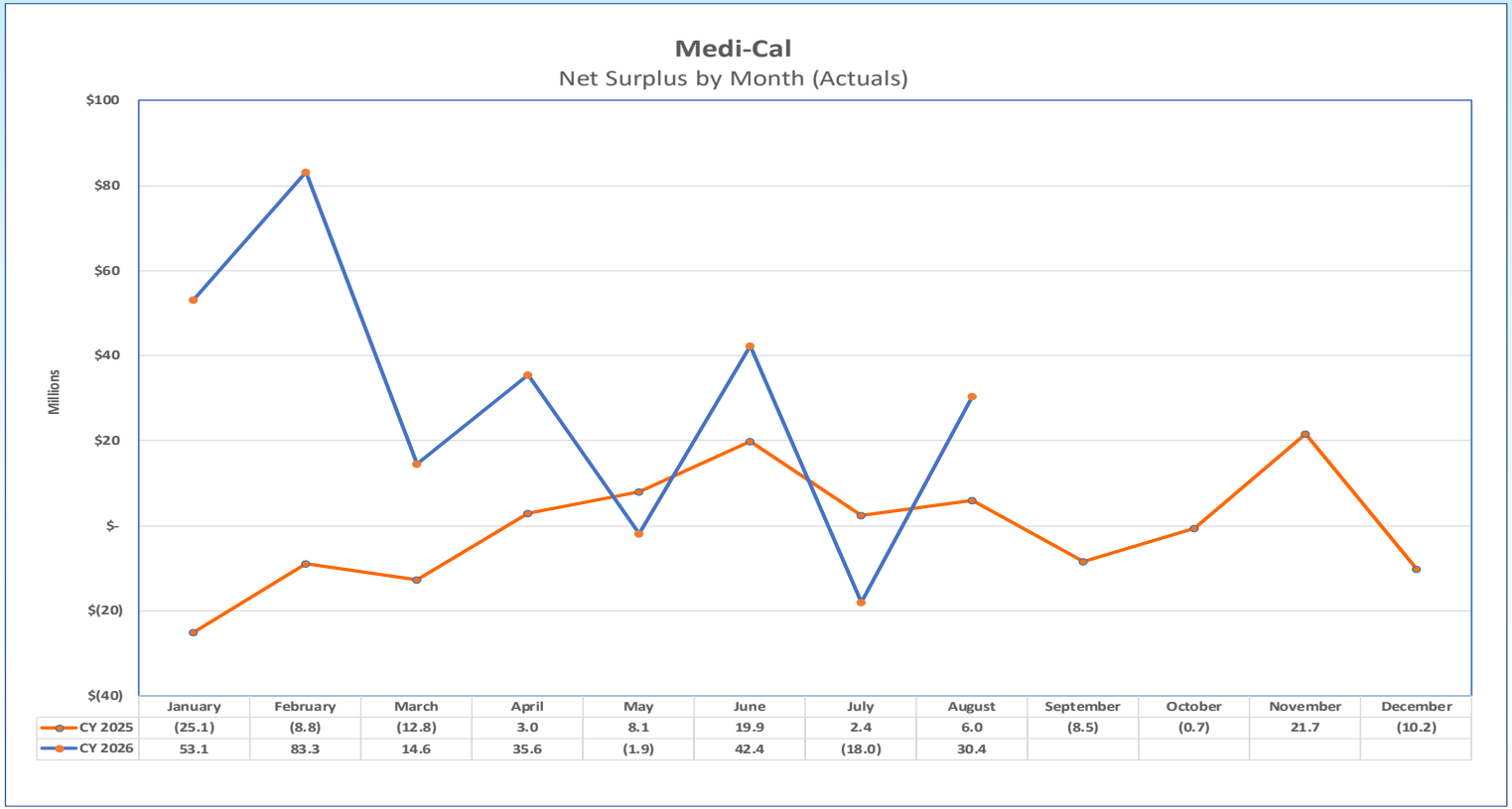
Net Surplus Year-Over-Year – Consolidated



	January	February	March	April	May	June	July	August	September	October	November	December
CY 2025	(14.8)	3.1	1.0	(2.7)	5.3	21.0	1.0	9.1	(16.0)	(10.8)	22.2	(24.0)
CY 2026	41.6	74.7	22.7	34.7	5.7	39.7	(19.4)	31.3				

* Amounts in millions of dollars

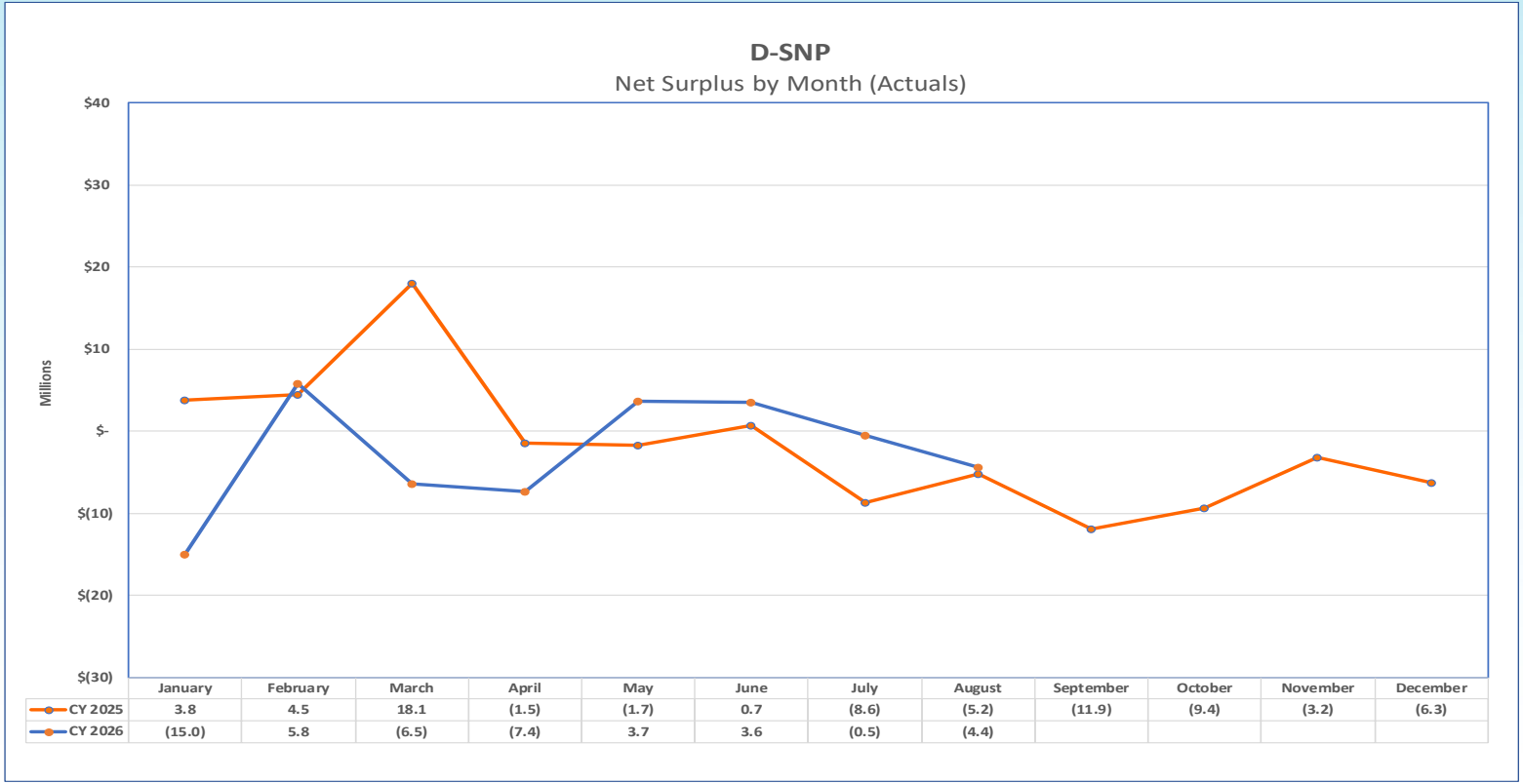
Net Surplus Year-Over-Year: Medi-Cal



	January	February	March	April	May	June	July	August	September	October	November	December
CY 2025	(25.1)	(8.8)	(12.8)	3.0	8.1	19.9	2.4	6.0	(8.5)	(0.7)	21.7	(10.2)
CY 2026	53.1	83.3	14.6	35.6	(1.9)	42.4	(18.0)	30.4				

*Amounts in millions of dollars

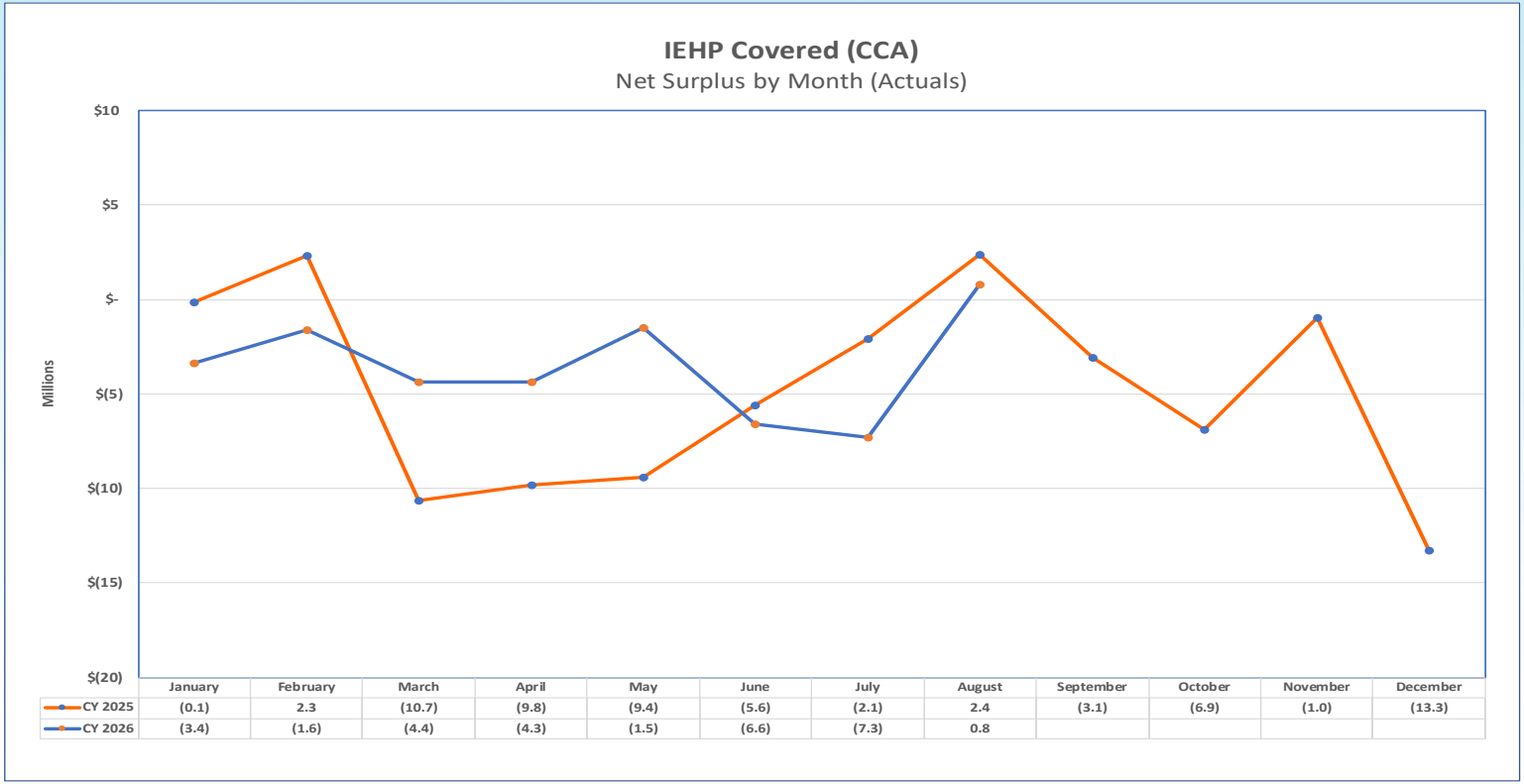
Net Surplus Year-Over-Year: D-SNP



	January	February	March	April	May	June	July	August	September	October	November	December
CY 2025	3.8	4.5	18.1	(1.5)	(1.7)	0.7	(8.6)	(5.2)	(11.9)	(9.4)	(3.2)	(6.3)
CY 2026	(15.0)	5.8	(6.5)	(7.4)	3.7	3.6	(0.5)	(4.4)				

*Amounts in millions of dollars

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

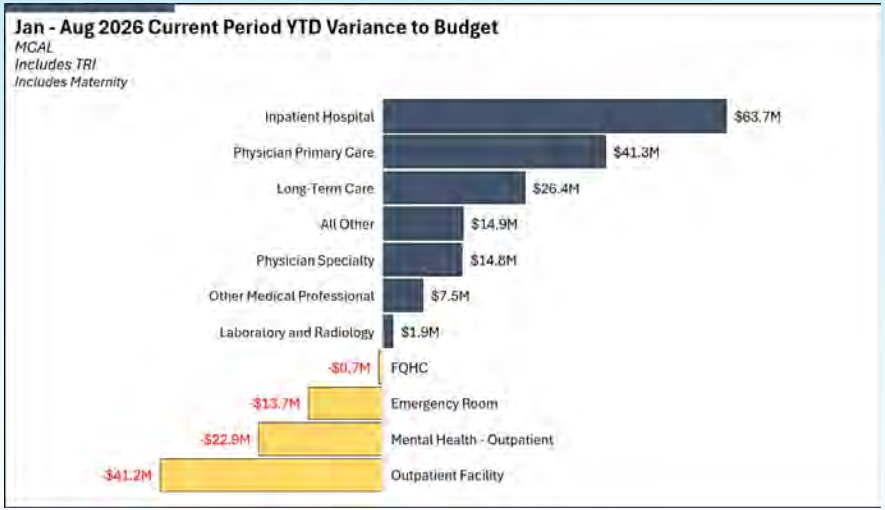


	January	February	March	April	May	June	July	August	September	October	November	December
CY 2025	(0.1)	2.3	(10.7)	(9.8)	(9.4)	(5.6)	(2.1)	2.4	(3.1)	(6.9)	(1.0)	(13.3)
CY 2026	(3.4)	(1.6)	(4.4)	(4.3)	(1.5)	(6.6)	(7.3)	0.8				

