



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

April 8, 2024 - 9:00 AM

Board Report #347

**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 Annette Taylor, Secretary to the IEHP Governing Board at (909) 296-3584 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. Requests to address the Board must be submitted in person to the Secretary of the Governing Board prior to the start of the meeting and indicate any contributions in excess of \$250.00 made by them or their organization in the past twelve (12) months to any IEHP Governing Board member as well as the name of the Governing Board member who received contribution. 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, IEHP main offices at 10801 6th Street, Suite 120, Rancho Cucamonga, CA 91730 and online at <http://www.iehp.org>.

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

<https://youtube.com/live/qBp5AZjthRY?feature=share>

AGENDA

- I. Call to Order
- II. Pledge of Allegiance
- III. Roll Call
- IV. Changes to the Agenda
- V. Public Comments on Matters on the Agenda
- VI. Conflict of Interest Disclosure
- VII. Adopt and Approve of the Meeting Minutes from the February 5, 2024 Regular Meeting of the Governing Board of the Inland Empire Health Plan

VIII. CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. 2023 Fourth Quarter Review of the IEHP Compliance Program
2. Ratify and Approve Amendment 1 to the Local Initiative Primary Contract (#23-30225) with the California Department of Health Care Services
3. Ratify and Approve Amendment 1 to the Local Initiative Secondary Contract (#23-30257) with the California Department of Health Care Services
4. Delegation of Authority to enter into Funding Agreements with IEHP Network Providers
5. Delegation of Authority to Approve and Execute the Enhanced Care Management Provider Agreement with IEHP Health Access

FINANCE DEPARTMENT (Keenan Freeman)

6. Approve the Second Amendment to the Funding Agreement with the IEHP Foundation
7. Approve the Bill of Sale and Grant of Easement with Frontier California Inc. and Delegate Signing Authority to the Chief Executive Officer
8. Ratify and Approve the Fourth and Fifth Amendments to the Professions Services Agreement with Deloitte Consulting, LLC.
9. Ratify and Approve the Fourth Amendment to the Professional Services Agreement with Conduent Credit Balance Solutions, L.L.C. f/k/a CDR Associates, L.L.C.
10. Ratify and Approve the Third Amendment to the Professional Services Agreement with OptumInsight, Inc.
11. Approve the Award of Request For Bid #24-05509 to, and Delegation of Authority to Approve the Public Works Contract with, CABD Construction Inc.
12. Approve the Award of Request for Bid #24-05480 to, and Delegation of Authority to Approve the Public Works Contract with, Angeles Contractor Inc.

HEALTH SERVICES DEPARTMENT (Takashi Wada, M.D.)

13. Approve the Professional Services Agreement with the County of Riverside and approve the receipt of funding from Riverside University Health System - Public Health

14. Approve the Eighth Amendment to the Professional Services Agreement with Freed Associates
15. Approve the Third Amendment to the Professional Services Agreement with Hanna Interpreting Services LLC
16. Approve the Memorandum of Understanding with the San Bernardino County Department of Aging and Adult Services
17. Ratify and Approve the Memorandum of Understanding with Riverside County Department of Public Social Services

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

18. Approve the Fourteenth Amendment to the Master License and Software Agreement with Edifecs Inc.
19. Delegation of Authority to Approve the Professional Services Agreement with Imagenet, LLC
20. Approve Additional Funding and Delegation of Authority to Approve Contractual Documents Related to the Professional Service Agreement with Office Ally, LLC.
21. Delegation of Authority to Execute an Ordering Document and Cloud Services Agreement with Oracle America Inc.

OPERATIONS DEPARTMENT (Susie White)

22. Ratify and Approve the Data Use Agreement with Hospital Quality Institute
23. Approve the Funding Agreement with Providence Healthcare Partners, Inc.

QUALITY DEPARTMENT (Edward Juhn, M.D.)

24. Approve The Sixth Amendment to the Professional Services Agreement with Tenfold Health
25. Approve the Funding Agreement with DAP Health, Inc.
26. Approve The 2024 Culturally & Linguistically Appropriate Services Program Description and Culturally & Linguistically Appropriate Services Workplan
27. Approve the Funding Increase with the National Committee for Quality Assurance

PROVIDER CONTRACTING DEPARTMENT (Susie White)

28. Ratify and Approve the Ancillary Provider Agreement with KCI USA, Inc. dba 3M Medical Solutions – Multiple Locations
29. Ratify and Approve the Tenth Amendment to the Hospital Per Diem Agreement with San Bernardino County on Behalf of Arrowhead Regional Medical Center – Colton
30. Ratify and Approve the Agreement to Reinstate, Amend and Extend the Hospital Per Diem Agreement for Behavioral Health Services with Aurora Charter Oak Los Angeles, LLC – Los Angeles
31. Ratify and Approve the Fourteenth Amendment to the Hospital Per Diem Agreement with Veritas Health Services Inc. dba Chino Valley Medical Center – Chino
32. Ratify and Approve the Second Amendment to the Hospital Per Diem Agreement with KND Development 52, LLC dba Kindred Hospital Baldwin Park – Baldwin Park
33. Ratify and Approve the Second Amendment to the Hospital Per Diem Agreement with KND Development 53, LLC dba Kindred Hospital South Bay – Gardena
34. Ratify and Approve the Second Amendment to the Hospital Per Diem Agreement with KND Development 54, LLC dba Kindred Hospital Riverside - Perris
35. Ratify and Approve the Second Amendment to the Hospital Per Diem Agreement with KND Development 55, LLC dba Kindred Hospital Rancho – Rancho Cucamonga
36. Ratify and Approve the Second Amendment to the Hospital Per Diem Agreement with KND Real Estate 40 LLC dba Kindred Hospital Paramount – Paramount
37. Ratify and Approve the Sixth Amendment to the Capitated IPA Agreement with Physicians Health Network- Chino
38. Ratify and Approve the Tenth Amendment to the Letter of Agreement with Rady Children’s Hospital-San Diego and Rady Children’s Hospital-San Diego dba Rady Children’s Specialists of San Diego, A Medical Foundation – San Diego
39. Ratify and Approve the Forty-First Amendment to the Hospital Per Diem Agreement with Riverside University Health System Medical Center – Moreno Valley
40. Ratify and Approve the Enhancement Care Management Provider Agreement with SAC Health System – Multiple Locations
41. Ratify and Approve the Second Amendment to the Hospital Per Diem Agreement with Southern California Specialty Care, LLC – Multiple Locations

42. Ratify and Approve the Second Amendment to the Hospital Per Diem Agreement with THC – Orange County, LLC – Multiple Locations
43. Ratify and Approval of the Standard Templates
 - 1) Skilled Nursing Facility Provider Agreement – All Lines of Business
 - 2) Skilled Nursing Facility Attachment B – All Lines of Business
 - 3) Skilled Nursing Facility Provider Intermediate Care Facility Agreement DD – Excluding Medicare
 - 4) Skilled Nursing Facility Attachment B – Excluding Medicare
44. Approval of the Evergreen Contracts
 - 1) Citrus Valley Medical Associates Inc dba Norco Medical Group - Participating Provider Agreement – Specialist – Corona
 - 2) Care Dimensions of the Desert LLC - Ancillary Agreement – Palm Desert
 - 3) Global Transitional Care Inc - Participating Provider Agreement – Specialist – Costa Mesa
 - 4) Freedom Properties Hemet LLC dba The Village HealthCare Center - Skilled Nursing Facility Provider Agreement – SNF – Hemet
 - 5) Anoop Maheshwari MD Professional Corp - Participating Provider Agreement – Specialist – Corona
 - 6) FJS Hearing Professionals dba Miracle Ear – Ancillary Agreement – Riverside
 - 7) Anthony Benigno dba Anthony Benigno PsyD Psychological Services PC - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
 - 8) Arlene Castillo - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
 - 9) Jana E Harber dba Rites of Passage Counseling - Participating Provider Agreement - Behavioral Health – Norco
 - 10) Julio Grova dba La Sierra Counseling - Participating Provider Agreement - Behavioral Health – Riverside
 - 11) Kara Wahlin – dba Kara Wahlin Counseling Services – Participating Provider Agreement - Behavioral Health – Palm Desert
 - 12) Kenneth A Olson - Participating Provider Agreement - Behavioral Health - Norco
 - 13) Molly Roha-Fuentes dba Molly Roha-Fuentes LMFT - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
 - 14) Rachel Lopes - Participating Provider Agreement - Behavioral Health – Temecula
 - 15) Reset Counseling Services Marriage and Family Therapy - A Professional Corporation - Participating Provider Agreement - Behavioral Health – Murrieta
 - 16) German E Crisol MD Inc - Capitated Primary Care Provider Agreement (Medicare Only) - Riverside
 - 17) La Sierra Medical Corporation- Capitated Primary Care Provider Agreement (Medicare Only) - Riverside
 - 18) Kamran Qureshi MD Inc- Capitated Primary Care Provider Agreement (Excluding Medicare) - Hemet
 - 19) Barbara Amajoyi dba Heart Wellness Clinic - Fee-For-Service Primary Care Provider Agreement – Rancho Cucamonga
 - 20) Keen Medical Group - Fee-For-Service Primary Care Provider Agreement – Hesperia
 - 21) Shaping Pathways - Participating Provider Agreement - QASP – Riverside

