

INLAND EMPIRE HEALTH PLAN
Community Advisory Committee
Minutes for Thursday, September 25, 2025
5:00 PM - 7:00 PM

Location: Mizell Center, 480 South Sunrise Way, Palm Springs, CA 92262

Facilitator: **Gabriel Uribe, DSW, Director, Health Equity Operations**

Present: **In-Person CAC Members:** Abdallah Zaqzouq, Arturo Espinoza, Carmela Garnica, Ileen Cotinola, John B. Fabrey, Jorge Ruiz Romo, Julia Espinoza; LaBianca McMillan, Richard Giles, Richard Symmes, Robert JacksonSagrario Peterson, Dr. Sheri Stevens-Parker, Tasha L. Samuel,
Virtual CAC Members: Christian Espinoza, Dr. Darshan Patel, Heaven Huerta, Jose Caseano, Marina Lopez, Shivam Bhakta, Thi Bui
IEHP Staff: Adolfo Valle, Amy Wenzler, Cosmin Cosma, David Livingston, Jackie Tovar-Sandoval, Lorena Ramos, Maribel Papa, Mark Guitierrez, Michelle Rai, Rebecca Mayer, Victoria Ostermann, Stephanie Magallanez, Tracee Roque, Tara Tokijkla, Ken Scott
In-Person Guest: Cheryl Margolis, Suzette Cunningham
Interpreters: Raul Castillo (ASL), Rosalie Bradley (ASL), Mario Perez (Spanish), Juan Ruiz (Spanish), Zheng Fu (Mandarin), Alice Leung (Mandarin), Emily Atiga (Captions), Marie Villareal (Captions)

Minutes by: **Mark Gutierrez, Coordinator, Health Equity Operations and Jannette Zito, CAC Program Manager**

Agenda Items	Presentation of Agenda Items	Discussion of Agenda Items	Action Items
Welcome	CJ Tobe, Chief Transformation Officer, DAP Health Care and IEHP CAC Selection Committee Member	I. CJ Tobe welcomed the Community Advisory Committee (CAC) to the Mizell Center in Palm Springs.	<i>No Action Items</i>
Housekeeping and Meeting Procedures Introductions	Gabriel Uribe, DSW Director, Health Equity Operations, CAC Meeting Facilitator CAC Members	II. Gabriel Uribe called the meeting to order. III. Gabriel Uribe reviewed housekeeping items, meeting structure, and procedures with CAC Members. IV. CAC Members introduced themselves.	<i>No Action Items</i>
Approval of Minutes	Gabriel Uribe, DSW Director, Health Equity Operations CAC Members	V. Gabriel Uribe asked for a motion to approve the June 26, 2025, meeting minutes. - Robert Jackson motioned to approve the minutes as presented. - The motion was seconded by Carmela Garnica.	<i>The approved June 26, 2025, meeting minutes will be published on IEHP's website.</i>

Review of Feedback/Response Log	Gabriel Uribe, DSW Director, Health Equity Operations CAC Members	VI. Gabriel Uribe reviewed the Action Item/Feedback Response Log from the June 26, 2025, meeting. VII. CAC was asked to share any additional feedback on the Action Item/Feedback Response Log with the CAC Program Manager, Jannette Zito.	<i>No Action Items</i>
Presentation	Tara Tokijkla, Director, Quality Improvement, Inland Empire Health Plan (IEHP)	VIII. Presentation Title: 2024 Member Experience Survey Results • Tara Tokijkla shared the 2024 Adult and Child Member Experience Survey results in the areas of Getting Needed Care and Getting Care Quickly. • CAC Member Feedback ○ CAC was asked the following feedback question: ▪ How can IEHP and IEHP Providers improve Adult and Child members' experience with: • Getting Needed Care • Getting Care Quickly • CAC Member Responses ○ Dr. Darshan Patel asked if the survey questions were presented in the same way for urgent appointments with a 24-hour window, semi-urgent appointments with a 3-day window, and routine appointments with a 15-day window. He wanted to know if the survey was broken down in different parameters or if the questions were asked in the same way. ○ Tara Tokijkla stated that the questions were worded in the same way as the Provider Access Standards. ○ Dr. Darshan Patel highlighted that the questions in the survey were nonspecific. He recommended the implementation of specific	<i>Action Items</i> 1. <i>Verify if questions in Member Experience Surveys reflect specific appointment access standards.</i>