*Amounts in millions of dollars

Fee-For-Service Trends by Line of Business and by Category of Service

Fee For Service YTD August Variance Drivers – Medi-Cal

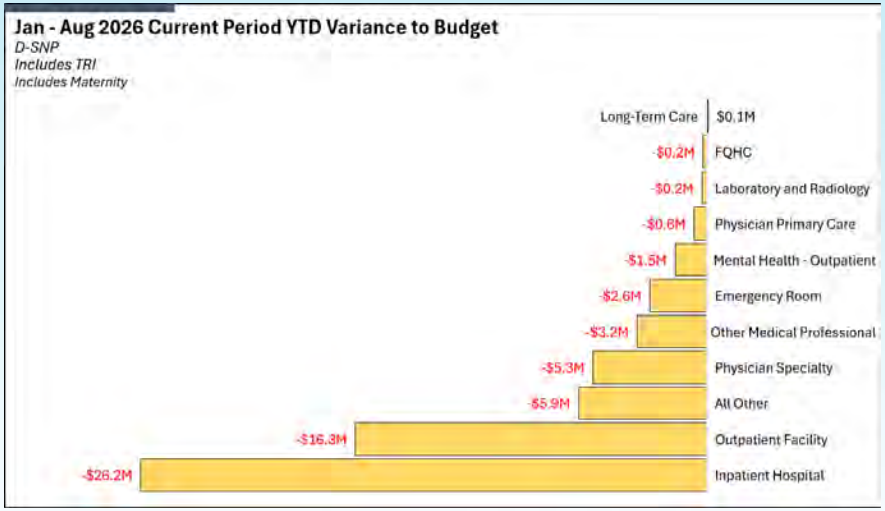


Key Drivers: Favorable variance in Inpatient, PCP, and LTC was offset by unfavorable variance in Outpatient Facility, Mental Health-Outpatient Services, and Emergency Room.

Member Months	
Budget	Actual
11,211,729	11,180,743

MCAL	Prior Period	Change: Current Period - Volume	Change: Current Period - Rate	Change: Current Period - Total	Change: Total - All Periods	PMPMs - Current Period: Budget	PMPMs - Current Period: Actual
All COS	**$68.6M**	**$10.6M**	**$81.2M**	**$91.8M**	**$160.4M**	**$341.14**	**$333.87**
Facility	**$50.2M**	**$5.7M**	**$29.4M**	**$35.1M**	**$85.3M**	**$185.22**	**$182.60**
Inpatient Hospital	$33.5M	$2.8M	$60.9M	$63.7M	$97.2M	$89.14	$83.69
Outpatient Facility	$5.2M	$0.9M	($42.1M)	($41.2M)	($36.0M)	$28.93	$32.69
Emergency Room	($0.5M)	$0.5M	($14.2M)	($13.7M)	($14.3M)	$15.31	$16.58
Long-Term Care	$12.0M	$1.6M	$24.8M	$26.4M	$38.4M	$51.84	$49.63
Professional	**$30.8M**	**$2.8M**	**$38.9M**	**$41.7M**	**$72.6M**	**$90.92**	**$87.44**
Physician Specialty	($3.4M)	$1.0M	$13.8M	$14.8M	$11.3M	$32.22	$30.99
Laboratory and Radiology	($1.7M)	$0.2M	$1.7M	$1.9M	$0.2M	$7.80	$7.65
Physician Primary Care	$17.1M	$0.6M	$40.7M	$41.3M	$58.4M	$18.06	$14.42
Mental Health - Outpatient	$17.3M	$0.5M	($23.4M)	($22.9M)	($5.6M)	$15.57	$17.67
FQHC	$0.9M	$0.1M	($0.8M)	($0.7M)	$0.1M	$2.03	$2.10
Other Medical Professional	$0.7M	$0.5M	$7.0M	$7.5M	$8.2M	$15.24	$14.62
Other	**($12.4M)**	**$2.0M**	**$12.9M**	**$14.9M**	**$2.5M**	**$64.99**	**$63.84**

Fee For Service YTD August Variance Drivers – D-SNP

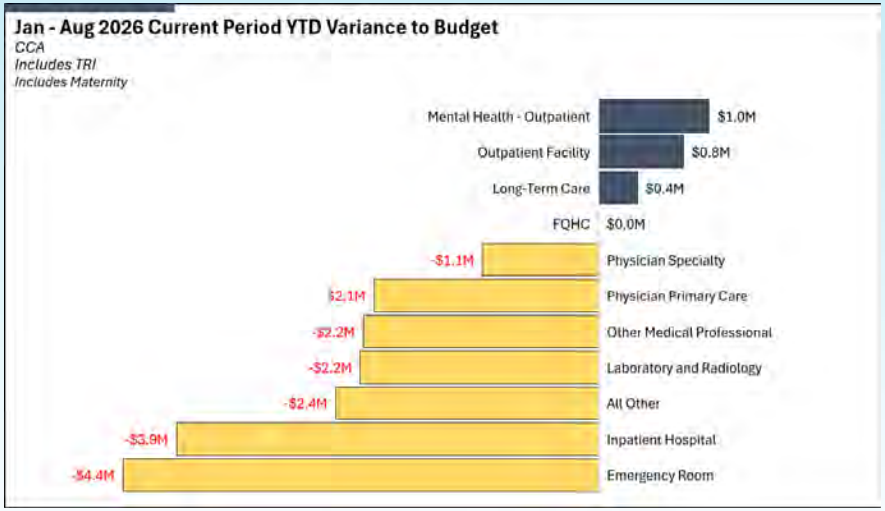


Key Drivers: Unfavorable variance driven by higher membership and higher-than-expected PMPM in all categories of services, top three of which are in Inpatient Hospital, Outpatient Facility and Other claims.

Member Months	
Budget	Actual
279,226	306,937

D-SNP	Change					PMPMs - Current Period	
	Prior Period	Current Period - Volume	Current Period - Rate	Current Period - Total	Total - All Periods	Budget	Actual
All COS	($0.3M)	($30.6M)	($31.2M)	($61.8M)	($62.1M)	$1,102.84	$1,204.61
Facility	$0.4M	($20.1M)	($24.9M)	($45.0M)	($44.6M)	$724.82	$806.00
Inpatient Hospital	$0.4M	($12.5M)	($13.7M)	($26.2M)	($25.8M)	$452.26	$496.80
Outpatient Facility	$0.1M	($5.5M)	($10.8M)	($16.3M)	($16.1M)	$198.80	$233.84
Emergency Room	($0.0M)	($1.3M)	($1.4M)	($2.6M)	($2.6M)	$45.92	$50.33
Long-Term Care	($0.0M)	($0.8M)	$0.9M	$0.1M	$0.0M	$27.84	$25.03
Professional	$0.7M	($7.5M)	($3.4M)	($10.9M)	($10.2M)	$270.07	$281.11
Physician Specialty	($0.1M)	($4.0M)	($1.3M)	($5.3M)	($5.4M)	$143.18	$147.40
Laboratory and Radiology	$0.3M	($0.9M)	$0.7M	($0.2M)	$0.1M	$33.49	$31.15
Physician Primary Care	($0.2M)	($0.6M)	($0.0M)	($0.6M)	($0.8M)	$20.68	$20.69
Mental Health - Outpatient	($0.0M)	($0.6M)	($0.8M)	($1.5M)	($1.5M)	$22.10	$24.84
FQHC	$0.1M	($0.1M)	($0.1M)	($0.2M)	($0.1M)	$2.89	$3.13
Other Medical Professional	$0.7M	($1.3M)	($1.9M)	($3.2M)	($2.5M)	$47.72	$53.89
Other	($1.4M)	($3.0M)	($2.9M)	($5.9M)	($7.3M)	$107.95	$117.51

Fee For Service YTD August Variance Drivers – Covered CA



Key Drivers: Unfavorable variance largely driven by higher-than-expected PMPM in Emergency Room, Inpatient Hospital, Other claims.

Member Months	
Budget	Actual
308,128	306,826

CCA	Prior Period	Change: Current Period - Volume	Change: Current Period - Rate	Change: Current Period - Total	Change: Total - All Periods	PMPMs - Current Period: Budget	PMPMs - Current Period: Actual
All COS	**$5.7M**	**$0.3M**	**($16.5M)**	**($16.1M)**	**($10.5M)**	**$262.72**	**$316.38**
Facility	**$3.5M**	**$0.2M**	**($7.4M)**	**($7.2M)**	**($3.7M)**	**$186.10**	**$210.26**
Inpatient Hospital	$1.4M	$0.1M	($4.1M)	($3.9M)	($2.5M)	$113.22	$126.44
Outpatient Facility	$1.1M	$0.1M	$0.7M	$0.8M	$1.9M	$60.64	$58.33
Emergency Room	$1.0M	$0.0M	($4.4M)	($4.4M)	($3.4M)	$10.10	$24.50
Long-Term Care	$0.0M	$0.0M	$0.4M	$0.4M	$0.4M	$2.15	$0.98
Professional	**$2.6M**	**$0.1M**	**($6.6M)**	**($6.5M)**	**($3.9M)**	**$71.41**	**$92.96**
Physician Specialty	$1.3M	$0.0M	($1.1M)	($1.1M)	$0.2M	$35.21	$38.87
Laboratory and Radiology	($0.3M)	$0.0M	($2.2M)	($2.2M)	($2.5M)	$5.23	$12.45
Physician Primary Care	$1.0M	$0.0M	($2.1M)	($2.1M)	($1.1M)	$17.56	$24.42
Mental Health - Outpatient	$0.3M	$0.0M	$1.0M	$1.0M	$1.3M	$9.95	$6.66
FQHC	$0.0M	$0.0M	$0.0M	$0.0M	$0.0M	$0.00	$0.00
Other Medical Professional	$0.3M	$0.0M	($2.2M)	($2.2M)	($1.8M)	$3.45	$10.57
Other	**($0.4M)**	**$0.0M**	**($2.4M)**	**($2.4M)**	**($2.9M)**	**$5.21**	**$13.17**

Acronyms & Definitions

Acronyms & Definitions

AIHS – American Indian Health Services
APTC – Advance Premium Tax Credit
CCA – Covered California
CBAS – Community Based Adult Services
CMS – Centers for Medicare & Medicaid Services
CY– Calendar Year
DHCS – Department of Health Care Services
DMHC - Department of Managed Health Care
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
IBNP – Incurred But Not Paid
IGT – Intergovernmental Transfers
IT – Information Technology
LOB – Line of Business
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
TNE – Tangible Net Equity
TRI – Targeted Rate Increases

Department: **QUALITY**

C.1. 2026 MEDI-CAL AND MEDICARE CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS & SYSTEMS MEMBER SATISFACTION SURVEY RESULTS

Chief: Genia Fick, Chief Quality Officer

Background & Discussion:
The Consumer Assessment of Healthcare Providers & Systems (CAHPS) adult member surveys are standardized healthcare satisfaction assessments required by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS). The surveys identify potential opportunities to improve Members' experiences.

The 2026 Medi-Cal and Medicare CAHPS surveys included a systematic random sample of IEHP Members, age 18 years or older as of December 31, 2025, who were continuously enrolled in IEHP for at least five of the last six months of 2025. The survey was collected using a mixed methodology approach of mailed survey with internet option and telephone. The telephone surveys were conducted with Members who did not respond to the mailed survey. The surveys were available in both English and Spanish versions. The surveys were fielded February 2026 through May 2026.

- For the **Medi-Cal** adult survey, a total of 206 completed surveys were received to yield a 11.3% response rate.
- For the **Medicare** adult survey, a total of 248 completed surveys were received to yield a 31.2% response rate.

NCQA Health Plan Ratings methodology is used to determine the health plan rating score using the following CAHPS measures for IEHP's Medi-Cal line of business. This methodology uses benchmark cut points and assigns health plan rating scores to each measure. The Plan rating scores range from a low of 1 to a high of 5. Below is a summary of the benchmark cut points and the associated plan rating levels used in the NCQA Health Plan Ratings Methodology for the CAHPS measures.