- 22) Meadows Ridge Care Center LLC dba Meadows Ridge Care Center - Skilled Nursing Facility Provider Agreement- SNF – Colton
- 23) Antoine J Elhajjar MD Inc dba Desert Neurology & Sleep – Participating Provider Agreement - Specialist – La Quinta
- 24) John Liquete MD Inc - Participating Provider Agreement – Specialist – Moreno Valley
- 25) United Therapy Network Inc - Participating Provider Agreement – Specialist – West Covina
- 26) California Laser Eye Associates - Participating Provider Agreement – Vision – Chino
- 27) Haleh Guilak dba Haleh Guilak OD Inc - Participating Provider Agreement – Vision – San Jacinto
- 28) Neighborhood Healthcare - Participating Provider Agreement - Behavioral Health - Hemet
- 29) Amery Consulting Inc dba Pro Sleep Care- Ancillary Agreement – Palm Desert
- 30) Cal Med ASC LLC - Ancillary Agreement – Colton
- 31) GOGO Medical Transport Inc dba GOGO Medical Transport - Transportation Agreement – Rancho Cucamonga
- 32) Merit Home Health Services Inc - Ancillary Agreement – Colton
- 33) Neelam Gupta MD Inc dba Hemacinto Sleep - Ancillary Agreement – San Jacinto
- 34) PRN Medical Services LLC dba Symbius Medical LLC - Ancillary Agreement – Phoenix
- 35) Carolyn C Mason dba Carolyn Mason MA LMFT - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
- 36) Griselda Engelauf Gonzalez dba New Beginning Family Therapy Services - Participating Provider Agreement - Behavioral Health – Riverside
- 37) Ilese Buchanan dba Buchanan Counseling Services - Participating Provider Agreement - Behavioral Health – Riverside
- 38) Kathy A Pauley dba Kathy Pauley LMFT - Participating Provider Agreement - Behavioral Health – Temecula
- 39) Leticia J Walton dba Leticia Walton - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
- 40) Rosa Elia Gomez dba Dr Rosa E Gomez LCSW - Participating Provider Agreement - Behavioral Health – San Bernardino
- 41) Sahar Asadinik - Participating Provider Agreement - Behavioral Health – Corona
- 42) Walter Robert Taylor - Participating Provider Agreement - Behavioral Health – Ontario
- 43) Betina Greer MD Inc - Capitated Primary Care Provider Agreement – Riverside
- 44) Universal Multi Specialty Medical Group dba Universal Multi Specialty Medical Group - Capitated Primary Care Provider Agreement – Ontario
- 45) Bolivar Family Medical Clinic Inc - Capitated Primary Care Provider Agreement (Medicare Only) – Riverside
- 46) Kids 1st Pediatrics Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – Apple Valley
- 47) A2Z Behavioral Interventions & Services - Participating Provider Agreement – QASP- Orange
- 48) Collaborative Autism Management Programs Inc - Participating Provider Agreement – QASP – Victorville

- 49) Hope Speech and Language Therapy Inc - Participating Provider Agreement – QASP – Murrieta
- 50) Frederick Eko MD Inc dba Eko Plastic Surgery - Participating Provider Agreement – Specialist – Palm Desert
- 51) GenesisCare USA of California a Medical Corporation - Participating Provider Agreement – Specialist – Rancho Mirage
- 52) Mohammad R Khayali MD PC - Participating Provider Agreement – Specialist
- 53) New Life Medical Associates Inc - Participating Provider Agreement – Specialist – Apple Valley
- 54) Pain Rehabilitation and Critical Care Medical Group Inc - Participating Provider Agreement – Specialist – Colton
- 55) The Diet Duchess LLC - Participating Provider Agreement – Specialist – Riverside
- 56) Desert Valley Medical Group Inc - Urgent Care Provider Agreement – Victorville
- 57) Paul M Adams OD dba Inland Empire Optometry - Participating Provider Agreement – Vision – San Bernardino

IX. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

ADMINISTRATION (Jarrod McNaughton)

- 45. Chief Executive Officer Update
- 46. Approve the Funding Agreement for IEHP Foundation's Blue Zones Project

FINANCE DEPARTMENT (Keenan Freeman)

- 47. Review of the Monthly Financials
- 48. Calendar Year 2023 - Year End Update

OPERATIONS DEPARTMENT (Susie White)

- 49. 2023 Grievance and Appeals Annual Study
- 50. 2023 Provider Experience Annual Study Results

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

XI. Board Member Comments

AGENDA

XII. Closed Session

1. Conference with Legal Counsel—Anticipated Litigation: Significant exposure to litigation pursuant to subdivision (d)(2) of Government Code Section 54956.9:
 - a. One potential case

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held on May 13, 2024 at the Inland Empire Health Plan

ADMINISTRATION

1. 2023 FOURTH QUARTER REVIEW OF THE IEHP COMPLIANCE PROGRAM

Recommended Action:

Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer
Lourdes Nery, Senior Director, Compliance/Compliance Officer

The Plan is required to implement an effective Compliance Program that meets the regulatory requirements set forth in 42 C.F.R. § 422.503(b)(4)(vi), 423.504(b)(4)(vi) and 438.608(a)(1)(iii). The principles outlined in the regulatory guidelines are applicable to all Plan relevant decisions, situations, communications, and developments. The Governing Board is required to exercise reasonable oversight with respect to the implementation and effectiveness of the program.

This report provides an update on the IEHP Compliance Program activities during the Fourth Quarter of 2023 and important, more recent activity updates.

Discussion:

1. Recent Activity Updates

a. California Department of Health Care Services (DHCS) 2023 Annual Audit Results

Background:

On July 7, 2023, the Plan received the DHCS Entrance Letter for the Annual Audit. The audit scope was August 1, 2022, through July 31, 2023. DHCS conducted audit interviews virtually from September 18 – 29, 2023.

Discussion:

DHCS provided the 2023 Audit Final Reports to the Plan on January 5, 2024. The final findings are:

2023 Annual State Support Services Audit Report – No Findings

2023 Annual Medi-Cal Audit Report – 3 Findings

Category	Finding
1: Utilization Management (UM)	The Plan did not ensure continuous updates and improvements to the Utilization Management (UM) program to ensure the provision of medically necessary covered services.
1: UM	The Plan’s UM program did not have a mechanism to detect over utilization of Behavioral Health Treatment (BHT) services.
4: Member’s Rights (Repeat Finding)	The Plan’s Quality of Care (QOC) grievance resolution letters did not contain an explanation of the Plan’s decision.

The Plan submitted the Corrective Action Plan (CAP) to DHCS on February 7, 2024, and will continue to work with DHCS until the CAP is approved.

b. 2021 California Department of Managed Health Care (DMHC) Routine Medical Survey Follow-Up

DMHC announced the Follow-Up Survey to the 2021 Routine Medical Survey on January 16, 2024. During the Follow-Up Survey, DMHC will review the Plan’s findings identified on the Final Audit Report provided by DMHC to the Plan on September 27, 2022. The DMHC requested Plan documents were submitted on January 30, 2024 and February 15, 2024. If DMHC determines telephone interviews are needed, the anticipated scheduled start date is May 13, 2024. Below are the 2021 DMHC Routine Medical Survey Findings DMHC will review as part of the Follow-Up Survey in 2024.

Category	Finding
Grievance & Appeals	The Plan does not consistently identify oral expressions of dissatisfaction as grievances.
Grievance & Appeals	The Plan does not consistently send grievance acknowledgment letters.
Grievance & Appeals	The Plan does not consistently send grievance resolution letters.
Grievance & Appeals	On receipt of an expedited grievance, the Plan does not immediately inform enrollees of the right to contact the Department.
Grievance & Appeals	The Plan does not appropriately display the disclosure statement of Section 1368.015(c)(3) on its internet website.
Grievance & Appeals	The Plan does not consistently or accurately include the disclosure statement required by Section 1368.02(b) in copies of the Plan’s grievance procedures, grievance acknowledgment letters, and grievance resolution letters.
Pharmacy	The cover page of the Plan’s formulary does not include a direct website hyperlink or URL for the location of the electronic version of the formulary posted on the Plan’s public website.
Pharmacy	The informational section of the Plan’s formulary does not include all required information.