		appointment windows between semi-urgent versus routine appointments to provide more clarity for the survey results. ○ Ileen Cotinola stated that transportation to and from medical appointments presents challenges, and results in cancelled medical appointments. ○ Marina Lopez suggested a focus on marketing materials being sent out to members, providers, and clinics that would educate the public on wellness, check-ups, vaccines, etc. ○ LaBianca McMillan questioned if the survey asked why medical appointments were not attended. ○ Tara Tokijkla clarified that in the survey the member responses are anonymous due to anonymous guidelines from regulators. ○ Richard Giles stated that the waiting time to see a specialist is too long. ○ Richard Symmes stated that he is deaf and expressed his issues with transportation and ASL interpreters. Richard Symmes stated that he has filed hundreds of grievances with no success. Richard Symmes encouraged IEHP to implement email and text communication, because he struggles with Transportation and Member Services phone calls. Richard Symmes would like IEHP Leadership to engage with its' members, rather than ignore grievances. Richard Symmes believes that 40% of grievances get addressed with solutions, while the other 60% have no outcome. He believes that email or text communication from ASL Interpreters, Transportation, and IEHP would be beneficial	2. <i>Give update presentation on improvements made by transportation services.</i> 3. <i>Share how IEHP uses marketing materials to educate on wellness checks.</i> 4. <i>Share an improvement plan for specialty care wait times.</i>
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		for lots of members and would resolve a lot of his issues. ○ Arturo Espinoza expressed that the 5-day window to request transportation is not realistic and should be eliminated because it creates a lot of stress for members. Arturo Espinoza had an emergency in which he couldn't get to an appointment, because he didn't submit the request within the 5-day window. ○ Gabriel Uribe stated that if there is ever a life-threatening emergency to please call 911. ○ Arturo Espinoza clarified that his doctor changed the appointment date. Transportation services did not accept the change, which caused him to miss his appointment. ○ Tasha L. Samuel asked for clarity on the 5-day transportation request window. ○ Gabriel Uribe stated that the transportation team will do everything possible to make transportation requests happen regardless of the 5-day request window. Members should call Member Services using the phone number on the back of the IEHP member card. A benefit of calling Member Services regarding transportation requests is that the Care Team can advocate to find the best solution possible for the member to attend the appointment. Members can call the Member Services line, and a Representative will transfer the member to transportation. *All Members have access to Member Services at meetings. If any Member is dissatisfied or has a complaint, they can contact the Plan's Grievance Department by calling 1-855-433-4347.	<i>5. Explore email and text communication to address members' concerns.</i>
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Presentation	Michelle Rai, Chief Communications & Marketing Officer, IEHP	IX. Presentation Title: Member Communication and Engagement • Michelle Rai shared forms of communication that IEHP uses and asked members about their communication preferences and for feedback about IEHP’s communication channels and messages. • Michelle reviewed the “Ask the Doctor” article of the latest IEHP Member Newsletter to assess member understanding of content regarding a communication or marketing piece. • CAC Member Feedback • CAC was asked the following feedback questions: • What did you learn from the “Ask the Doctor” article? • Does this article help you understand the difference between an annual wellness visit and a yearly physical? • CAC Member Responses: ○ Ileen Cotinola asked why doctors issue self-swab tests. ○ Tara Tokijkla stated that self-swab kits should not be mandatory and are available based on member preference. ○ John Fabrey recommended the administration of lab tests before the member sees the doctor. This way members can discuss test results on the first doctor’s visit and prevent wait times, waste of resources, and unnecessary doctor’s visits. ○ Dr. Marcelo Burciaga stated he would share this idea with the Care Management Team at	<i>Action Items:</i>
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		IEHP and communicate it with IEHP's treating Providers. ○ Tasha Samuel asked if members may decide when to conduct their annual doctor's visit themselves. ○ Dr. Marcelo Burciaga stated that annual doctor's visits depend on the conditions that are being monitored. Some visits may be quarterly, annually, etc. and it depends on the member's condition. ○ Michelle Rai asked the CAC members, how the marketing team can make health information such as the "Ask the Doctor," article easier for the public to understand. ○ Marina Lopez stated that the content in the "Ask the Doctor," article is easy to understand. However, it would be best to have bigger fonts to help individuals who may have issues with reading due to their vision. ○ Dr. Darshan Patel recommended the implementation of standing orders for diabetic and renal patients. The member would then follow up with their doctor to review test results. ○ Arturo Espinoza asked if cancer screening test kits can have instructions in braille included for members who are blind. ○ Abdallah Zaqzouq recommended a shortened version of the "Ask the Doctor" marketing material. ○ Sagrario Peterson asked about the contamination and accuracy of self-administered lab tests. Sagrario Peterson explained that an incorrect lab test resulted in false results and wasted time.	