	National Percentile Range
1	$\leq 10^{th}$ percentile
2	$>10^{th}$ and $\leq 33^{rd}$ percentile
3	$>33^{rd}$ and $\leq 66^{th}$ percentile
4	$>66^{th}$ and $\leq 90^{th}$ percentile
5	$>90^{th}$ percentile

The following discussion details the measure set results:

Medi-Cal 2026 CAHPS Results for Measure Year (MY) 2025 Member Experience

1. Included in this report are the CAHPS measures used to determine IEHP's NCQA Health Plan Ratings (HPR) score:
   a. CAHPS Single Question Ratings:
      i. Health Plan
      ii. All Health Care
   b. CAHPS Composite Question Ratings:
      i. Getting Needed Care (2 questions)
      ii. Getting Care Quickly (2 questions)

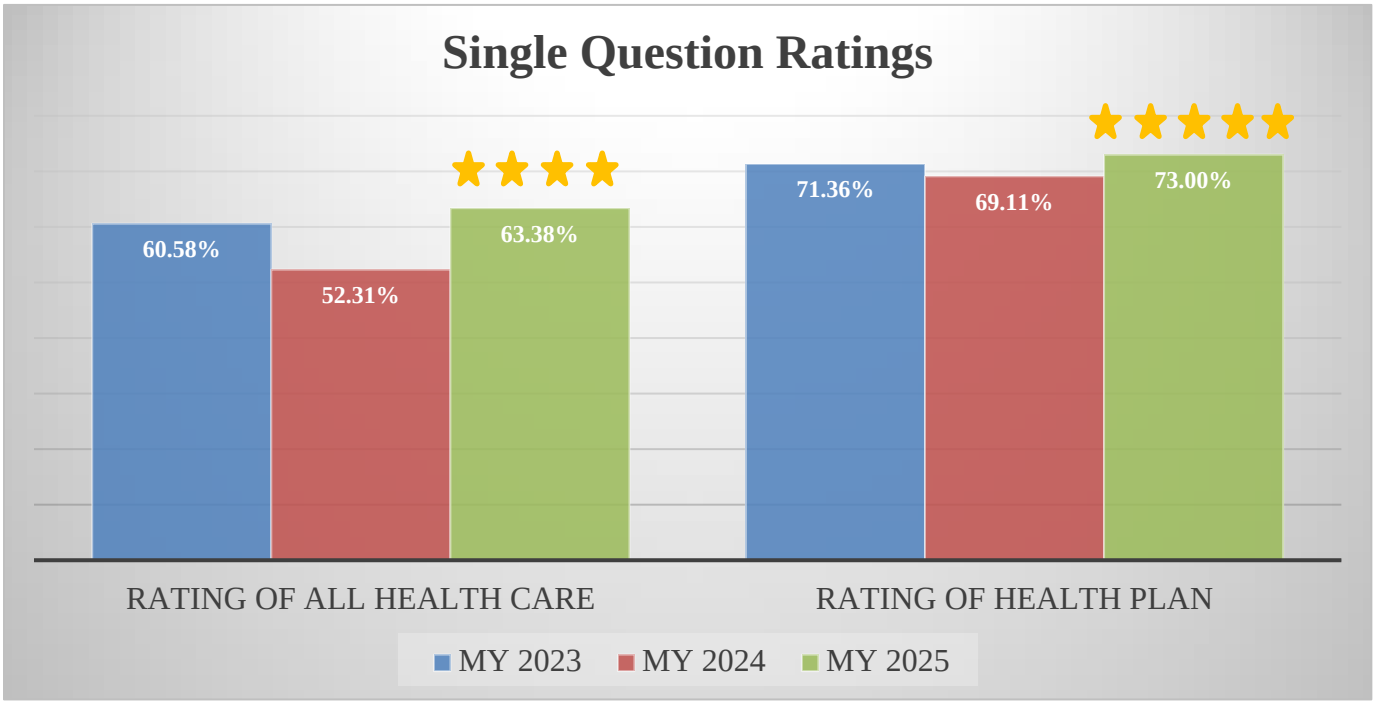
NCQA Health Plan Ratings CAHPS Results Overview

The following table summarizes the results of IEHP's Medi-Cal Adult CAHPS survey used by NCQA in the Health Plan Ratings program for measurement years 2023 through 2025. In MY 2025, one of the four targeted measures was not scorable (N/A) due to low survey response rates (defined by NCQA as less than 100 responses).

CAHPS Question	MY 2023	MY 2024	MY 2025
Single Question Ratings			
Rating of Health Plan	71.36%	69.11%	73.00%
Rating of Health Care	60.58%	52.31%	63.38%
Composite Question Ratings			
Getting Needed Care	81.75%	78.51%	85.37%
Getting Care Quickly	N/A	N/A	N/A

N/A: Question did not meet the minimum required response needed (n>100) to calculate a rate.

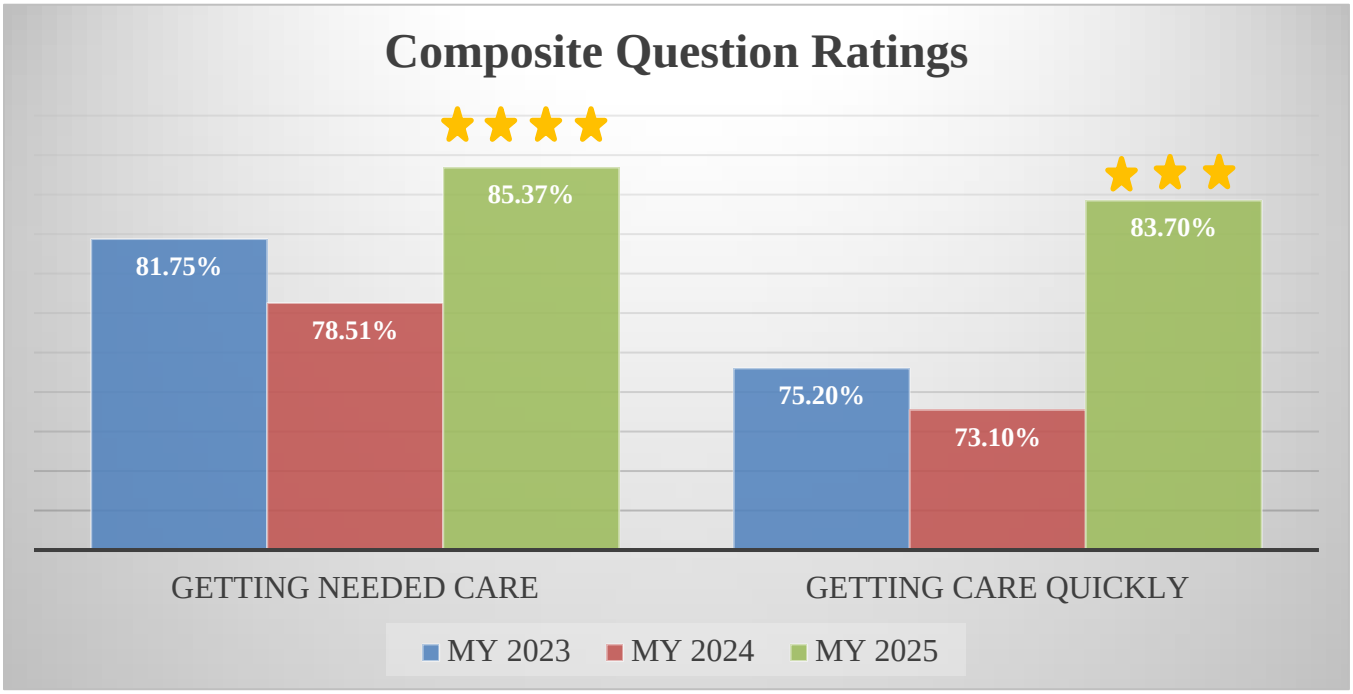
2. CAHPS Single Question Ratings: The CAHPS Survey uses a 0-10 rating (0 worst, 10 best) to assess Members' overall ratings in key areas. The proportion of Members who selected a 9 or 10 response is depicted in the chart below, including prior year performance comparisons.



Note: Health Plan Ratings (HPR) are based on NCQA MY 2025 National Benchmarks released in September 2026.

- Rating of All Health Care increased from the 10th percentile to the 66.67th percentile, moving IEHP from 2 stars to 4 stars.
- Rating of Health Plan increased from the 66.67th percentile to the 90th percentile, moving IEHP from 4 stars to 5 stars.

3. CAHPS Composite Question Ratings: The CAHPS Survey uses an "Always", "Usually", "Sometimes" or "Never" scale for composite responses. The "Usually" or "Always" rate percentage is graphed below. The table provides a year-to-year comparison of ranking for two (2) composite measures.



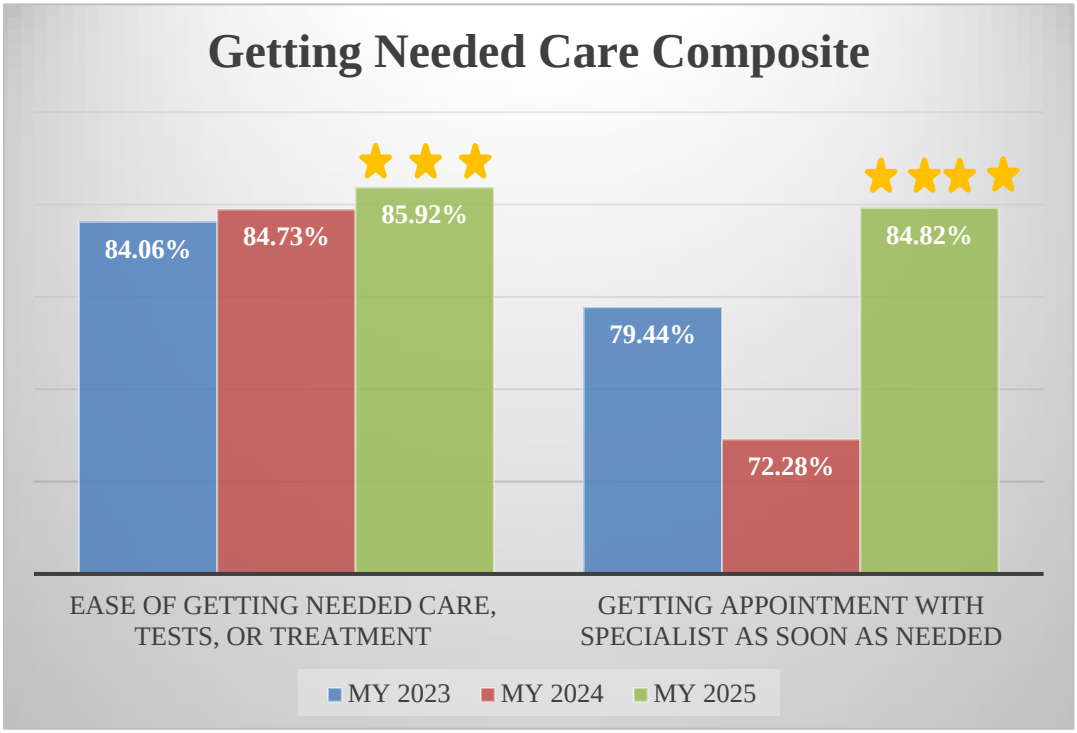
Note: Health Plan Ratings (HPR) are based on NCQA MY 2025 National Benchmarks released in September 2026.

- Getting Needed Care rated in the 66.67th percentile, placing IEHP at 4 stars.
- Getting Care Quickly rated in the 33.33rd percentile. This composite was not scorable in MY 2025 due to low response rates.

The Getting Needed Care Composite is comprised of two questions:

- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

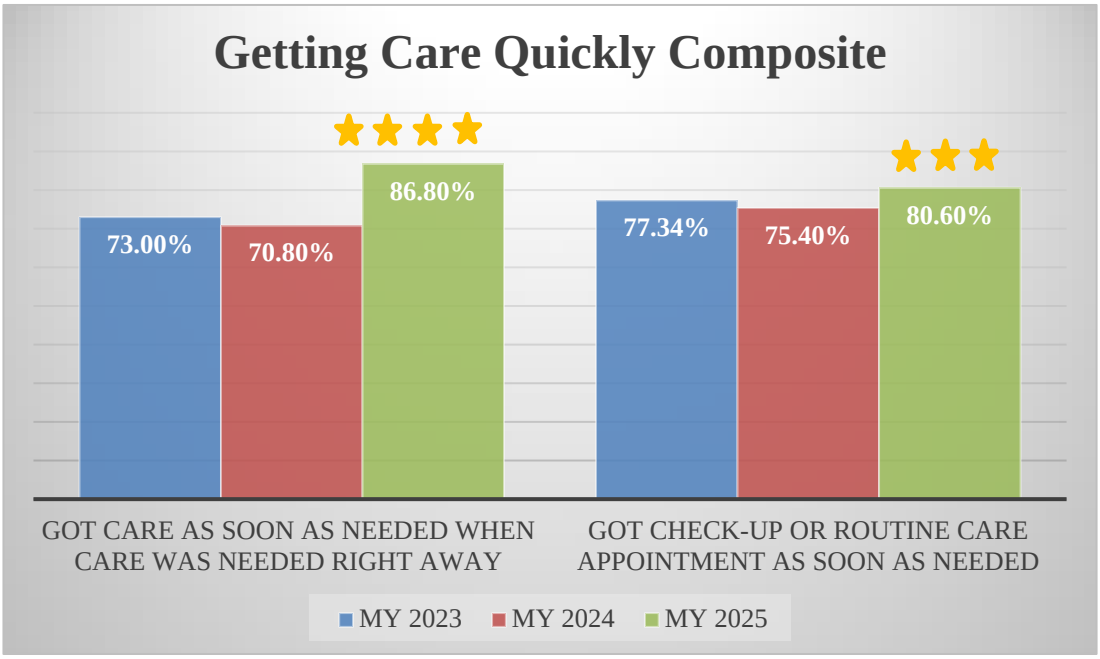
Responses of “usually” or “always” are considered positive for both questions.



The Getting Care Quickly Composite is comprised of two questions:

- In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

Responses of “usually” or “always” are considered positive for both questions.