2. Q4 Compliance Program Updates

a. Issues of Non-Compliance

Issues of non-compliance are instances that result or may result in non-compliance with operational, regulatory, and/or contractual requirements. These are outside of suspected Fraud, Waste, and Abuse (FWA), privacy incidents, and conduct and ethics reports. The Plan’s Compliance Audit & Oversight (A&O) Unit has implemented a centralized and formalized process for tracking, investigating, and correcting issues of non-compliance. The purpose of this process is to prevent, detect, and correct any issues.

During Q4 2023, a total of four (4) issues required corrective action:

Issue	Description	Line of Business Impacted	Remediation	Status
Wrong Identification (ID) Card Number	Member IDs were mis-keyed at entry, impacting ID cards for 5 Members.	Medicare and Medi-Cal	In Progress	Corrective action in progress.
Health Risk Assessments (HRA) - Member Letters	HRA mail requests were not printed and mailed in a timely manner.	Medicare and Medi-Cal	A software event processor was updated to correct the issue and ensure mailing can be completed.	Corrective action in progress.
Direct Member Reimbursement Request (DMR)	System configuration prompted Members to be charged co-pays when they should not have been.	Medicare	System configuration was updated, and Members were reimbursed.	Corrective action in progress.
Medicare Sales Call Recording	A call between the Medicare Sales Call Center and a prospective Member was not recorded as required.	Medicare	IT standard operating procedure for the configuration of Medicare Sales Team Members’ equipment was implemented to conduct quality assurance checks, and verify their systems are configured appropriately.	Closed

**b. Compliance, Fraud, Waste & Abuse (FWA), and Health Insurance Portability
Accountability Act (HIPAA) Privacy & Security Training Program Updates**

New Hire Training

During Q4 2023, a total of 281 individuals were due to complete New Hire Compliance Training. As of December 31, 2023, two hundred and one (201) individuals completed training, leaving a total of eighty (80) individuals outstanding. The Compliance Department will continue to monitor completion of training to ensure regulatory timeframes are met.

2023 Annual Compliance, FWA, and HIPAA Privacy & Security Training

Annual Compliance Training was launched to all Plan individuals, including Senior Leadership, Temporary Staff, and interns via the Learning Management System (LMS) on October 2, 2023. Individuals were allotted until October 20, 2023, to complete training. By December 31, 2023, a completion rate of 99.85% was achieved. The Compliance Department followed up with leadership to ensure the remaining individuals, who were not on a Leave of Absence (LOA), completed training in January 2024. All outstanding individuals have completed training.

c. Compliance Program Effectiveness Self-Assessment

The Compliance Department conducted a self-assessment of the effectiveness of the Compliance Program utilizing the Medicare Advantage and Prescription Drug Compliance Program Effectiveness Self-Assessment Questionnaire. The Self-Assessment Questionnaire is organized in order of the core requirements of a compliance program and consists of questions intended to be used as a guide in evaluating compliance program effectiveness. The scope of this assessment was limited to policies and procedures effective for calendar year 2023. As a result of the assessment, deficiencies were identified in six (6) of the compliance program seven (7) requirements and two (2) of the five (5) First Tier Downstream and Related Entities (FDR) Oversight requirements.

Deficiencies and Remediation Plan:

Compliance Program Requirements	
Element Question/Standard	Remediation Plan
Compliance Officer provides updates to the Chief Executive Officer (CEO) and has express authority to make in-person reports to the CEO and the Board of Directors.	While processes are in place to support this standard, minor policy updates were needed to clarify the standard. Policy updates have been completed.
Ensure that employees are aware of Medicare requirements specifically related to their job functions.	Decentralized processes are in place to ensure Medicare requirements are included in employee training. However, processes to support tracking of training are needed to enhance support of this standard. These processes are currently under review.
Disciplinary Records Retention Requirements.	While processes are in place to support this standard, minor policy updates are needed to clarify the standard. Policy updates are pending.
Implementation of an auditing and monitoring work plan that address Medicare Parts C and D, Compliance Program Effectiveness Annual Audit, and FWA detection activities.	The Plan's monitoring and auditing plan does not address risks related to Medicare Part D. A work plan is in development to ensure established auditing and monitoring activities are captured and oversight activities are further developed. Work on the development of the work plan will continue as a joint effort between the Compliance and Pharmacy departments.
FDR Oversight Requirements	
Element Question/Standard	Remediation Plan
Strategy for monitoring and auditing first-tier entities includes ensuring that they are monitoring their downstream entities.	While the Plan has developed and implements monitoring and auditing activities to monitor Independent Physician Associations (IPAs), new processes are needed to ensure all FDRs are monitored in accordance with this standard. Plans to further develop monitoring and auditing activities are in progress.
Continue to monitor FDR corrective actions after their implementation to ensure that they are effective.	The Plan has established processes to continue to monitor corrective action plans after implementation as it relates to IPAs. These processes have not been established or consistently applied as it relates to other FDRs. Plans to further develop monitoring and auditing activities are in progress.

d. Annual Vendor First Tier, Downstream and Related Entities (FDR) Risk Assessment

The Compliance Audit & Oversight Unit concluded the 2023/2024 annual risk assessment of the Plan's Vendor FDRs. This does not include IPAs, as IPAs undergo full scope audits annually. The annual risk assessment of Vendor FDRs is performed to determine the overall risk level for the vendor and assist in developing the audit and monitoring strategy for these delegated vendors. The assessment provides the Plan a way to identify the line(s) of business that the vendor supports and provide information as to the scope of services related to that vendor's responsibilities.

The Compliance Department used a pre-developed matrix to determine the risk stratification level of the Vendor FDR based on the Business Unit Contract Owner's response to the Annual Vendor FDR Risk Assessment Questionnaire. The vendor is given a risk rating (high, medium, or low) to determine the level of oversight required for each vendor. The zones represent the risk level based on level of impact, auditing, and monitoring oversight and/or performance concerns. The assessment resulted in one (1) high-risk vendor, three (3) medium-risk vendors, and 26 within the low-risk ranking. The high-risk vendor FDR identified is MedImpact Healthcare Systems, Inc., who provides Pharmacy Benefit Management services to the Plan. The high-risk ranking is expected given the scope of service and level of Member interaction performed by the vendor. Medium-risk vendors include Call the Car, Carenet Healthcare Services, and Pacific Interpreters, Inc. On February 13, 2024, the outcome of the 2023/2024 Annual Vendor FDR Risk Assessment was presented to the Executive Compliance Committee.

3. Q4 Compliance Audit Plan Updates

a. Compliance Audit Plan Updates

The 2023/2024 Audit Plan is in progress, which includes internal risk-based audits and a subset of IPA Delegation Oversight (DO) Audits.

A total of thirteen (13) audits were completed in Q4 2023:

- IPA DO Compliance, Fraud, Waste and Abuse (FWA), and HIPAA Privacy Audits: ten (10)
 - Physicians Health Network, EPIC, Heritage Provider Network (HPN)-Desert Oasis Healthcare, HPN-Regal Medical Group, Riverside Medical Clinic
- Altura Management Services Organization (MSO) Precontractual – Compliance, FWA and HIPAA
- Altura MSO Precontractual – Member Services
- Regulatory Communications – Medi-Cal Validation Audit

The following six (6) risk-based audits are in progress:

- Regulatory Communications – Medicare
- Workforce Exclusion Screening Validation Audit
- Health Risk Assessment (HRA) Reassessments – Medicare
- Individualized Care Plan (ICP) & Interdisciplinary Care Team (ICT) Development – Medicare
- Dual Special Needs Plan (D-SNP) Sales Process – Medicare
- Member Services Call Log Audit – Medi-Cal & Medicare

Please see the attached 2023-2024 Compliance Audit Plan for further details.