<i>6. Provide update from Dr. Marcelo Burciaga sharing CAC members' idea with IEHP's Care Management Team of the administration of lab tests before a member goes in for their initial doctor's visit.</i>
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		○ Dr. Marcelo Burciaga clarified that the questions asked are clinical related and should be asked of a doctor or a lab tech. Dr. Marcelo Burciaga also reiterated that if the member does not understand how to complete a lab test, they should opt to take the test in person. ○ Michelle Rai provided the marketing department’s email address for members to submit any further questions or feedback, which is Marketing@iehp.org <i>*All Members have access to Member Services at meetings. If any Member is dissatisfied or has a complaint, they can contact the Plan’s Grievance Department by calling 1-855-433-4347.</i>	<i>7. Use larger fonts and shorten article.</i>
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Presentation	Maribel Papa, Manager, Health Equity Operations, IEHP Lorena Ramos, Manager, Health Equity, IEHP	X. Presentation Title: Culturally and Linguistically Appropriate Services (CLAS) Evaluation 2024 • Maribel Papa and Lorena Ramos reviewed the results of IEHP’s CLAS Program Evaluation and engaged participants in identifying root causes of barriers and exploring possible solutions. • CAC Member Feedback • CAC was asked the following feedback questions: • What should IEHP focus on for 2026? • Health Categories: • Behavioral Health (Depression Screenings) • Cancer Prevention • Children’s Health • Chronic Disease Management • (Diabetes, Blood Pressure Control, etc.) • Overuse (Opioid Use) • Reproductive Health (Prenatal Care) • Respiratory Conditions (Asthma) • Experience Categories: • Getting Care Needed • Getting Care Quickly • Health Plan Customer Service • How Well Doctors Communicate • CAC Member Responses:	<i>Action Items:</i>
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		• Dr. Sheri-Stevens Parker asked what the feedback from African American parents was regarding why children are not immunized in a timely fashion. • Lorena Ramos stated that IEHP’s maternal department conducted a survey regarding child immunizations. Responses by Black respondents were low but at a high-level parents shared barriers included lack of transportation, parenting multiple children and low appointment availability. • Dr. Sheri-Stevens Parker asked if IEHP deployed healthcare workers into the community to help vulnerable populations. • Lorena Ramos stated that there are vaccine clinics, incentives, text message, and communications campaigns that target specific populations. • Dr. Sheri-Stevens Parker suggested the implementation of community health workers doing outreach to targeted groups and a focus group to address issues within specific communities. • Tasha Samuel suggested the distribution of vaccine patches to help increase immunization rates. • Gabriel Uribe stated that he will look into the availability of vaccine patches in the state formulary and get back to Tasha Samuel. • Ileen Cotinola asked why case managers are unable to make home visits. Phone calls are not as helpful as home visits to help members get to their appointments. • Gabriel Uribe asked how IEHP can improve access to language services. • Arturo Espinoza recommended creating TV and Radio commercials that provide health information in Spanish, English, and other languages. • Gabriel Uribe connected Arturo Espinoza’s point to the unmet goals of the Mandarin-speaking population.	8. <i>Utilize community health workers for outreach and focus groups to target hard-to-reach populations.</i> 9. <i>Provide an update on vaccine patches and their market availability based on the California state formulary.</i> 10. <i>Explore marketing IEHP’s interpretation services via TV and radio commercials so that members understand that they have free access to interpreters in different languages.</i>