Medicare 2026 CAHPS Results for Measure Year (MY) 2025 Member Experience

1. Included in this report are the results for the following measures:
    a. CAHPS Single Question Ratings:
        i. Rating of Health Plan
        ii. Rating of Health Care Quality
        iii. Rating of Drug Plan
        iv. Annual Flu Vaccine
    b. CAHPS Composite Question Ratings:
        i. Getting Needed Care (2 questions)
        ii. Getting Appointments and Care Quickly (3 questions)
        iii. Customer Service (3 questions)
        iv. Getting Needed Prescription Drugs (2 questions)
        v. Care Coordination (5 questions)

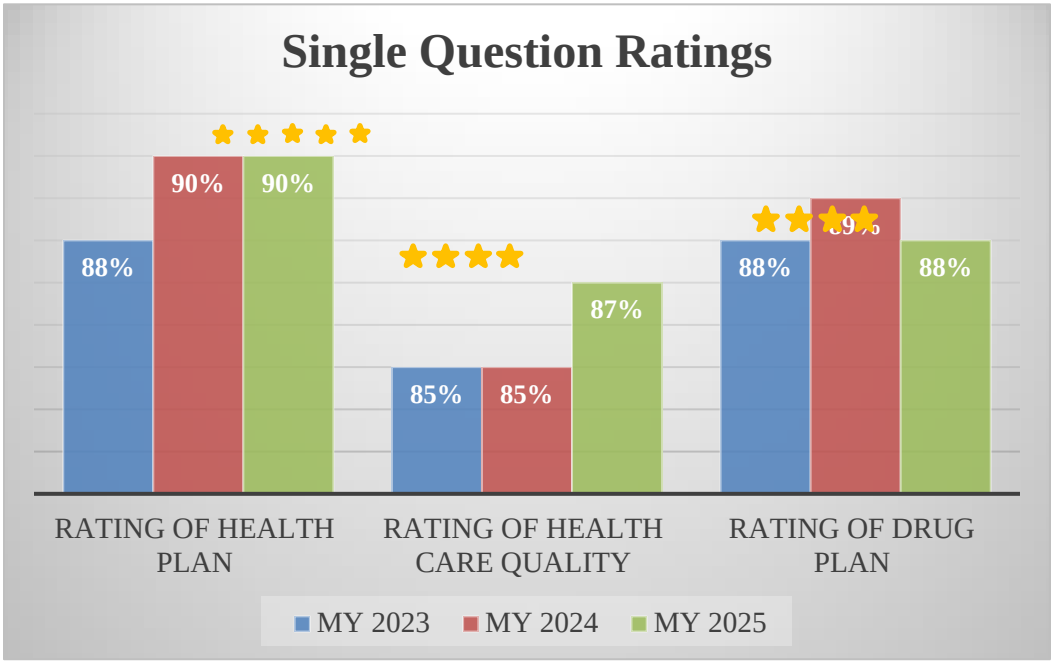
Medicare CAHPS Results Overview

The following table summarizes the results of IEHP's Medicare CAHPS survey for measurement years 2023, 2024 and 2025. In MY 2025, one of the eight targeted measures was not scorable (N/A) due to CMS scoring methodology.

CAHPS Question	MY 2023	MY 2024	MY 2025
Single Question Ratings			
Rating of Health Plan	88%	90%	90%
Rating of Health Care Quality	85%	85%	87%
Rating of Drug Plan	88%	89%	88%
Flu Vaccination for Adults	67%	60%	62%
Composite Question Ratings			
Getting Needed Care	79%	78%	78%
Getting Appointments and Care Quickly	81%	79%	82%
Customer Service	91%	90%	89%
Getting Needed Prescription Drugs	87%	87%	N/A
Coordination of Care	83%	82%	84%

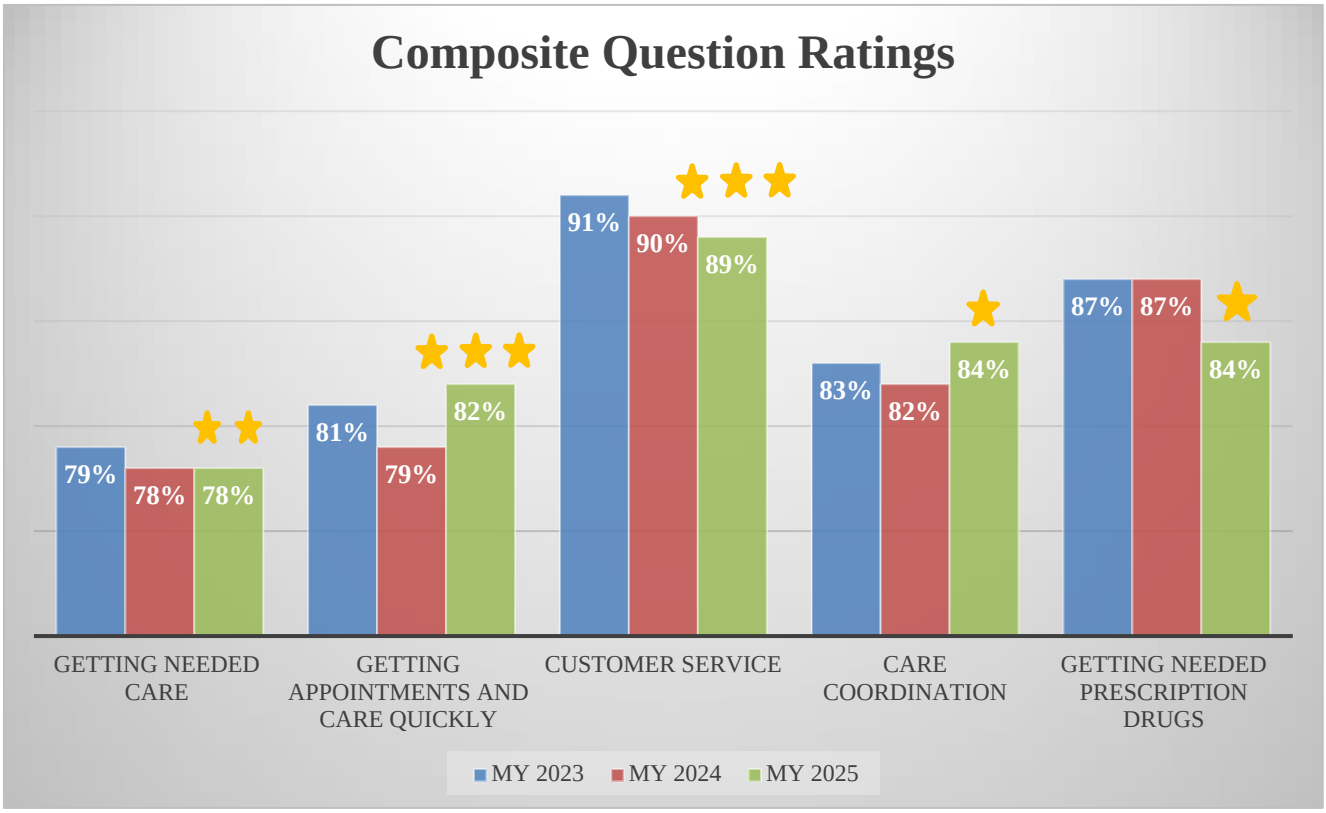
N/A: CMS determined measure not scorable.

2. Medicare CAHPS Single Question Ratings: The Medicare CAHPS Survey uses a 0-10 rating (0 worst, 10 best) to assess Member's Overall Ratings in key areas. The proportion of Members who selected a 9 or 10 response is depicted in the chart below, including prior year performance comparisons.



Note: Benchmarks based on MY 2025 CMS Star Rating cut points.

3. Medicare CAHPS Composite Question Ratings: The Medicare CAHPS Survey uses an “Always”, “Usually”, “Sometimes” or “Never” scale for Composite responses. The “Usually” or “Always” rate percentage is graphed below.



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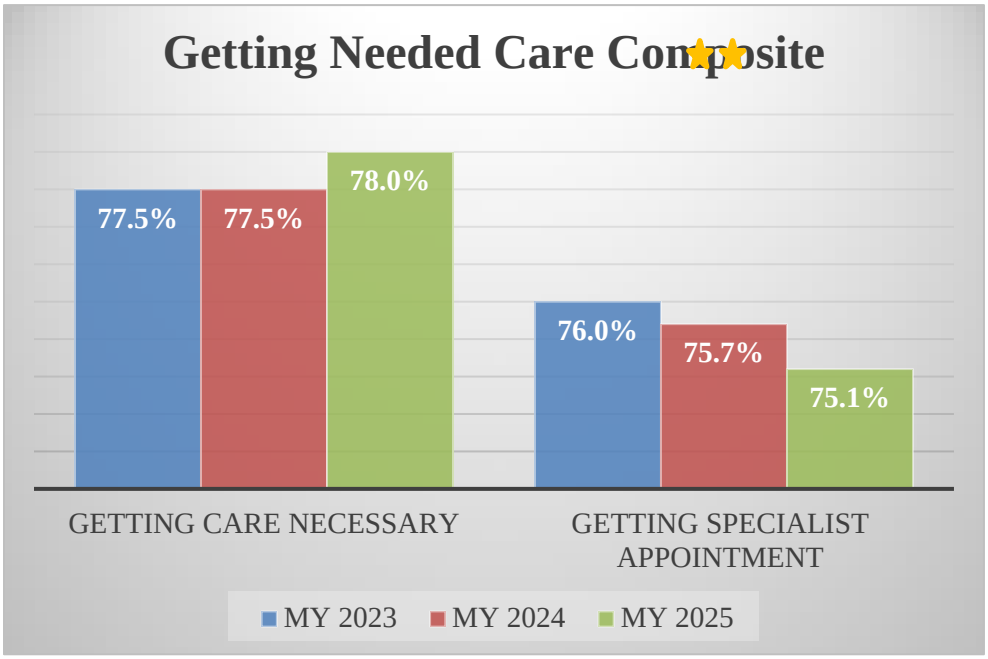
The Getting Needed Care Composite is comprised of two questions:

- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

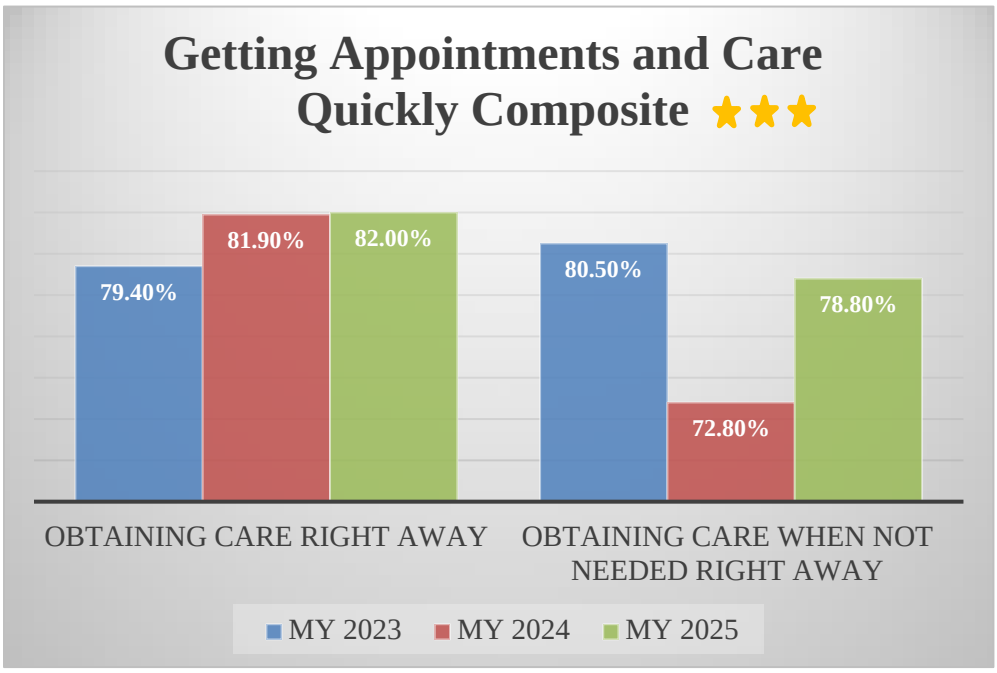
Responses of “usually” or “always” are considered positive for both questions.



The Getting Appointments and Care Quickly Composite is comprised of two questions:

- In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

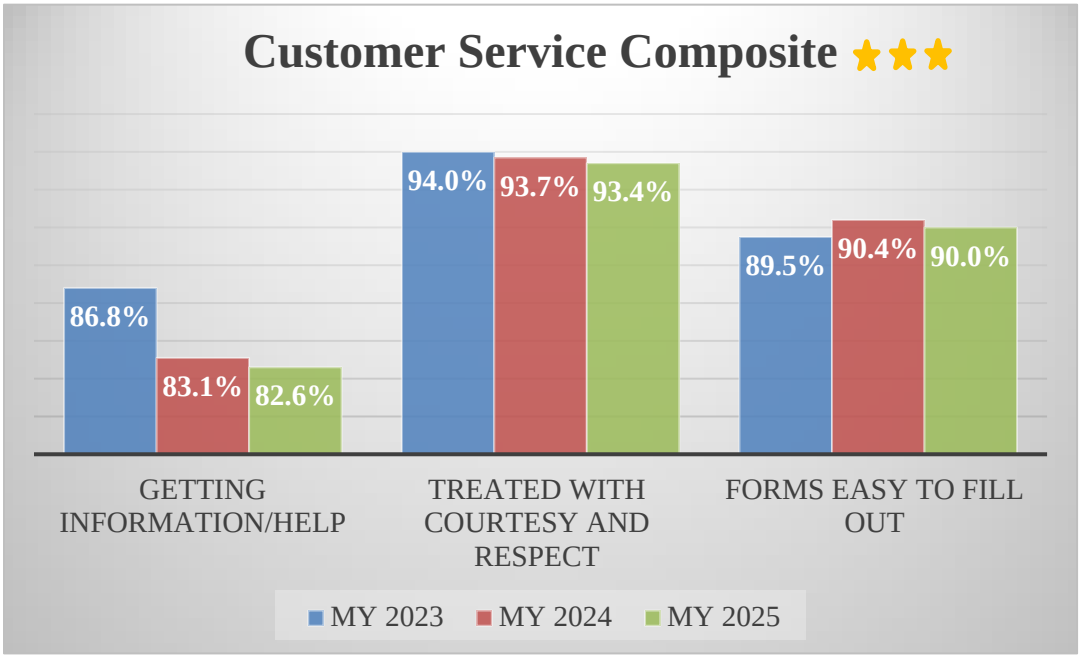
Responses of “usually” or “always” are considered positive for both questions.