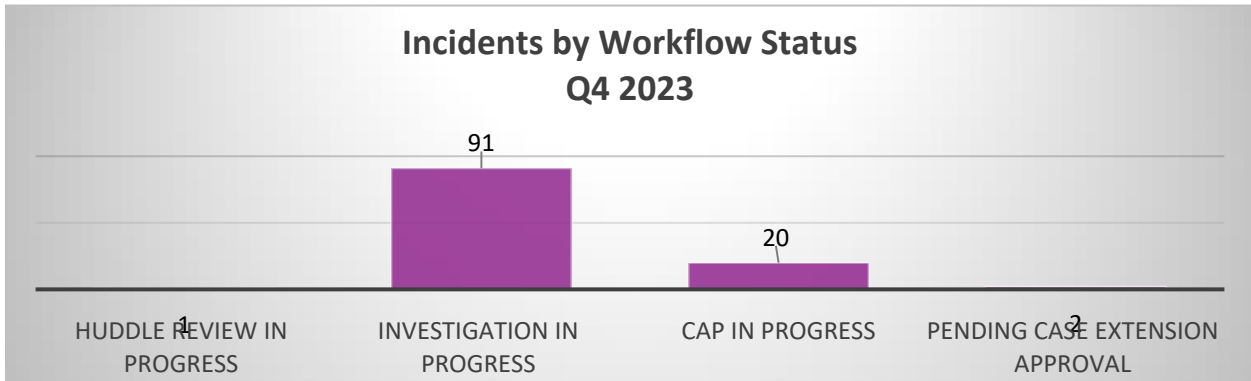
4. Special Investigations Unit

a. Privacy Incidents

Federal and state laws/regulations require that the Plan ensures Member health information is properly protected while allowing for the flow of information needed to provide and promote high quality health care. The Plan’s Compliance Special Investigations Unit (SIU) conducts intake and investigations involving privacy allegations and refers privacy breaches to appropriate regulatory agencies.

During Q4 2023, 231 new privacy allegations were received; an increase of 31% compared to Q3 2023. This quarter, 225 new or previously reported allegations were investigated and closed, including remediation, if needed. Of the 225 closed investigations, 57 incidents were substantiated, with 49 remediated via internal measures and 8 referred to the appropriate regulatory agency as privacy breaches. Only privacy incidents which meet the breach criteria are reported to federal and state agencies. 56% of the substantiated investigations involved unauthorized access, use or disclosure via electronic means. Education and coaching efforts are utilized to mitigate future occurrences. In addition, Compliance SIU works with stakeholders to address risks, accordingly.

The chart below depicts the general privacy incident inventory as of December 31, 2023.

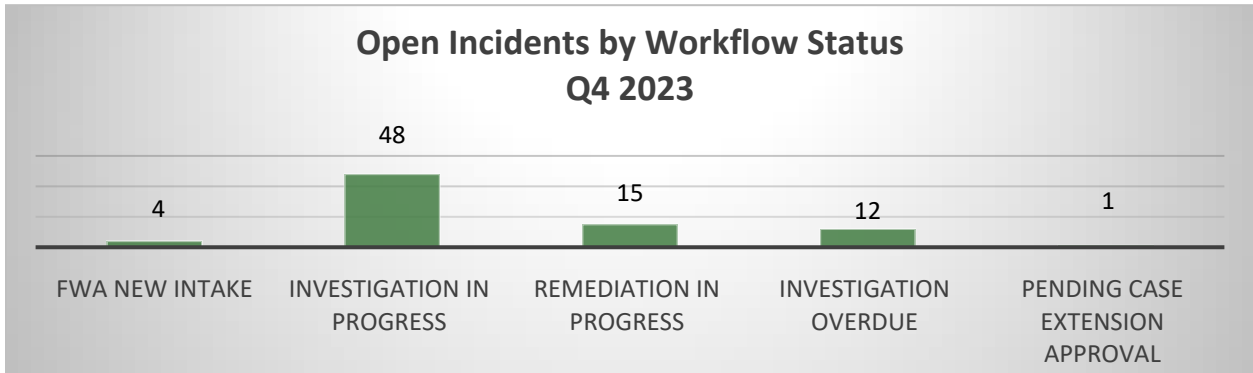


b. Fraud, Waste and Abuse (FWA) Incidents

To ensure compliance with federal and/or state laws and regulations, the Plan’s Compliance Special Investigations Unit (SIU) conducts intake and investigations of fraud, waste, and abuse allegations and refers suspected incidents to appropriate regulatory agencies.

During Q4 2023, 378 new fraud, waste, and abuse allegations were received; an increase of 19% compared to Q3 2023. The increase is attributable to incidents involving balance billing. Compliance SIU continues to coordinate with internal business areas to track and trend balance billing issues. For this quarter, 364 new or previously reported allegations were investigated and closed, including remediation, if needed. Of the 364 closed investigations, 48 were reported timely to the DHCS as suspected/potential fraud, waste, or abuse, of which 21 were substantiated. Of the substantiated investigations, 48% involved fraudulent billing. Appropriate remediation efforts were taken including recovery of funds and Provider education.

The chart below depicts the general fraud, waste, and abuse incident inventory as of December 31, 2023.



Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	Make Selection [enter date]	L. Nery 3/11/2024	S. White 03/14/2024

**Compliance Audit Plan
FY 2023/2024**

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Risk Assessment Section	Audit Scope	Line of Business	Regulation / Standard	Methodology	Frequency	Activity	Quarter
HIPAA Privacy	External	CPN-Horizon Valley Medical Group	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	EPIC	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
HIPAA Privacy	External	EPIC	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	HPN-Desert Oasis Healthcare	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
HIPAA Privacy	External	HPN-Desert Oasis Healthcare	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	HPN-Regal Medical Group	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
HIPAA Privacy	External	HPN-Regal Medical Group	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	PrimeCare	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
HIPAA Privacy	External	PrimeCare	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	Riverside Medical Clinic	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
HIPAA Privacy	External	Riverside Medical Clinic	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Individualized Care Plan (ICP) & Interdisciplinary Care Team (ICT) Development	Internal	Care Management	ICP & ICT Development	The purpose of this audit is to determine if the Plan is in compliance with ICP & ICT timeliness, development, and completion requirements.	2022/2023 Risk Assessment	Zone 1	The scope of this audit will be limited to Members potentially needing ICPs and ICTs in the last three months for IEHP Direct.	Medicare	DHCS CalAim Dual Eligible Special Needs Plans Policy Guide; Medicare Managed Care Manual; 42 CFR 422.101 (f)	A sample of ICPs and ICT meetings will be reviewed to determine if they were implemented and completed within the required regulatory timeframes and according to regulatory requirements.	Annually	Audit	2023 Q3
Health Risk Assessment (HRA) Reassessments	Internal	Care Management	HRA Completion Rate	The purpose of this audit is to determine if the Care Management Department is in compliance with HRA completion requirements for reassessments.	2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to HRAs completed in the last three months for IEHP Direct.	Medicare	DHCS CalAim Dual Eligible Special Needs Plans Policy Guide; Medicare Managed Care Manual; 42 CFR 422.101 (f)	A sample of HRA Reassessments will be reviewed to determine if they were completed within the required regulatory timeframes.	Annually	Audit	2023 Q3
Altura MSO Precontractual Compliance Assessment	External	Altura Management Services, LLC	Altura MSO Precontractual Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Ad Hoc	N/A	The scope of this audit is limited to Compliance and FWA and HIPAA Program policies and procedures and sample evidence.	Medi-Cal	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	P&P review, sample selections, and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3