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		• Maribel Papa clarified IEHP’s interpretation services, which are available telephonically and face-to-face. • Gabriel Uribe highlighted the idea of marketing IEHP’s interpretation services via TV and radio commercials so that members understand that they have access to interpreters in different languages for free. • Richard Symmes reiterated that after 2020, IEHP’s Interpretation Services Department is problematic and does not prioritize interpretation requests. Requests are being submitted at the last minute, which creates confusion and unreliable interpreters. Richard Symmes stated that leadership ignores his complaints, and he believes IEHP is not following ADA compliance. • Gabriel Uribe stated that within the next month, members will be able to request interpreter services themselves via the IEHP member portal. Each request would go directly to the interpreter service provider, so that the IEHP Interpreting Services Department is no longer the middleman. If booked through the Web Member Portal, the request is submitted directly to the interpreter service provider. IEHP Member Services will still be available to support. Another enhancement is that a Provider can request the interpreter as well through the Provider Portal. • Richard Symmes stated that doctors make mistakes as well. He has had plenty of experiences in which the doctor did not know what type of interpreter was needed. • Gabriel Uribe shared that members could let the Provider know their preference of whether they would like them to request an interpreter for them or not. • Tasha Samuel suggested having doctors come together to share new ideas, inputs, and best practices	<i>11. Provide further clarification on interpreter request process.</i>
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		on how to better serve their patients. Tasha Samuel also expressed her concern with IEHP Providers only allotting a short amount of time with each patient, unlike Kaiser doctors who take their time with each patient. • Gabriel Uribe confirmed that there are Provider meetings that would benefit from hearing about CAC's feedback. • Marina Lopez suggested the implementation of slideshows, flyers, QR codes, and ads playing on TV screens in Provider offices to help educate Members on valuable health information such as IEHP's free Interpretation and Language Assistance services. • Gabriel Uribe confirmed that there is a marketing campaign regarding interpretation services that will be rolled out soon. • Dr. Darshan Patel agreed with Marina Lopez about broadcasting educational materials on TVs in Provider Offices to teach members about screening processes and check-ups. • Dr. Darshan Patel also confirmed that Braille and ASL interpretation services have been an issue for Members. In his 25 years of medical practice, Dr. Darshan Patel has not seen a single marketing kit available in Braille. Alternative formats should be readily available for members, rather than putting responsibility on the member to request a transcribed copy. • Dr. Darshan Patel commented on the ideal relationship between the patient and the provider. Both parties have a laundry list of expectations, which causes dissatisfaction when there is not enough time to address every issue. The health plan requirement on a physician's side is astronomical. It is unfortunate when the member feels that the doctor does not want to listen	<i>12. Explore why Members may feel like Providers don't have enough time to address issues during appointments.</i> <i>13. See if CAC feedback can be shared with IEHP's Provider meetings and Provider feedback provided to the CAC.</i> <i>13. Include interpreter services marketing in Provider offices and share the progress on the marketing campaigns.</i>