The Customer Service Composite is comprised of three questions:

- In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
- In the last 6 months, how often were the forms from your health plan easy to fill out?

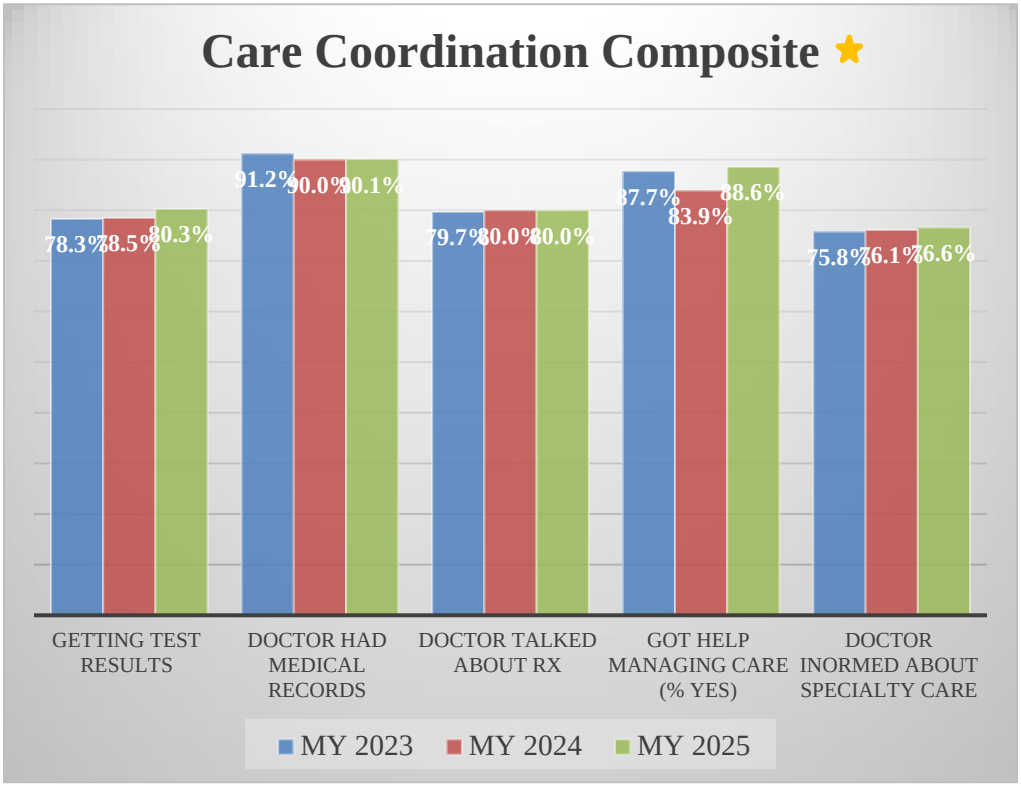
Responses of "usually" or "always" are considered positive for all questions.

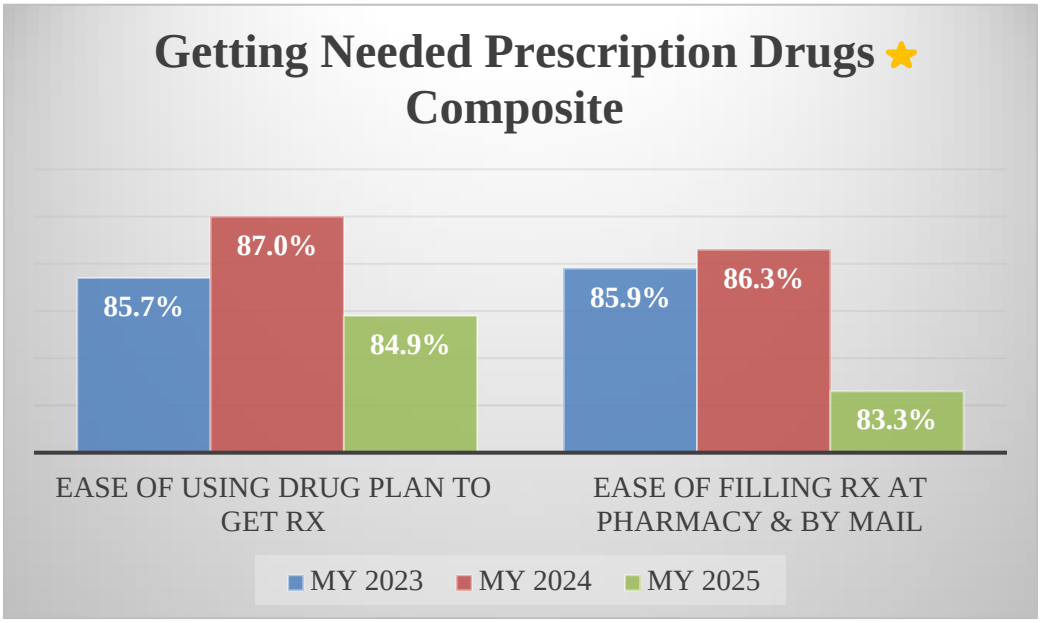


The Care Coordination Composite is comprised of the following five questions:

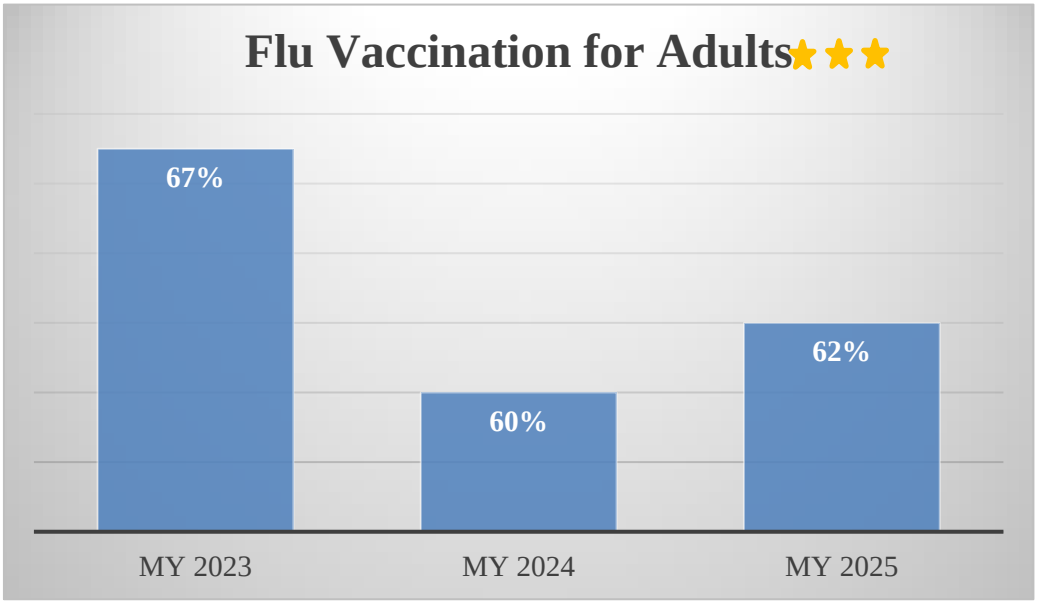
- In the last 6 months, how often did you and your personal doctor talk about all the prescribed medicines you were taking?
- In the last 6 months, when you talked with your doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care?
- In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
- In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

Responses of "usually" or "always" are considered positive for all questions.





4. Medicare CAHPS Measure: The Medicare CAHPS Survey uses a "Yes" or "No" scale for the 'Flu Vaccinations for Adults' responses. Trend results for Flu Vaccinations for Adults are depicted below.



5. Improvement Efforts: Below is a list of activities in 2025 and 2026 that supported IEHP's CAHPS performance:

Performance Transparency with Providers and Provider Incentives

i. PCP and IPA incentive program to reward Providers who improve Member satisfaction scores (Global Quality P4P).

ii. PCP assignment quality attribute methodology-priority assignment of Members to providers with extended hours and/or urgent care affiliations.
iii. Increased primary care network health information exchange (HIE) connections.
iv. Share Member Satisfaction survey results at the IPA and PCP level.
v. Conduct Provider trainings on IEHP Provider access standards.
vi. Provider Newsletters to keep Providers informed of programs, incentive opportunities, quality updates, and more.
vii. Patient Experience Learning Guides created using proven industry best practices and deployed to the IEHP Network.
viii. Patient Experience Improvement Incentive Program launched for Providers to implement patient experience best practices in their standard work.

Member Support Services

i. Gathering voice of the Member inputs to help inform and shape IEHP's Member Experience strategies.
ii. Video/Digital/Social Media Campaigns: Health topic education and call to action to obtain needed care.
iii. Enhanced Member outreach campaigns:
    a. Help with appointment scheduling
    b. Coordination of transportation, as needed
    c. Incorporate texting methodology to improve Member engagement and assistance in scheduling
iv. Mail Order Pharmacy Services: Members can receive prescription medications by mail delivered directly to their home.
v. Member Newsletters: Health tips such as adult/child preventive health, flu vaccine, immunizations, and management of chronic conditions, updates on programs, and important reminders for health.
vi. IEHP.org communications: Provides information on Member benefits, access to care, managing chronic conditions, healthy living, senior health, pregnancy and postpartum, weight management, kids/teen health, mental health and wellness, and links to community resources.
vii. Transportation and Interpreter Services: Improve scheduling process and transportation/interpreter access for Members to attend office visits.

Improving Access to Care

i. Network Expansion Fund to continue to expand IEHP Network to enhance network adequacy.
ii. Support eConsult solution to Providers to support specialty care services within primary care.
iii. Enhance transparency of telehealth services offered by network Providers.

Improving Rating of Health Plan and All Health Care

i. Leverage a predictive modeling system framework to identify focus populations for CAHPS-related improvement initiatives.
ii. Promote adoption of Pharmacy prescription mail order program.

iii. Provide Complex Clinical Care Support to high-risk Members: IEHP's Enhanced Care Management (ECM).

Procurement Solicitation Type: N/A

Recommendation(s):
Review and File

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	J. Diekmann 9/10/2026	G. Fick 9/18/2026

Department: QUALITY

C.2. MEDI-CAL AND DUAL ELIGIBLE SPECIAL NEEDS PLAN HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET AND MANAGED CARE ACCOUNTABILITY SET INITIAL RESULTS FOR MEASUREMENT YEAR 2025

Chief: Genia Fick, MA, Chief Quality Officer

Background & Discussion:
The Healthcare Effectiveness Data and Information Set (HEDIS®) was developed and is maintained by the National Committee for Quality Assurance (NCQA). HEDIS is healthcare's most widely used health plan quality measurement system. HEDIS includes measures that assess quality across six health plan domains:

- Effectiveness of Care
- Access and Availability of Care
- Experience of Care
- Utilization
- Descriptive Plan information
- Clinical Data Systems

HEDIS results are important because they are:

- Required for NCQA Health Plan Accreditation
- Used by the Department of Health Care Services (DHCS) for quality monitoring, enforcements and penalties
- Required by the Centers for Medicare and Medicaid Services (CMS) for quality monitoring
- Used by IEHP for quality oversight of the healthcare that IEHP Members receive
- Used by IEHP to compare quality performance against national benchmarks
- Used by the public to view quality performance of health plans

HEDIS results are used by IEHP's regulatory agencies in key programs, including:

- 11 measures used by DHCS for Medi-Cal Default Member Assignment.
- 8 measures used by DHCS for Medi-Cal Quality Withhold and Incentive Program.
- 13 measures used by CMS for overall Part C and D Star Ratings.
- 39 Medi-Cal measures used by NCQA for Health Plan Ratings (HPR).
- 31 measures used by DHCS for Managed Care Accountability Set (MCAS) performance are HEDIS measures.
    - 18 MCAS measures have an established minimum performance level (MPL) with associated possible sanctions for failure to meet MPL.

The following discussion details the measure set results:

NCQA Medi-Cal Health Plan Rating Results

IEHP reported 39 HEDIS measures that are a part of the NCQA Health Plan Ratings (HPR) for the (Medi-Cal) Medicaid measure set. All required measures were submitted timely, passing all independent audit validation requirements, to DHCS and NCQA for Medi-Cal performance in HEDIS Measurement Year (MY) 2025. All information shared in this report uses the currently available national benchmarks (i.e., 2026, MY 2025) NCQA Health Plan Ratings Percentiles and the MY 2025 NCQA Quality Compass National Benchmarks for Medicaid released in September 2026.

IEHP was rated 4 out of 5 in NCQA's Medicaid Health Plan Rating for MY 2025.

Overall, IEHP's HPR performance is as follows:

- 5 Rating: 8 measures demonstrated a percentile ranking ≥90th percentile
- 4 Rating: 13 measures demonstrated a percentile ranking of ≥66th and <90th percentile
- 3 Rating: 13 measures demonstrated a percentile ranking of ≥33rd and <66th percentile
- 2 Rating: 4 measures demonstrated a percentile ranking of ≥10th and <33rd percentile
- 1 Rating: 1 measure demonstrated a percentile ranking <10th

The following table displays **IEHP's Medi-Cal performance for HEDIS Measurement Years 2023-2025** and percentile rankings for all HEDIS measures in the HPR measure set.