**Compliance Audit Plan
FY 2023/2024**

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Risk Assessment Section	Audit Scope	Line of Business	Regulation / Standard	Methodology	Frequency	Activity	Quarter
Member Enrollment Process	Internal	Strategy - Enrollment/Sales	D-SNP Sales Process	The purpose of this audit is to determine if Members are being enrolled following D-SNP regulatory requirements.	2023/2024 Risk Assessment	Zone 1	The scope of this audit is limited to Member enrollments processed during the previous six months.	Medicare	DHCS CalAim Dual Eligible Special Needs Plans Policy Guide; Medicare Marketing Guidelines	A sample of cases will be reviewed to determine if sales and enrollment processes followed regulatory requirements.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	MD Live	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medi-Cal	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q4
HIPAA Privacy	External	MD Live	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medi-Cal	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q4
Regulatory Communications & Implementation	Internal	Compliance Regulatory Affairs Unit - Medicare	Regulatory Communications- Medicare	The purpose of this audit is to determine if the coordination of regulatory communications (HPMS memos, DPLs) is timely and follows regulatory requirements.	2021/2022 & 2022/2023 Risk Assessment	Zone 1	The scope of this audit will be limited to regulatory communications received within a three month time period.	Medicare	42 C.F.R. §§ 422.503(b)(4)(vi)(D), 423.504(b)(4)(vi)(D), Chapter 21 and 9 Section 50.4.1 of the Medicare Managed Care Manual, and the Prescription Drug Benefit Manual	A sample of communications will be reviewed to ensure regulatory communications were received and distributed timely and following regulatory requirements, including P&P updates, if needed.	Annually	Audit	2023 Q4
Member Communication - Letters	Internal	Compliance	Member Letters	The purpose of this audit is to determine if the Plan is using the correct letter templates.	Compliance Activity & 2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to current Member letter templates on file.	Both	Medicare Marketing Guidelines; DHCS Contract	A sample of Member Letters will be reviewed to ensure that letter requirements were followed and the current approved template is being used.	Annually	Audit	2023 Q4
Member Communication - Threshold Languages & Interpreter Services	Internal	G&A/UM/Member Services/Community Health	Member Communication - Threshold Languages & Interpreter Services	The purpose of this audit is to determine if the Plan is meeting threshold language and interpreter service requirements.	2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to Member letters and language line calls within a six month time period.	Medi-Cal	DHCS APL 21-004	A sample of Member Letters and language line calls/credententials will be reviewed to ensure that letter threshold and interpreter service requirements were followed.	Annually	Audit	2023 Q4
Regulatory Communications & Implementation	Internal	Compliance Regulatory Affairs Unit - Medi-Cal	Regulatory Communications- Medi-Cal Validation Audit	The purpose of this audit is to determine if the coordination of regulatory communications (APLs, and PLS) is timely and follows regulatory requirements.	Compliance Audit	N/A	The scope of this audit will be limited to regulatory communications received within a three month time period.	Medi-Cal	42 C.F.R. §§ 438.608 (a)(1)(v)	A sample of communications will be reviewed to ensure regulatory communications were received and distributed timely and following regulatory requirements, including P&P updates, if needed. Validation will occur to confirm that CAP updates were implemented and are effective.	Annually	Audit	2023 Q4
Compliance Program Effectiveness	External	Kaiser	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medi-Cal	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2024 Q1
HIPAA Privacy	External	Kaiser	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medi-Cal	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2024 Q1
Exclusion Screening	Internal	Provider Contracts	Exclusion Screening - Contracted IPAs, Providers, and Entities	The purpose of this audit is to determine if the plan is conducting regulatory exclusion screenings in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to contracted entities and non-credentialed, contracted providers.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) DHCS APL 17-019 42 U.S.C. 1320a-7	A sample of files (newly contracted entities and non-credentialed, contracted providers and established contracted entities and non-credentialed/contracted providers) will be reviewed to determine if exclusion and sanction screenings were conducted according to regulation.	Annually	Audit	Remove
Exclusion Screening	Internal	Human Resources	Exclusion Screening - Workforce Validation Audit	The purpose of this audit is to determine if the plan is conducting regulatory exclusion screenings in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to employees, temporary staff, interns, and contractors.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) DHCS APL 17-019 42 U.S.C. 1320a-7	A sample of workforce files (newly hired/started individuals and established individuals) will be reviewed to determine if exclusion screenings were conducted according to regulation.	Annually	Audit	2024 Q1
Continuity of Care	Internal	Utilization Management	Continuity of Care	The purpose of this audit is to determine if Continuity of Care requests are processed according to regulatory requirements.	2023/2024 Risk Assessment	Zone 1	The scope of this audit is limited to Member Continuity of Care requests processed during the previous six months.	Medi-Cal	DHCS APL 22-032	A sample of cases will be reviewed to determine if Member Continuity of Care requests were processed following regulatory requirements.	Annually	Audit	2024 Q1

**Compliance Audit Plan
FY 2023/2024**

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Risk Assessment Section	Audit Scope	Line of Business	Regulation / Standard	Methodology	Frequency	Activity	Quarter
Transportation	Internal	Transportation	Transportation Services	The purpose of this audit is to determine if the Plan is operating the transportation benefit in accordance with State requirements.	2023/2024 Risk Assessment	Zone 1	The scope of this audit is limited to the transportation benefit and rides requested within a three month time period.	Medi-Cal	DHCS APL 22-008	A sample of cases will be reviewed to determine if transportation requests were processed in accordance with regulatory requirements.	Annually	Audit	Remove
Grievance Identification & Organization Determination Processing	Internal	Member Services	Call Log Audit	The purpose of this audit is to determine if Member call inquiries, grievances, and organization determination requests are appropriately identified and processed.	Compliance Activity	N/A	The scope of this audit is limited to Member inquiries, grievances, and organization determinations received by the Medi-Cal and Medicare Member Services Call Centers.	All LOB	Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance; APL 21-011; DHCS Contract	A sample of cases will be reviewed to determine if Member call inquiries, grievances, and organization determination requests are processed in accordance with Medi-Cal and Medicare regulations.	Annually	Audit	2024 Q1
Interpreter Services-Language Line	External	Interpreter Service Vendors	Interpreter Services-Language Line	The purpose of this audit is to determine if the Plan is meeting interpreter service requirements.	Compliance Activity	N/A	The scope of this audit is limited to language line calls within a six month time period.	Medi-Cal	DHCS APL 21-004; dhcs Contract; 42 CFR 438.10; 45 CFR 92.101; WIC 14029.91	A sample of language line calls/credentials will be reviewed to ensure that letter threshold and interpreter service requirements were followed.	Annually	Audit	2024 Q1
Exclusion Screening	Internal	Credentialing	Exclusion Screening - Credentialed Providers Validation Audit	The purpose of this audit is to determine if the Plan is conducting regulatory exclusion in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to credentialed providers.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) DHCS APL 17-019 42 U.S.C. 1320a-7	A sample of Credentialed Provider files will be reviewed to determine if exclusion screenings were conducted according to regulation. Validation will occur to confirm that CAP updates were implemented and are effective.	Annually	Audit	2024 Q2
Open Grievance Process-Medicare	Internal	Member Services/G&A/Provider Services/UM/Care Integration	Open Grievance Process-Medicare	The purpose of this audit is to determine if Member calls that contain grievances are processed appropriately by the processing department.	2023/2024 Risk Assessment	Zone 1	The scope of this audit is limited to potential Member grievances received by the Medicare Member Services Call Center and transferred to another department to process.	Medicare	Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance	A sample of cases will be reviewed to determine if Member calls containing potential grievances are classified correctly and processed in accordance with Medicare regulations.	Annually	Audit	2024 Q2
Member Care Coordination	Internal	Care Integration/Medical Management/Regulatory Oversight, Health Services	Member Care Coordination	The purpose of this audit is to determine if Member Care Coordination is carried out according to State and Federal requirements.	2023/2024 Risk Assessment	Zone 1	The scope of this audit is limited to care coordination provided to Members within a six month time period.	Both	DHCS Contract and APLs; DHCS CalAim Dual Eligible Special Needs Plans Policy Guide; Model of Care; PHM Policy Guide; Medicare Managed Care Manual	A sample of cases will be reviewed to determine if care coordination for Members was conducted following regulatory requirements.	Annually	Audit	2024 Q2
Liberty Dental Precontractual Compliance Assessment	External	Liberty	Liberty Dental Precontractual Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Ad Hoc	N/A	The scope of this audit is limited to Compliance and FWA and HIPAA Program policies and procedures and sample evidence.	Both	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a); Medicare Managed Care Manual, Chapter 21	P&P review, sample selections, and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3

Year, Quart...
2023 (Year) + ...



Compliance KPIs

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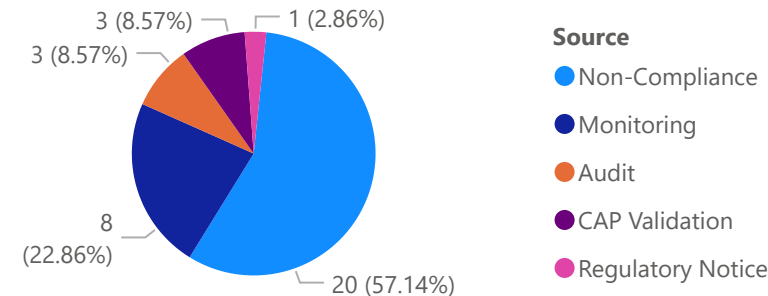
Q4
2023

Corrective Action Plans (CAPs)

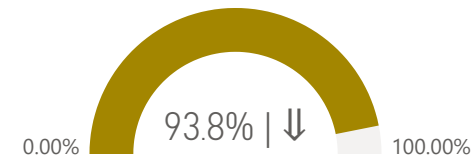
CAPs issued by Compliance for Rolling CY

SIU CAPs not included

Corrective Action Plans by Source



CAPs Passed Validation



Average CAP Implementation Days

70.9 | ↑

Regulatory Communications

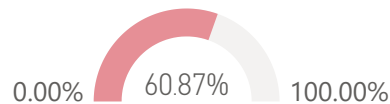
Special Communications

Title
CMS HPMS Memo: 2024 Program Audit Updates
DHCS MOU Requirements for Medi-Cal MCPs and Third-Party Entities
DMHC Newly Enacted Legislation (2023)

Audits and Oversight

Audits performed by Compliance for FY

Audits Completed



Audits Due to Begin Next Quarter

Audit Name
• Call Logs
• Continuity of Care
• Interpreter Services
• Member Letters & Threshold Languages