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		or care, when really the doctor is just trying to get through the long list of expectations set by the health plan, such as whether the member had their mammogram, T-dap, pap smear, etc. 2026 Goals: • Arturo Espinoza recommended asking members what the reasoning behind their fear of vaccines is to debunk misinformation and fear. • Julia Espinoza stated that a member of her family was unable to get vaccinated for the new COVID variant, because he did not meet the criteria, which causes additional barriers for people. • Richard Symmes stated that he should not have to ask his doctor about the ASL interpreter. It created a lot of misunderstanding to have the doctor be the ones scheduling interpretation requests. • Gabriel Uribe clarified that the option is open for doctors to complete the request, members, or Member Services to complete the request. • Julia Espinoza stated that when she started dialysis, the hospital's social worker set up the appointment and transportation. Julia stated that doctors did not get involved with transportation companies. • Ileen Cotinola asked if there is a faster way to get a Podiatry appointment scheduled if a member has diabetes. • Tasha Samuel praised Call the Car, because they called, texted and were attentive to getting her to Palm Springs. Kudos to the transportation team, they did an outstanding team. Several members had the same experience. • Gabriel Uribe suggested some rapid-fire comments to make the most of the last few minutes. Is there	<i>14. Explore options to create readily available marketing kits, communication, and educational materials in alternative formats, such as Braille, rather than waiting for Members to request a transcription.</i> <i>15. Survey Members about their fear of vaccines.</i> <i>16. Review intake process for Nurse Advice Line to improve experience.</i>
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		anything IEHP can do in the healthcare space that can improve healthcare for these populations? • Tasha Samuel stated that IEHP can improve the process to the Nurse Advise Line. Too many questions are asked, but they are not helpful to the members' experience. A Nurse should always be available, not the Member Services representative. • Ileen Cotinola asked if members can request to be transported to a specific hospital when there is an emergency. <i>*All Members have access to Member Services at meetings. If any Member is dissatisfied or has a complaint, they can contact the Plan's Grievance Department by calling 1-855-433-4347.</i>	
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Adjourn	Gabriel Uribe, DSW Director, Health Equity Operations	Meeting Adjourned at 7:00 pm. Next CAC meeting will take place on December 4, 2025. Gabriel Uribe encourages the audience to recommend any friends, and family interested in applying for the next CAC cycle/cohort for 2026.	
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FEEDBACK /ACTION ITEMS	
1.	<i>Verify if questions in Member Experience Surveys reflect specific appointment access standards.</i>
2.	<i>Give update presentation on improvements made by transportation services.</i>
3.	<i>Share how IEHP uses marketing materials to educate on wellness checks.</i>
4.	<i>Share an improvement plan for specialty care wait times.</i>
5.	<i>Explore email and text communication to address members' concerns.</i>
6.	<i>Provide update from Dr. Marcelo Burciaga sharing CAC members' idea with IEHP's Care Management Team of the administration of lab tests before a member goes in for their initial doctor's visit.</i>
7.	<i>Use larger fonts and shorten article.</i>
8.	<i>Utilize community health workers for outreach and focus groups to target hard-to-reach populations.</i>
9.	<i>Provide an update on vaccine patches and their market availability based on the California state formulary.</i>
10.	<i>Explore marketing IEHP's interpretation services via TV and radio commercials so that members understand that they have free access to interpreters in different languages.</i>
11.	<i>Provide further clarification on interpreter request process.</i>
12.	<i>Explore why Members may feel like Providers don't have enough time to address issues during appointments.</i>
13.	<i>See if CAC feedback can be shared with IEHP's Provider meetings and Provider feedback provided to the CAC.</i>
14.	<i>Include interpreter services marketing in Provider offices and share the progress on the marketing campaigns.</i>
15.	<i>Explore options to create readily available marketing kits, communication, and educational materials in alternative formats, such as Braille, rather than waiting for Members to request a transcription.</i>
16.	<i>Review intake process for Nurse Advice Line to improve experience.</i>
MEMBER QUESTION (To be addressed by appropriate business unit.)	
1.	<i>Follow up with the appropriate business unit to investigate the long wait time for member specialist appointment.</i>
2.	<i>Look into the availability of vaccine patches in the state formulary.</i>
3.	<i>Follow-up with Member about why she has been denied emergency transportation to assigned hospital.</i>