HEDIS Measures Medi-Cal	HEDIS MY 2023	HEDIS MY 2024	HEDIS MY 2025	HEDIS MY 2025 Percentile (Plan Rating)
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	72.69%	51.71%	75.93%	**66.67th (4) ↔**
Asthma Medication Ratio (AMR)	64.98%	62.57%	69.06%	**33.33rd (3) ↓**
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)*	41.93%	39.20%	38.79%	**<10th (1) ↔**
Blood Pressure Control (<140/90) for Patients With Diabetes (BPD)	70.02%	71.05%	72.11%	**33.33rd (3) ↔**
Adult Immunization Status (AIS-E)				
Adult Immunization Status—Influenza (Total)	19.13%	14.73%	15.77%	**33.33rd (3) ↔**
Adult Immunization Status—Td/Tdap (Total)	46.26%	45.64%	50.25%	**33.33rd (3) ↔**
Adult Immunization Status—Zoster (Total)	17.37%	22.16%	25.39%	**66.67th (4) ↓**

HEDIS Measures Medi-Cal	HEDIS MY 2023	HEDIS MY 2024	HEDIS MY 2025	HEDIS MY 2025 Percentile (Plan Rating)
Adult Immunization Status Pneumococcal (Age 66+)	60.54%	63.54%	64.97%	**66.67th (4) ↔**
Breast Cancer Screening (BCS-E)	62.39%	63.83%	59.73%	**66.67th (4) ↔**
Cervical Cancer Screening (CCS-E)	65.93%	57.45%	57.68%	**66.67th (4) ↑**
Childhood Immunization Status (CIS-E) Combination 10	22.99%	28.47%	20.90%	**10th (2) ↔**
Chlamydia Screening in Women (CHL)	67.93%	70.49%	70.70%	**66.67th (4) ↓**
Controlling High Blood Pressure (CBP)	67.55%	71.86%	70.47%	**33.33rd (3) ↓**
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication (SSD)	78.21%	79.21%	79.94%	**10th (2) ↔**
Eye Exam for Patients With Diabetes (EED)	61.92%	65.69%	56.74%	**66.67th (4) ↑**
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) *Continuation & Maintenance Phase*	50.11%	75.38%	78.30%	**90th (5) ↔**
Follow-Up after Emergency Department Visit for Mental Illness (FUM) *Total - 7- Day Follow-Up*	48.37%	42.94%	39.83%	**33.33rd (3) ↔**
Glycemic Status Assessment for Patients With Diabetes (GSD) *Glycemic Status (<8%)*	57.25%	59.61%	62.63%	**33.33rd (3) ↔**
Immunizations for Adolescents (IMA-E) *Combination 2*	37.96%	38.88%	42.91%	**66.67th (4) ↔**
Kidney Health Evaluation for Patients with Diabetes (KED)	48.27%	57.98%	60.13%	**90th (5) ↔**
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) *Blood Glucose and Cholesterol Testing*	37.12%	38.29%	38.45%	**33.33rd (3) ↔**
Pharmacotherapy for Opioid Use Disorder (POD)	20.30%	15.85%	31.33%	**66.67th (4) ↔**
Prenatal and Postpartum Care (PPC)				
Timeliness of Prenatal Care	86.74%	88.85%	91.54%	**66.67th (4) ↔**
Timely Postpartum Care	81.72%	81.92%	86.15%	**33.33rd (3) ↓**
Plan All-Cause Readmissions (PCR) *Observed-to-Expected Ratio^- 18-64 Years*	0.8968	0.9844	1.044	**90th (5) ↔**
Prenatal Immunization Status (PRS-E) *Combination*	16.09%	14.45%	16.30%	**10th (2) ↓**

HEDIS Measures Medi-Cal	HEDIS MY 2023	HEDIS MY 2024	HEDIS MY 2025	HEDIS MY 2025 Percentile (Plan Rating)
Statin Therapy for Patients with Cardiovascular Disease (SPC)				
Received Statin Therapy	82.59%	82.84%	85.15%	**66.67th (4) ↔**
Adherence 80%	78.58%	72.50%	83.49%	**90th (5) ↔**
Statin Therapy for Patients with Diabetes (SPD)				
Received Statin Therapy	70.95%	72.65%	74.79%	**90th (5) ↔**
Adherence 80%	75.92%	69.22%	79.06%	**66.67th (4) ↔**
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	47.90%	64.22%	66.93%	**33.33rd (3) ↓**
Weight Assessment, Counseling for Nutrition and Physical Activity for Children (WCC) – BMI	89.60%	90.40%	86.08%	**33.33rd (3) ↔**
Colorectal Cancer Screening (COL-E)		50.11%	53.96%	**66.67th (4) ↓**
Race/Ethnicity Diversity of Membership (RDM)				
Race Direct Total	Met	Met	Met	**90th (5)**
Ethnicity Direct Total	Met	Met	Met	**90th (5)**
Language Diversity of Membership (LDM)		Met	Met	**90th (5)**
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months (W30-15)			56.46%	**10th (2)**
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months–30 Months (W30-30)			74.15%	**33.33rd (3)**
Child and Adolescent Well-Care Visits (WCV)			59.22%	**33.33rd (3)**

^ *Lower Rate is Better*
**Reflects an inverted rate*

Performance Key:

↓	Indicates a decrease in the percentile ranking as compared to the previous measurement year. Each arrow down reflects a level of change in the percentile ranking. (e.g. a measure that went from the 75th percentile to the 50th percentile will display one down arrow)
↑	Indicates an increase in the percentile ranking as compared to the previous measurement year. Each arrow up reflects a level of change in the percentile ranking. (e.g. a measure that went from the 25th percentile to the 75th percentile will display two up arrows)
↔	Indicates no change in the percentile ranking as compared to the previous measurement year.
n/a	No previous percentile

Plan Rating	National Percentile Range
1	<10th percentile
2	>10th and <33rd percentile
3	>33rd and <66th percentile
4	>66th and <90th percentile
5	>90th percentile

MCAS Measures

IEHP reported 31 HEDIS measures that are a part of DHCS Managed Care Accountability Set (MCAS). All required measures were submitted timely, passing all independent audit validation requirements, to DHCS and NCQA for Medi-Cal performance in HEDIS MY 2025. From this measure set, 18 measures were designated as minimum performance level (MPL) measures that require all Managed Care Medi-Cal Plans to exceed the 50th percentile national benchmark performance, or risk financial sanctions or other penalties for failing to meet the standard. The MPL is the 50th percentile benchmark published in the MY 2025 NCQA Quality Compass National Benchmarks for Medicaid and represents the goal for MCAS measures held to the MPL for MY 2025.

Overall, of the 18 MPL MCAS measures, IEHP met the MPL goals for 16 measures and fell short of meeting the goals for 2 measures.

Below are the two measures that did not meet the MPL goals for MY 2025:

- Domain: Children's Health; Childhood Immunization Status - Combination 10
- Domain: Children's Health; Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months

Key barriers for these measures that fell below the MPL goals are noted below:

- Children's Health; Childhood Immunization Status – Combination 10
    - The flu vaccine has been noted as a challenge and continues to be the lowest performing antigen within the measure with providers noting caregiver declination as a barrier.

- The rotavirus vaccine is the next lowest performing antigen with rigid timeframes for completion of required vaccine administration prior to eight (8) months of life. Due to the limited timeframe to initiate and complete the series, children who experience a delay in plan enrollment or miss an appointment may not have sufficient time to complete the series within clinical standards.

- Children's Health; Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months
  - IEHP noted a 16% increase in the W30-6 denominator in comparison to previous years that aligned with the launch of the statewide newborn gateway platform. Upon further review, IEHP identified that Members with duplicate client index numbers (CINs) were being captured in the W30-6 denominator. When services were rendered, they were captured under one of the two CINs. This resulted in services being linked to one CIN and potentially other services linked to the other. This inflated the measure denominator and resulted in a negative impact of measure performance. While IEHP made significant efforts to clean up these duplicate records prior to final reporting, the impacts of these duplicate records hindered quality improvement efforts throughout the performance period.

The following table displays IEHP's measurement of year 2025 performance for MCAS measures that required MPL performance. Measurement Years 2023-2025 are also included for trending purposes.

HEDIS Measures Medi- Cal MCAS	HEDIS MY 2023	HEDIS MY 2024	HEDIS MY 2025	Minimum Performance Level (MPL)	MPL Met?
Asthma Medication Ratio (AMR)	64.98%	62.57%	69.06%	**63.66%**	**Yes**
Breast Cancer Screening ECDS (BCS-E)	62.39%	63.83%	65.59%	**55.87%**	**Yes**
Cervical Cancer Screening (CCS)	65.93%	57.45%	57.68%	**52.32%**	**Yes**
Child and Adolescent Well-Care Visit (WCV)	51.49%	55.84%	59.22%	**55.41%**	**Yes**
Childhood Immunization Status (CIS) *Combination 10*	22.99%	28.47%	21.00%	**23.89%**	**No**
Chlamydia Screening in Women (CHL)	67.93%	70.49%	70.70%	**56.30%**	**Yes**
Controlling High Blood Pressure (CBP)	67.55%	71.86%	70.47%	**67.88%**	**Yes**
Developmental Screening First Three Years (DEV)	53.44%	61.54%	67.97%	**37.40%**	**Yes**
Follow-Up after Emergency Department Visit for Mental Illness (FUM) *Total – 30-Day Follow-Up*	65.71%	64.10%	60.69%	**57.13%**	**Yes**
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) *Total – 30-Day Follow-Up*	37.53%	39.55%	43.85%	**39.10%**	**Yes**
Glycemic Status Assessment for Patients With Diabetes (GSD) *GMI Poor Control (> 9%)^*	32.68%	32.36%	28.85%	**30.41%**	**Yes**

HEDIS Measures Medi- Cal MCAS	HEDIS MY 2023	HEDIS MY 2024	HEDIS MY 2025	Minimum Performance Level (MPL)	MPL Met?
Immunizations for Adolescents (IMA) Combination 2	37.96%	39.98%	42.91%	**34.14%**	**Yes**
Lead Screening in Children (LSC)	52.39%	58.15%	70.26%	**69.96%**	**Yes**
Prenatal and Postpartum Care (PPC)					
Timeliness of Prenatal Care	86.74%	88.85%	91.54%	**82.48%**	**Yes**
Timely Postpartum Care	81.72%	81.92%	86.15%	**86.37%**	**Yes**
Topical Fluoride for Children – MCAS (TFL)	19.35%	23.38%	28.65%	**21.60%**	**Yes**
Well-Child Visits in the First 30 Months of Life (W30)					
Well-Child Visits in the First 15 Months of Life	59.95%	60.77%	56.46%	**63.38%**	**No**
Well-Child Visits for Age 15 Months – 30 Months	67.15%	70.83%	74.15%	**72.32%**	**Yes**

^ *Lower Rate is Better*

DHCS Quality Withhold and Incentive Programs

DHCS Quality Withhold Program Methodology

DHCS introduced this program in Measurement Year 2024. DHCS withholds a percentage of the Plans capitation rates (1.00% for MY 2025) and creates performance targets that Plans must meet to earn back the withheld rates.

DHCS has leveraged quality metrics that support its Quality Strategy goals as the performance targets for this program.

The measures included in the Quality Withhold Program are:

- Controlling High Blood Pressure (CBP)
- Glycemic Status for Patients with Diabetes Poor Control (>9) (GSD)
- Timeliness of Prenatal Care (PPC-Pre)
- Postpartum Care (PPC-Post)
- Child and Adolescent Well-Care Visits (WCV)
- Well Child Visits in the First 15 Months of Life (W30-6)
- Well Child Visits for ages 15-30 Months (W30-2)
- Childhood Immunization Status – Combination 10 (CIS-10)
- Immunizations for Adolescents – Combination 2 (IMA-2)
- CAHPS Getting Care Quickly: Adult and Child
- CAHPS Getting Needed Care: Adult and Child

An aggregate score across all metrics is calculated for each Managed Care Plan to determine how much of the withhold amount (1.00% of total revenue) is earned back. Points are earned in the following categories:

- **Achievement**: Plans are awarded points for reaching higher national benchmark thresholds. The table below illustrates the potential points earned per benchmark threshold.

Benchmark	Achievement Points Earned
At or above 66.67th percentile	10.0
At or above 50th percentile, below 66.67th percentile	7.5
At or above 33.33rd percentile, below 50th percentile	5.0
At or above 25th percentile, below 33.33rd percentile	2.5
Below 25th percentile	0.0

- **Improvement:** Plans are awarded points according to magnitude of gap closure from the prior year rate to the 90th percentile benchmark. The table below illustrates the potential points earned per gap closure threshold.

Benchmark	Improvement Points Earned
Greater than or equal to 25% gap closure	10.0
Greater than or equal to 20% gap closure, less than 25% gap closure	8.0
Greater than or equal to 15% gap closure, less than 20% gap closure	6.0
Greater than or equal to 10% gap closure, less than 15% gap closure	4.0
Greater than or equal to 5% gap closure, less than 10% gap closure	2.0
Maintenance/Deterioration	0.0

- Plans will receive a score for each quality measure, with the final score reflecting the greater of achievement or improvement.
- The amount of the 1.00% withhold that is earned back by Plans will be assessed based on aggregate total points earned across all measures.

Results: For MY 2025, IEHP is expected to earn back 100% of the withhold dollars.

DHCS Quality Withhold Incentive Program Methodology
DHCS introduced this program in Measurement Year 2024. This incentive program is funded with any funds that are not earned back in the Withhold Program at the statewide level. This incentive program is aimed to improve health equity goals.