Results of Completed Audits

Outcomes	Percentage
No Findings	57.14% ↓
Observations Only	3.57% ↑
With Findings	39.29% ↓

Medi-Cal Communications

15.00
Actionable
16.00
Total Volume

Medicare Communications

92.00
Actionable
128.00
Total Volume

State Regulatory Reporting Timeliness

93.8% | ↓

Medi-Cal

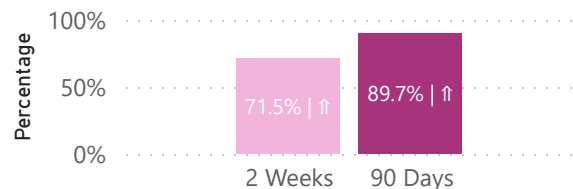
100% | ↔

Medicare

Compliance Training

Team Member Trainings due in Qtr

New Hire Training Timeliness



Annual Training

99.8%

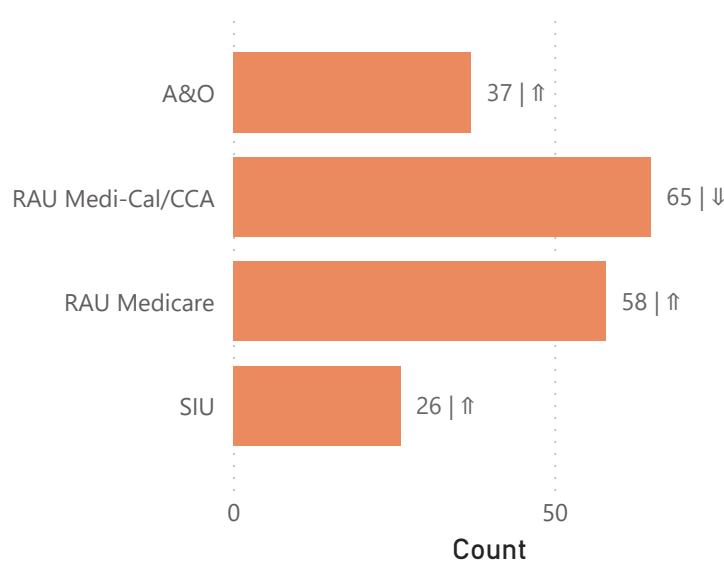
Completion Rate

93.2%

Timeliness Rate

Inquiries and Investigations

Inquiries Volume



Investigations Volume

Metric Subtitle	Count
Conduct - Closed	6.00 ↓
Conduct - New	12.00 ↑
Conduct - Open	7.00 ↑
FWA - Closed	364.00 ↑
FWA - New	378.00 ↑
FWA - Open	80.00 ↑
Non-Compliance - Closed	7.00 ↓
Non-Compliance - New	6.00 ↓
Non-Compliance - Open	12.00 →
Privacy - Closed	225.00 ↑
Privacy - New	231.00 ↑
Privacy - Open	114.00 ↑

17.00
Untimely | 213.00
Open

8% | ↑

Incidents Past Due

DHCS Reported

Privacy Incidents YTD

16 | ↑

OCR Reported

Privacy Incidents YTD

5 | ↑

5.00 Reported to OCR by Network Provider

Regulatory Communications

Metric	Description
Communications Received - Actionable and Total Volume	<p>Volume of regulatory communications received within the quarter delineated by type and broken down by total actionable and total volume. It is a regulatory and contractual requirement to ensure compliance with regulation changes communicated by memos and letters.</p> <p>Regulatory and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS); California Department of Health Care Services (DHCS); California Department of Managed Health Care (DMHC)</p>
Special Communications	<p>Bulleted list of special communications identified as active issues during the reporting period that potentially impact multiple business units and/or have large regulatory risk. This includes but is not limited to warning letters, notices of noncompliance, and special interest communications from regulatory agencies.</p> <p>Internal Reference</p>
State Regulatory Reporting Timeliness	<p>Percentage of state regulatory reports filed timely by the respective Regulatory Affairs Units (Medicare and Medi-Cal). It is a regulatory and contractual requirement to submit appropriate filings and reports to demonstrate compliance.</p> <p>Regulatory and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Part C Reporting Requirements; California Department of Managed Health Care (DMHC) Health Plan Filings; Knox Keene Health Care Service Plan Act and Regulations</p>

Inquiries and Investigations

Metric	Description
Cases Past Due	<p>Percentage of open cases with investigation days that are greater than 90 days or 120 calendar days as of the end of the reporting quarter. It is an internal policy procedure as well as an element of an effective compliance program to establish a procedure and system for prompt response to compliance issues.</p> <p>Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)</p>
Inquiries Volume	<p>Volume of inquiries from Business Units to Compliance Department. It is an internal policy and procedure to maintain a system for receiving and responding to inquiries from business units.</p> <p>Internal Policy and Procedure</p>
Investigations Volume - New	<p>Volume of cases received during the reporting quarter. It is an internal policy and procedure as well as an element of an effective compliance program to have procedures for reporting potential FWA and Non Compliance.</p> <p>Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)</p>
Investigations Volume - Open	<p>Volume of open investigations as of the end of the reporting quarter. It is an internal policy procedure as well as an element of an effective compliance program to conduct a timely and reasonable inquiry of detected offenses.</p> <p>Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)</p>
Investigations Volume - Closed	<p>Volume of cases closed during the reporting quarter. It is an internal policy procedure as well as an element of an effective compliance program to establish a procedure and system for prompt response to compliance issues.</p> <p>Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)</p>
Privacy Breaches YTD - DHCS and OCR Reported	<p>Number of substantiated cases year to date reported to DHCS and OCR by IEHP and/or delegates. It is a regulatory and contractual requirement to report substantiated cases.</p> <p>Regulatory and Contractual Requirement: California Department of Health Care Services (DHCS)</p>

Compliance Training

Metric ▲	Description
New Hire Training Timeliness - 2 Weeks & 90 Days	Bar Graph of New Hire Compliance Training completed within 2 weeks and 90 days of Date of Hire. Metric is for Team Member trainings which were due in the quarter. It is internal policy procedure as well as an element of an effective compliance program to maintain effective training and education for new employees within 90 days of initial hiring and annually thereafter. Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C); Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(iv)

Metric ▼	Description
Annual Training Timeliness - Completion	Annual Compliance Training completed by Team Members and Contractors annually. Only to be included on Q4 KPI Dashboards. It is an internal policy procedure as well as an element of an effective compliance program to maintain effective training and education for new employees within 90 days of initial hiring and annually thereafter. Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C); Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(iv)

Audits and Oversight

Metric ▼	Description
Results of Completed Audits	Percentage of completed audits within the Fiscal Year Audit Plan that are without findings, with findings, and observations only. It is an internal policy and procedure as well as an element of an effective compliance program to maintain a system to identify compliance risks. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)
Audits Due to Begin the following Quarter	Bulleted list of the upcoming audits for the next quarter as determined by the Compliance Audit & Oversight Unit. It is an internal policy and procedure as well as an element of an effective compliance program to develop a monitoring and auditing work plan that includes a schedule listing all the monitoring and auditing activities for the calendar year. Internal Reference
% of Audits Completed	Pie chart of % of completed audits of the audits planned for the fiscal year. It is an internal policy and procedure as well as an element of an effective compliance program to maintain an effective system for routine monitoring, auditing, and identification of compliance risks. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)

Corrective Action Plans (CAPs)

Metric ▲	Description
% of CAPs by Issue Identified	Pie chart of CAPs issued by issue identified within the rolling calendar year. It is an internal policy and procedure as well as an element of an effective compliance program to confirm ongoing compliance and ensure that corrective actions are undertaken and effective. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)
% of CAPs Passed Validation	Bar graph of CAPs that passed validation within the rolling calendar year. It is an internal policy and procedure as well as an element of an effective compliance program to confirm ongoing compliance and ensure that corrective actions are undertaken and effective. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)
Average CAP Implementation	Average number of days from date CAP issued to date CAP implemented during rolling calendar year. It is an internal policy and procedure as well as an element of an effective compliance program to confirm ongoing compliance and ensure that corrective actions are undertaken and effective. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)

ADMINISTRATION

2. RATIFY AND APPROVE AMENDMENT 1 TO THE LOCAL INITIATIVE PRIMARY CONTRACT (#23-30225) WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve Amendment 1 to the Local Initiative Primary Contract (#23-30225) with the California Department of Health Care Services (DHCS) for the provision of Medi-Cal Health Plan Services effective January 1, 2024.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

In March 1993, DHCS issued a State Strategic Plan for Medi-Cal Managed Care (Plan). The Plan was designed to transfer the delivery of care for the majority of the Medi-Cal population from a predominantly fee-for-service payment system to a capitated managed care system. Riverside and San Bernardino counties were designated as two (2) of the 12 counties in the State to initiate the Medi-Cal Managed Care Program.

Riverside and San Bernardino counties are organized as a Two-Plan Model Managed Care Program. In Two-Plan Model counties, there is a Local Initiative (county organized) and a Commercial Plan in which DHCS contracts with both health plans. IEHP is the Local Initiative Medi-Cal Managed Care Health Plan and Molina Healthcare is the Commercial Plan in Riverside and San Bernardino counties. As of January 1, 2024, Kaiser Permanente is also present in the counties as an Alternative Health Care Service Plan. These health plans provide the Medi-Cal population freedom of choice in selecting medical services. They also allow for competition between the two systems in terms of services and cost.

Each health plan in the Two-Plan Model Managed Care Program entered into a contract with DHCS in order to receive funds from the State to provide health care services to the Medi-Cal population.

In December 2023, IEHP received the 2024 Primary Contract with DHCS for Medi-Cal Health Plan Services. DHCS issued a new Primary Contract to reflect a more rigorous contract that holds health plans to new standards of care and greater accountability in order to ensure Medi-Cal Members have the care and support they need. The parties agree to comply with the terms and conditions to provide health care services to eligible Medi-Cal recipients within the scope of Medi-Cal benefits as defined in the contents of the Contract. This new Contract was approved by the Governing Board on February 5, 2024 under Minute Order 24-002. The term of the Contract is from January 1, 2024, through December 31, 2024.

Discussion:

IEHP received Amendment 1 to its Local Initiative Primary Contract (#23-30225) for Medi-Cal Health Plan Services updating the Calendar Year 2024 Capitation Payment rates for both Riverside and San Bernardino counties.

The Amendment’s effective date is January 1, 2024, or until approved by Department of General Services (DGS), if DGS approval is required.

The term of this Agreement in its entirety is January 1, 2024, through December 31, 2024. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	H. Lien 1/31/24	N/A	M. Popka 03/18/24	L. Nery 1/31/24	S. White 03/13/2024

ADMINISTRATION

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

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve Amendment 1 to the Local Initiative Secondary Contract (#23-30257) with the California Department of Health Care Services (DHCS) for the provision of Medi-Cal Health Plan Services effective January 1, 2024.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

In March 1993, DHCS issued a State Strategic Plan for Medi-Cal Managed Care (Plan). The Plan was designed to transfer the delivery of care for the majority of the Medi-Cal population from a predominantly fee-for-service payment system to a capitated managed care system. Riverside and San Bernardino counties were designated as two (2) of the 12 counties in the State to initiate the Medi-Cal Managed Care Program.

Riverside and San Bernardino counties are organized as a Two-Plan Model Managed Care Program. In Two-Plan Model counties, there is a Local Initiative (county organized) and a Commercial Plan in which DHCS contracts with both health plans. IEHP is the Local Initiative Medi-Cal Managed Care Health Plan and Molina Healthcare is the Commercial Plan in Riverside and San Bernardino Counties. As of January 1, 2024, Kaiser Permanente is also present in the counties as an Alternative Health Care Service Plan. These health plans provide the Medi-Cal population freedom of choice in selecting medical services. They also allow for competition between the two systems in terms of services and cost.

Each health plan in the Two-Plan Model Managed Care Program entered into a contract with DHCS in order to receive funds from the State to provide health care services to the Medi-Cal population.

In December 2023, IEHP received the 2024 Secondary Contract with DHCS for Medi-Cal Health Plan Services. DHCS issued a Secondary Contract as it aligns to the new Primary Contract. The parties agree to comply with the terms and conditions to cover specific Medi-Cal State-Supported Services to IEHP Members enrolled under the Primary Contract. State-Supported Services means Private Services (Current Procedural Terminology Codes 59840 through 59857 and CMS Common Procedure Coding System Codes X1516, X1518, X7724, X7726, and Z0336) and Covered Services, as identified in the Primary Contract, for Unsatisfactory Immigration Status (UIS) Members except for pregnancy-related services for UIS Members and emergency services as they are described in the Primary Contract. This new Contract was approved by the Governing Board on February 5, 2024 under Minute Order 24-002. The term of the Contract is from January 1, 2024, through December 31, 2024.

Discussion:

IEHP received Amendment 1 to its Local Initiative Secondary Contract (#23-30257) for Medi-Cal Health Plan Services updating the Calendar Year 2024 Capitation Payment rates for both Riverside and San Bernardino counties. The Amendment’s effective date is January 1, 2024, or until approved by Department of General Services (DGS), if DGS approval is required.

The term of this Agreement in its entirety is January 1, 2024, through December 31, 2024. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	H. Lien 2/13/24	N/A	Make Selection [enter date]	L. Nery 2/13/24	S. White 03/13/2024

ADMINISTRATION

4. DELEGATION OF AUTHORITY TO ENTER INTO FUNDING AGREEMENTS WITH IEHP NETWORK PROVIDERS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to enter into funding agreements with IEHP network providers affected by the Change Healthcare cyber-attack.

Contact:

Jarrod McNaughton, Chief Executive Officer

Background:

On February 21, 2024, UnitedHealth Group (UHG) and its division Optum, Inc. reported their subsidiary, Change Healthcare (CHC), had been a victim of a cyber-attack. The effects of the attack have been felt across the healthcare industry including pharmacies, hospitals and physician offices.

Upon detection of this threat, UHG proactively isolated the impacted areas and identified the interruption as specific to its CHC network. CHC later confirmed the Alphy/Blackcat ransomware group was responsible for the cyberattack.

Discussion:

CHC's outage has caused interruption to RelayHealth and Emdeon services. IEHP's network providers may use these services to electronically submit claims and receive electronic remittance advices. Due to this outage, IEHP providers who use CHC may be unable to submit and process claims to payors, causing a dangerous shortfall of operating revenue.

To date, 21 IEHP-contracted hospitals (which accounts for 62% of the hospitals in IEHP's network) have reported impact, 11 IEHP-contracted hospitals have reported no impact and 2 IEHP-contracted hospitals have reported they are still assessing impact. There has been no direct impact to IEHP Members; however, if revenue is not maintained a level where a provider can continue its operations, providers may have to cut back or stop providing services to both IEHP Members and other patients in the Riverside and San Bernardino counties.

Accordingly, IEHP is seeking delegation to enter into funding agreements with IEHP network providers to provide an advancement of necessary funding to support eligible network providers' critical operational expenses impacted by CHC's cyberattack.

IEHP's CEO or his designee shall have the sole discretion of determining which IEHP network providers are eligible for funding and shall control the funding and repayment terms, however, the following factors will be considered:

- Providers may be eligible for funding should they demonstrate a significant impact to operate its business and/or care for IEHP Members due to the inability to submit or process claims as a direct result of the CHC cyberattack.

CONSENT AGENDA

- IEHP’s funding is an advancement of funds, which must be repaid. If the funds are not repaid according to the repayment terms set forth in the funding agreements, IEHP will recoup the funds from future claims payments.
- The amount of funds allocated per eligible provider may be calculated in an amount not to exceed two months of historic claim payments from IEHP to Provider.

The authority to enter into funding agreements to provide an advance of funds to IEHP’s network providers shall be commensurate with the date of the CHC cyberattack, February 21, 2024, and will continue until the impact to providers has been remediated.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	V. Johnson 3/27/2024	N/A	M. Popka 03/25/24	L. Starks 3/26/24	J. McNaughton 3/26/2024

ADMINISTRATION

5. DELEGATION OF AUTHORITY TO APPROVE AND EXECUTE THE ENHANCED CARE MANAGEMENT PROVIDER AGREEMENT WITH IEHP HEALTH ACCESS

Recommended Action:

That the Governing Board of Inland Empire Health Plan (“IEHP”) authorize the Chief Executive Officer (“CEO”) or his designee to, upon legal review and approval, approve and execute the Enhanced Care Management Provider Agreement with IEHP Health Access (“Health Access”).

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

Consistent with the directive from the California Department of Health Care Services (“DHCS”), Health Access is completing its set up as an Enhanced Care Management (“ECM”) provider, including enrollment with Medi-Cal. With the execution of this ECM Provider Agreement, coupled with the Management Services Agreement between IEHP and Health Access, Health Access will be fully set up to offer ECM services to eligible IEHP Members.