DHCS selected the Child and Adolescent Well-Care Visits (WCV) measure to focus as part of this incentive program based on disparities identified at the sub-population level.

For the Inland Empire Region, two race / ethnicity subgroups with low historical performance, based on MY 2022 data were identified for inclusion in this program:

- White
- Native American/Alaska Native

Performance is measured as gap closure against the 66.67th percentile with no floor. The table below illustrates the potential points earned per gap closure threshold.

Benchmark	Improvement Points Earned
Greater than or equal to 25% gap closure OR ≥ 66.67th percentile	**10.0**
Greater than or equal to 20% gap closure, less than 25% gap closure	8.0
Greater than or equal to 15% gap closure, less than 20% gap closure	6.0
Greater than or equal to 10% gap closure, less than 15% gap closure	4.0
Greater than or equal to 5% gap closure, less than 10% gap closure	2.0
Maintenance/Deterioration	0.0

Results: IEHP was able to achieve the highest-level gap closure targets set for each sub-population.

For MY 2025, IEHP is expected to earn 100% of the incentive dollars available.

Medicare Star Ratings Results
For the D-SNP product line, IEHP's measurement year 2025 performance was assessed against the CMS Star measure methodology and benchmarks. CMS Star measures include 13 HEDIS, non-CAHPS measures. IEHP achieved a 3.5 Star Rating for MY 2025.

Overall, IEHP's projected CMS Health Plan Star Rating performance for the 13 HEDIS measures, using current benchmarks fell in the following categories:

- 0 measures received a star rating of 5
- 4 measures received a star rating of 4
- 5 measures received a star rating of 3
- 4 measures received a star rating of 2
- 0 measures received a star rating of 1

It is important to note that IEHP's D-SNP population is a program for Members with both Medicaid and Medicare eligibility. The CMS Star ratings benchmarks are based on the Medicare Advantage population, that include Plans who do not have the same Medicaid population demographics.

The following table displays the IEHP CMS Star Rating HEDIS measures over the past 3 reporting periods.

CMS® Star Rating Measures	MY 2023	MY 20224	MY 2025	MY 2025 CMS Star Rating	5 Star Goal	Weighting Value
Breast Cancer Screening	71%	75%	**77%**	**4**	83%	1
Colorectal Cancer Screening	70%	69%	**73%**	**3**	82%	1
Care for Older Adults - Medication Review	89%	90%	**95%**	**3**	99%	1
Care for Older Adults - Functional Status Assessment	76%	78%	**89%**	**4**	95%	1
Osteoporosis Management in Women who had a Fracture	29%	46%	**53%**	**4**	70%	1
Diabetes Care - Eye Exam	77%	78%	**77%**	**3**	86%	1
Diabetes Care - Blood Sugar Controlled	75%	80%	**83%**	**3**	92%	3
Controlling Blood Pressure	69%	70%	**75%**	**2**	90%	3
Plan All Cause Readmissions	12%	11%	**12%**	**2**	8%	3
Statin Therapy for Patients with Cardiovascular Disease	83%	86%	**88%**	**3**	93%	1
Transitions of Care	35%	46%	**52%**	**2**	80%	1
Follow Up after ED Visit with Multiple Chronic Conditions	50%	52%	**63%**	**2**	83%	1
Kidney Health Evaluation for Patients with Diabetes	64%	69%	**74%**	**4**	83%	1

~Benchmark Not Yet Released
Not a rated measures for the MY

Key Actions Planned to Impact Measures
The following activities are planned and/or in place for 2025-2026 to improve HEDIS® performance. Activities fall into one of five main categories: Incentives, Engagement, Member Support, and Data Improvements.

Category	Description
Incentives	Programs that include incentives for Members, Providers and Hospitals
Engagement	Engagement & educational programs that are Member, Provider and Team Member focused
Member Support	Member-facing programs aimed to support specific Member needs
Data Improvements	Programs designed to improve data completeness

1) **Incentives**
   a. **Provider Incentive Programs:**
      i. **PCP and IPA Global Quality P4P Programs:** For the 2025 program year, the budget was $124 million total incentive dollars available to PCPs and $37.5 million

available to IPAs. The Global Quality P4P Programs focus on the Medi-Cal population. Quality Bonus Services were added to the program that are linked to key quality measures that are low performing and were previously covered under the DHCS Proposition 56 Value Based Payments Program.

ii. **IEHP Direct Stars Medicare P4P Program**: This program aims to improve the quality of care for IEHP Direct Dual Choice DSNP Members. Measures included in this program are comprised of the following: Blood Pressure Control, Breast Cancer Screening, Colorectal Cancer Screening, Flu Vaccine, Diabetes Hemoglobin A1c Control, Diabetes Eye Exam, and Care for Older Adults.

iii. **Hospital P4P Program:** This program is for IEHP Medi-Cal contracted hospitals servicing Riverside and San Bernardino counties. The 2025 Hospital P4P Program is structured as an incentive program with quarterly performance measurement and payment. The goal of the program is to provide financial rewards to hospitals that meet quality performance targets and demonstrate high-quality care to IEHP Members.

iv. **OB/GYN P4P Program**: The OB/GYN Quality P4P Program includes performance-based incentives for the provision of specific prenatal and postpartum services. This program provides an opportunity for Medi-Cal OB/GYN Providers to earn financial rewards for improving the quality of maternity care for IEHP's pregnant and postpartum Members.

2) Member Incentive Programs

a. Medi-Cal Members may receive incentives for completing recommended immunizations within the required timeframe. Once the Member fulfills the immunization requirement, they may choose a gift card from several categories (retail, online shopping, gas, grocery, dining, or pharmacy). Gift card values are dependent on the number of provider visits needed to complete the immunization series. For 2026, incentive focus measures focus on child and adolescent immunizations.

3) Engagement

a. **Provider Engagement & Support Programs**

i. **Standing Orders Program:** Standing orders facilitate PCP orders and follow-up of routine labs and screenings for breast cancer screening (mammograms), diabetic lab tests, and colorectal cancer screening (home test kits).

ii. **Pharmacy Academic Detailing:** The IEHP Pharmacy Academic Detailing team is an educational and evidence-based outreach program for our Providers and pharmacies. The team forms phone and one-on-one outreaches with physicians, nurse practitioners, physician assistants, and pharmacy staff. The goal is to transform the prescriber and pharmacy practice and enhance the Provider, pharmacist, and Member experience.

iii. **Vision Provider Member Outreach Program:** IEHP matches Diabetic Members needing an eye exam with Vision Providers in their neighborhoods. The office staff at the Vision Provider offices outreach to Members and schedule timely eye exam appointments.

iv. **Radiology Center Member Outreach Program:** IEHP matches women needing a mammogram with a contracted radiology center that is geographically close to the Member's home. The Radiology Center staff conducts outreach calls to schedule timely mammograms by the end of the year. Results are sent to Member's assigned PCP.

v. **OB/GYN Provider Member Outreach Program:** IEHP connects Members who are due for a cervical cancer screening with OBGYN providers located in their neighborhoods. Participating OBGYN office staff then contact Members directly to schedule a timely cervical cancer screening appointment.

vi. **IEHP's Secure Provider Portal** tools include PCP Roster Lists with the PCP's assigned Members and indicates who needs key preventive services. Member Gap in Care Alerts are seen on Member Health History Page include key preventive care services that are past due. Providers can view all Member care gaps in one view.

vii. **Quality-Focused Trainings** for PCPs and IPAs. Topics include measure education, review of best practices, and coding/medical record documentation standards to help improve quality measure performance.

viii. **Provider Quality App:** Web-based application to engage Providers, clarify quality pay-for-performance (P4P) requirements, and provide specific insights into opportunities to improve quality of care for IEHP Members.

ix. **ECM program** coordinates Member care from a whole person care perspective, including physical, behavioral, and social determinants of health for the highest-need members and provides intensive coordination of health and health-related

services. The ECM program also aims to meet key quality goals aligning to select HEDIS measures including controlling high blood pressure, HbA1c control,

b. Improve lab results data quality and completeness processes. Many HEDIS measures rely on complete lab results data. Establishing sound quality assurance processes to monitor data quality and completeness of laboratory results can improve HEDIS results.

c. Collect supplemental data feeds with IPAs and medical groups where gaps in data are identified and are available in alternative data formats.

d. Improve data collection from state of California immunization registry (CAIR2) to support child and adolescent immunization measures by improving IEHP's Member inquiry/request algorithm.

Procurement Solicitation Type: N/A

Recommendation(s):
Review & File

Financial Impact: $	**Not to Exceed Amount: $**	**Term:**

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	NA	J. Diekmann 9/9/2026	G. Fick 9/18/2026

Measurement Year 2025 Quality Results

Genia Fick, Chief Quality Officer
Jacob Diekmann, Vice President, Quality Systems

Medicaid Health Plan Rating

IE HP | MY 25

Medicaid Health Plan Rating Core Components

Clinical Quality (HEDIS®)

These measures track clinical performance across domains such as preventive care, chronic disease management, and follow-up care.

Member Experience (CAHPS®)

These measures reflect Member perceptions of access, communication, care coordination, and satisfaction collected through a survey.

Accreditation Bonus

Plans that hold current NCQA[3] Accreditation receive additional points applied to their overall rating.

[1] HEDIS - Healthcare Effectiveness Data and Information Set
[2] CAHPS - Consumer Assessment of Healthcare Providers and Systems
[3] NCQA – National Committee for Quality Assurance

NCQA
Measuring quality. Improving health care.

Medicaid Health Plan Rating

MY 24

3.5 Stars

(3.635)

MY 25

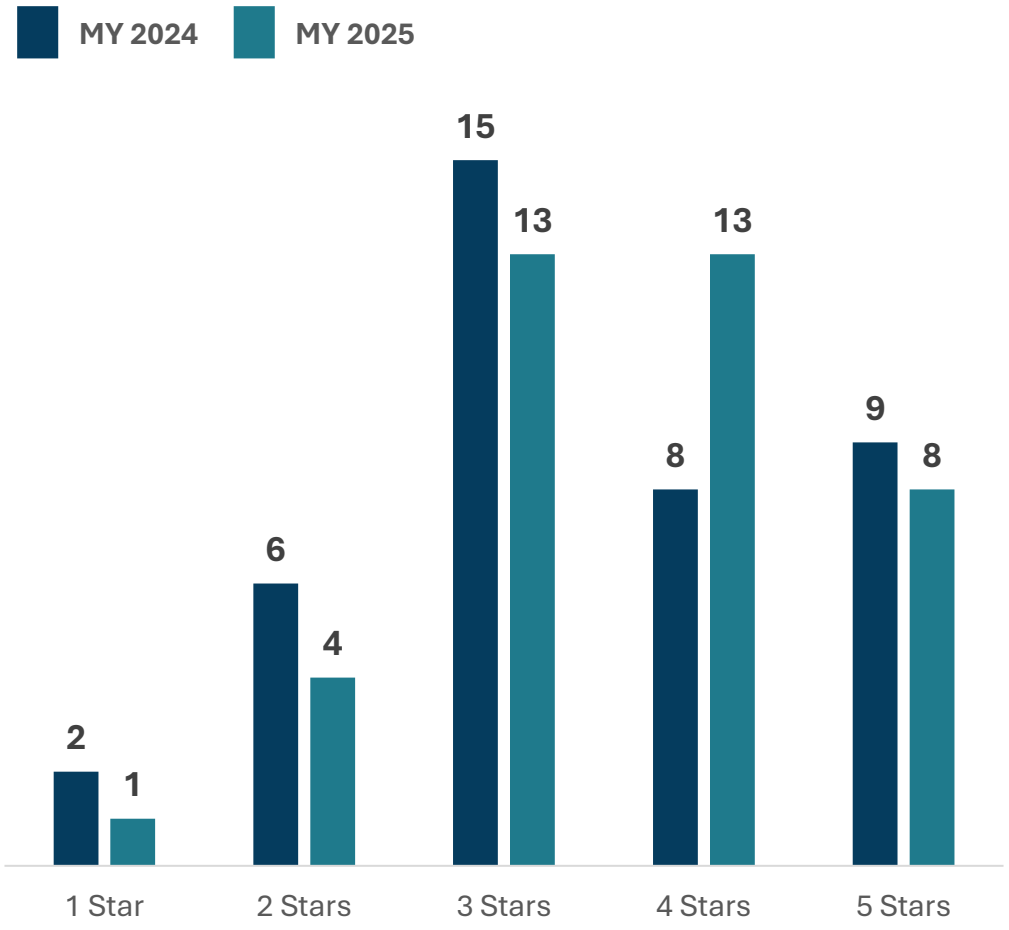
4.0 Stars

(4.000)

IEHP | MY 25

MY 2025 Health Plan Rating Performance

Clinical Quality (HEDIS) Performance
MY 2024 + MY 2025 Comparison



Member Experience (CAHPS) Performance
MY 2024 + MY 2025 Comparison

CAHPS Question	MY 2024	MY 2025
Rating of Health Plan[1]	69.11%	**73.00%**
Rating of Health Care [1]	52.31%	**63.38%**
Getting Needed Care[2]	78.51%	**85.37%**
Getting Care Quickly[2]	NA[3]	NA[3]

Accreditation Bonus

ACCREDITED NCQA HEALTH PLAN

Accredited

MY 2024 Bonus	MY 2025 Bonus
0.5	**0.5**

[1] Single Question Ratings
[2] Composite Question Ratings
[3] NA: Question did not meet the minimum required responses needed (n<100) to calculate a rate

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Quality Withhold Program

IE HP | MY 25

Quality Withhold Program Core Components

1% Withhold

DHCS withholds 1% of IEHP's capitation rate for MY 2025. IEHP can earn back the withheld amount based on aggregate performance across specific quality measures.

Achievement and Improvement

4 CAHPS and 9 HEDIS measures can earn up to 10 points based on national benchmark achievement or year over year improvement.

Aggregate Performance

Points are combined across measures to determine the amount earned back. For MY 2025, 65 points are required to earn back 100% of withheld dollars.

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Quality Withhold Program

100%
of MY 2025 Withhold Dollars Earned Back
($69 Million)

IE HP | MY 25

MY 2025 Quality Withhold Program Performance

Overall Program Performance

88 of **100**

Points Earned

65

Point Goal
EXCEEDED

Clinical Quality (HEDIS) Performance

7 of **9**

Measures Met Improvement or Achievement Goal

2 of **9**

Measures Did Not Meet Goal:

- Childhood Immunization Status - Combo 10 **(5.0 Pts)**
- Well-Child Visits **in** the First 15 Months of Life **(2.5 Pts)**

Member Experience (CAHPS) Performance

2 of **4**

Measures Achieved 10 Points

Getting Care Quickly	
Adult	**Child**
NA[1] Points	10.0 Points

Getting Needed Care	
Adult	**Child**
10.0 Points	5.0 Points

[1] Not Applicable

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Managed Care Accountability Set

IE HP | MY 25

MCAS[1] Core Components

Full Measure Set

IEHP reports on a comprehensive set of 31 MCAS measures annually, spanning key quality domains of managed care required by DHCS[2].

Minimum Performance Level

18 measures are designated as MPL[3] measures. These require IEHP to meet or exceed the 50th percentile national benchmark to avoid financial sanctions or penalties.

Submission and Validation Requirements

MCAS measures must be submitted timely, pass independent audit validation requirements.

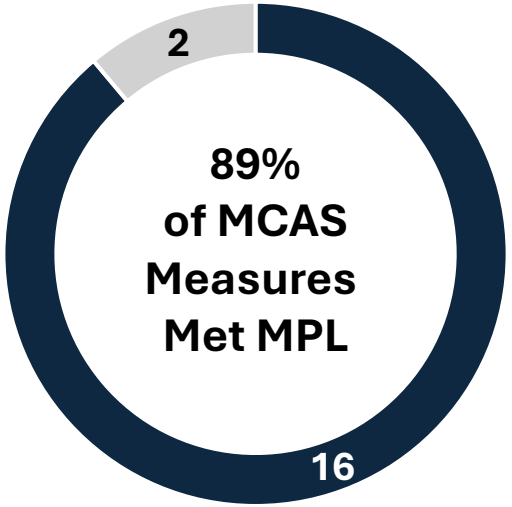
[1] Managed Care Accountability Set
[2] California Department of Health Care Services
[3] Minimum Performance Level

MCAS Performance

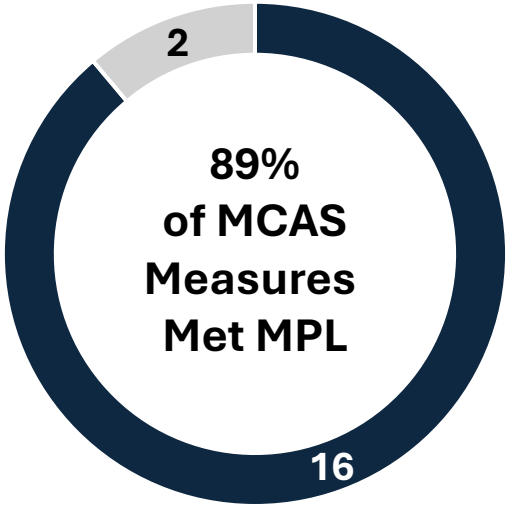
IEHP Met the MPL for 16 of 18 Measures in MY 2025 for the Second Consecutive Year

MPL Met MPL Not Met

MY 2024



MY 2025[1]



[1] **MY 2025 Measures Below MPL:**

- Childhood Immunization Status – Combination 10
- Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months

Medicare Star Ratings

Medicare Star Ratings Domains

Pharmacy
Medication Adherence and Safety

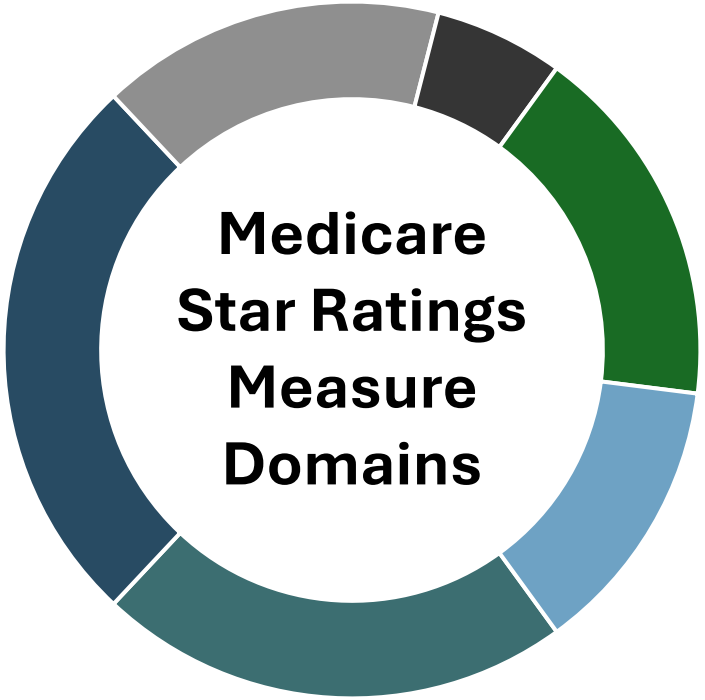
16% of Score

HEDIS
Clinical Quality

26% of Score

CAHPS
Member Experience

22% of Score



HOS[1]
Health Outcomes Over Time

6% of Score

Admin / Ops
Operational and Regulatory Performance

17% of Score

Improvement
YOY[2] Progress Across Star Rating Domains

13% of Score

[1] Health Outcomes Survey
[2] Year-Over-Year

Medicare Star Rating

MY24

3.0 Stars

(3.020)

MY25

3.5 Stars

(3.409)

Medicare Star Ratings Domain Performance

MY 2024	Domain	MY 2025
2.00	Pharmacy	2.54
2.75	HEDIS	2.79
2.47	CAHPS	3.13
4.00	HOS	4.33
3.23	Admin / Ops	3.46
4.50	Health Plan Quality Improvement	5.00
0.101257	CAI[1] Reward	0.108248

[1] Categorical Adjustment Index – The purpose of this index is to account for disparity in clinical performance associated with social risk factors.

2025 - 2026
HEDIS Impact Strategy

HEDIS Impact Strategy Focus

HEDIS Performance is Critical to Key Quality Programs and Informs IEHP's Strategic Plan and Priorities. The Number of Measures Represented Across these Programs Demonstrates the Significance of HEDIS Performance:

NCQA Measuring quality. Improving health care.

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

39	31	9	1	11	13
Medicaid Health Plan Rating	Managed Care Accountability Set	Quality Withhold Program	Quality Withhold Incentive Program	Auto-Assignment Incentive Program[1]	Medicare Star Ratings

[1]The Auto-Assignment Incentive Program (AAIP) rewards higher-performing Managed Care Plans with a greater share of auto-assigned Medi-Cal Members, limited only to those not placed by choice, prior affiliation, family connection, or dual-eligible alignment under the Matching Plan Policy.

IEHP MY25 MY26

HEDIS Impact Strategy Framework

Member Quality

Support Members to Improve Health Outcomes, Experience & Measure Performance

Provider Quality

Support IEHP's Providers to Improve Quality Measure Performance

Internal Operations

IEHP Internal Processes to Improve Measure Performance

Member Quality

Member Quality[1]

Support Members to Improve Health Outcomes, Experience & Measure Performance

Alternate Sites of Care	Drive access by delivering health services in Members' homes, community locations, and IEHP Community Wellness Centers.
Care Management Programs	Guide Members with four care management programs that provide coordinated, patient-centered support for complex health needs.
Gaps in Care Alerts	Identify gaps in care with alerts in IEHP's call center system & Provider Portal. Staff are equipped to educate Members on needed services, prompt timely action, and support closing care gaps for improved health outcomes.
Member Outreach Campaigns	IEHP engages Members through coordinated outbound call and texting campaigns to connect them with needed services and support timely care gaps closure. Provider staff reinforce through outreach in radiology, OB/GYN, and vision services to ensure gaps are closed.

[1] Illustrative of Key Efforts; Not An Exhaustive List.

Provider Quality

Provider Quality[1]

Support IEHP's Providers to Improve Quality Measure Performance

Provider Incentive Programs	Focus efforts by rewarding Providers, IPAs, Hospitals, and OB/GYNs for delivering key services and achieving high performance.
Provider Tools	Equip Providers with secure access to critical information. Deliver actionable quality metrics. Streamline communication and enhance care coordination with the IEHP Secure Provider Portal and Provider Quality App.
Standing Orders	Empower Providers with streamlined Standing Orders enrollment. Enable participation and lab updates to accelerate care gap closure and increase program visibility for all stakeholders.
Provider Supports	Strengthen Provider performance through a unified set of support programs. These aligned efforts deliver clear guidance, tools, and education that drive measurable improvement at the Provider level.

[1] Illustrative of Key Efforts; Not An Exhaustive List.

Internal Quality Operations

Internal Operations[1]

IEHP Internal Processes to Improve Measure Performance

Root Cause Analytics	Advancing root cause analytics for high-priority, underperforming measures. Actionable insights guide targeted strategies and resource allocation.
Data Quality & Completeness	Elevate performance by improving clinical data quality and completeness. Robust quality assurance processes ensure reliable laboratory and assessment data, supporting reporting systems.
Data Sharing	Improve data sharing by enhancing Provider rosters and integration feeds to enable actionable activities that drive quality measure results.

[1] Illustrative of Key Efforts; Not An Exhaustive List.

Thank You

Genia Fick, Chief Quality Officer
Jacob Diekmann, Vice President, Quality Systems

INLAND EMPIRE HEALTH PLAN

Procurement Report

Professional Services Agreements, Contracts, and Amendments

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

Procurement Report
as of October 12, 2026

	Vendor	Purpose	Contract Amount	Budget	Effective Date	Department
1	ABM Janitorial Sixth Amendment	A Professional Service Agreement (PSA) for Janitorial Services	$0	Included in CY2026	08/25/26	Finance
2	Acara Solutions, Inc. First Amendment	A Contingency Recruitment Service & Fee Agreement	$0	Included in CY2026	08/31/26	Health Services
3	Benifitfocus.com, Inc.	An Order Form for Payroll System Integration and Data Exchange Services	$7,500	Included in CY2026	10/16/26	Information Technology
4	Blindness Support Services, Inc.	A Professional Services Agreement (PSA) for Digital Content Usability & Accessibility Testing	$5,000	Included in CY2026	09/18/26	Information Technology
5	Cal Marketing & Promotion Group, Inc. Second Amendment	A Professional Service Agreement (PSA) for Agency of Records Services	$0	Included in CY2026	01/01/27	Marketing
6	Clinical Architecture LLC	A Limited Data Sharing Agreement for PIQXL Gateway Demonstration	$0	New	20 days afte	Information Technology
7	Cloudera, Inc. Renewal	An Order Form and Supplemental Terms for Software Licensing	$96,268	Included in CY2026	09/02/26	Information Technology
8	Community Access Center	A Professional Services Agreement (PSA) for Digital Content Usability & Accessibility Testing	$5,000	Included in CY2026	09/16/26	Information Technology
9	Cubic Logics LLC	A Mutual Non-Disclosure Agreement (NDA) for an Asset Management Delivery Solution	$0	NA	Prepetual	Information Technology
10	Entisys Solutions, Inc, (DBA “e360”)	A Statement of Work (SOW) for Software Services	$25,267	Included in CY2026	09/10/26	Information Technology
11	Flavor Provisions LLC	A Professional Services Agreement (PSA) for Kitchen Standards Implementation & Programming Coaching	$49,000	Included in CY2026	09/05/26	Marketing
12	Four Winds Interactive LLC dba Poppulo	A Master Services Agreement (MSA) for a Software Subscription	$0	Included in CY2026	08/31/26	Marketing
13	JB Academy, Inc	A Professional Services Agreement (PSA) for a JB Academy Corporate Membership Agreement	$25,000	Included in CY2026	09/18/26	Administration
14	Kings III of America dba Kings III Emergency Communications	A GSA Scheduled Emergency Phone and Video Monitoring Services Agreement	$4,549	Included in CY2026	09/16/26	Finance
15	Optuminsight, Inc. Fifth Amendment	A Prospective Payment Systems (PPS) Software License	$672,135	Included in CY2026	09/01/26	Information Technology

Updated: 10/5/2026 3:48 PM

Procurement Report
as of October 12, 2026

	Vendor	Purpose	Contract Amount	Budget	Effective Date	Department
16	Potomac Partners DC, LLC Second Amendment	A Professional Services Agreement (PSA) for Federal Legislative Advocacy Services	$180,000	Included in CY2026	09/17/26	Administration
17	Rolling Start Incorporated	A Professional Services Agreement (PSA) for Digital Content Usability & Accessibility Testing	$5,000	Included in CY2026	09/16/26	Information Technology
18	SCA Consulting, Inc.	A Professional Services Agreement (PSA) for Medi-Cal Financial Consulting Services	$50,000	New	09/01/26	Administration
19	Smile CDR, Inc., dba Smile Digital Health Fourth Amendment	A Professional Services Agreement (PSA) for Interoperability Solution Services	$0	New	09/26/26	Information Technology
20	Sodales Solutions, Inc.	A Change Order for Enhanced Substantive Support	$0	None	09/04/26	Information Technology