Discussion:

IEHP will enter into a ECM Provider Agreement with IEHP Health Access and designate Health Access as its ECM provider. Health Access has delegated authority to its CEO to take all actions necessary for Health Access to offer ECM services. With this Delegation of Authority, the IEHP CEO, or his designee, will finalize and execute the ECM Provider Agreement with Health Access.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 03/26/24	S. Oh 3/25/24	J. McNaughton

FINANCE DEPARTMENT

6. APPROVE THE SECOND AMENDMENT TO THE FUNDING AGREEMENT WITH THE IEHP FOUNDATION

Recommended Action:

That the Governing Board of Inland Empire Health Plan (IEHP) approve the Second Amendment to the Funding Agreement (“Agreement”) with IEHP Foundation (the “Foundation”) to include additional clarifications.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

The Foundation was incorporated in July of 2021 as a California nonprofit public benefit corporation to conduct charitable activities and programs through financial and other forms of support in the Inland Empire and surrounding communities that meet and innovate healthcare needs and ensure the availability of quality healthcare. The Foundation’s objectives focus on community health and clinical excellence, with an emphasis on housing insecurity, mental health, substance abuse, and food insecurity. In partnering with the Foundation, IEHP can grow its investment in the Inland Empire by expanding its reach into underserved communities and build meaningful relationships with community leaders to create a lasting impact in the region.

The IEHP Governing Board approved the Agreement with the Foundation on March 14, 2022, and IEHP provided the Foundation with \$50 million of seed funding in August 2022. The Agreement included a provision for IEHP to continue its support of the Foundation by way of annual and recurring funding in an amount not to exceed 1% of IEHP's annual revenue for the preceding year.

Discussion:

The purpose of the Second Amendment is to clarify the language in Section 1 of the Agreement. Under the Agreement, IEHP agrees to provide a recurring payment on an annual basis in accordance with the calculation methods outlined in the Agreement. This amendment will clarify that the calculation shall be based on IEHP’s operating surplus, less certain expenses related to community reinvestment; this calculation is at IEHP’s sole discretion. This clarification is consistent with the California Department of Health Care Service’s requirement that all Managed Care Plans (MCPs) spend a percentage of annual net income to meet community reinvestment requirements.

The Second Amendment also updates Section 4, “Investment” language that states any investment earnings on IEHP Funds are unrestricted and left at the Foundation’s discretion provided the funds are used in accordance with the Foundation’s Mission, Vision, and Values.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	L. Liu 3/20/24	N/A	M. Popka 03/25/24	S. Oh 3/20/24	K. Freeman 03/20/24

FINANCE DEPARTMENT

7. APPROVE THE BILL OF SALE AND GRANT OF EASEMENT WITH FRONTIER CALIFORNIA INC. AND DELEGATE SIGNING AUTHORITY TO THE CHIEF EXECUTIVE OFFICER

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Bill of Sale and Grant of Easement (Agreements) with Frontier California Inc. (Frontier) for Telephone Property located on the property at 2050 Massachusetts Avenue, San Bernardino, CA 92415, and delegate signing authority to the Chief Executive Officer or his designee to execute the Agreements. There are no costs associated with these Agreements.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

On August 8, 2022, the IEHP Governing Board approved the purchase of real property of an approximate 33,792 square foot freestanding office building on approximately 3.24 acres located at 2050 Massachusetts Avenue, San Bernardino CA 92415. Frontier has requested IEHP to sign a Bill of Sale and Grant of Easement for the telephone property located on the property at 2050 Massachusetts Avenue.

Discussion:

Regarding the Bill of Sale, IEHP will assign to Frontier all right, title and interest to telephone property lying within parcels 1 and 2 of Parcel Map No. 14546, in the City of San Bernardino and consists of all underground conduits, manholes, pull boxes, pedestals, and appurtenances for the transmission of electric energy for communication purposes.

Regarding the Grant of Easement, IEHP will grant Frontier a non-exclusive easement 6.00 feet in width, lying within Parcels 1 and 2 of Parcel Map No. 14546, in the City of San Bernardino, for the purpose of constructing, using, maintaining, operating, altering, add to, repairing, replacing, reconstructing, inspecting and/or removing its facilities consisting of: underground conduits, manholes, hand holes, amplifiers, pedestals, cables, wires, above and below ground vaults and enclosures, concrete pads, markers and other appurtenances, fixtures and/or facilities necessary or useful for the transmission of electric energy for communications, telecommunications, video, intelligence by electrical means and/or other purposes. Frontier will be responsible for any damages negligently done to the property.

There are no costs associated with these Agreements.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	S. McCalley 3/15/24	N/A	M. Popka 03/19/24	R. Fleig 03/15/24	K. Freeman 03/21/24

FINANCE DEPARTMENT

8. RATIFY AND APPROVE THE FOURTH AND FIFTH AMENDMENTS TO THE PROFESSIONAL SERVICES AGREEMENT WITH DELOITTE CONSULTING, LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) 1) ratify and approve the Fourth Amendment to the Professional Services Agreement (Agreement) with Deloitte Consulting LLP (Deloitte) for the provision of Program Management and Project Governance services for the implementation of Covered California (CCA). for an additional amount not to exceed \$985,000 effective February 1, 2024, and 2) ratify and approve the Fifth Amendment to the agreement with Deloitte for the provision of CCA Technology Team Support services for an additional amount not to exceed \$507,650 effective April 1, 2024. The total amount payable under this Agreement shall not exceed \$4,201,650 through December 31, 2024.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

As part of IEHP's strategic growth strategy, on November 1, 2023, IEHP entered a Commercial Line of Business (LOB) with the California Health Benefit Exchange (i.e., Covered California "CCA") for plan year 2024. Launching this new product requires coordination across different functional areas and external platform/provider partners, as well as implementation of new operational and technical capabilities. This service will impact IEHP by enabling successful implementation of CCA:

- Integrating multiple project plans from IEHP business and IT teams with external partners into one program-level plan. This tool will be critical in aligning teams in delivering capabilities within regulatory timelines.
- Establishing a centralized Program Management function that will help teams identify, escalate risks, and develop plans to resolve these issues.
- Developing processes to define/prioritize scope and monitor go-live deliverables to ensure requirements are met.
- Providing coordination and facilitation of post go-live production and non-production issue and configuration resolution.

On March 7, 2023, IEHP issued RFP #23-04648 on Bonfire, its public third-party bidding website. As a result, 23 bidders indicated interest with only Deloitte submitting a proposal. The RFP was awarded to Deloitte at the April 10, 2023, Governing Board meeting under Minute Order 23-080 based upon their successful proposal and resulting scores.

The Governing Board had previously approved the Agreement as follows:

CONSENT AGENDA

Date Approved	MO#	Purpose	Term Expiration	Cost
04/10/23	23-080	Program Management and Project Governance Services	12/31/24	\$2,425,000
08/14/23	23-185	Ratify and Approve the First Amendment travel expenses for onsite resources.	12/31/24	\$75,000
10/10/23	23-233	Ratify and Approve the Second Amendment for the provision of Program Management and Project Governance services for the implementation of CCA	12/31/24	\$95,680
11/13/23	23-273	Delegation of Authority to Approve the Third Amendment for the provision of Program Management and Project Governance services for the implementation of CCA	12/31/24	\$113,320
Total Cost to date:				\$2,709,000
New Cost – Fourth Amendment				\$985,000
New Cost – Fifth Amendment				507,650
Total Cost:				\$4,201,650

Discussion:

As IEHP continues to progress towards full implementation of claims processes and the stabilization phase of the CCA implementation, IEHP recognized the continued need for a dedicated consultant to support the benefit and claims configuration of Health Edge Rules Payer and integrate operational processes in this critical area of benefits and claims configuration. Accordingly, under the Fourth Amendment, Deloitte’s consultant will continue to provide the guidance and expertise needed to ensure that claims configuration is completed and tested in a comprehensive and effective manner.

Information Technology staff play a key role in supporting the implementation of CCA. To ensure a successful implementation and to develop staff expertise for future trouble shooting and support, continued consulting with learned experts is required. Under the Fifth Amendment, Deloitte’s consultants will continue to provide defect resolution facilitation and reporting, analysis, and resolution of CCA production issues, product optimization, HealthEdge product support and post implementation support, as well as environment specific issue status, deployment coordination and issue escalation support.

CONSENT AGENDA

The additional cost of the Fourth Amendment shall not exceed \$985,000 effective February 1, 2024. The additional cost of the Fifth Amendment shall not exceed \$507,650 effective April 1, 2024. The total cost (including both Amendments) of this Agreement shall not exceed \$4,201,650 through December 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 3/19/2024	S. Cox 03/20/2024	M. Popka 3/14/2024	M. Hall 2/22/2024	K. Freeman 03/25/24

FINANCE DEPARTMENT

9. RATIFY AND APPROVE THE FOURTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH CONDUENT CREDIT BALANCE SOLUTIONS, L.L.C. F/K/A CDR ASSOCIATES, L.L.C

Recommended Action:

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 Fourth Amendment to the Professional Services Agreement (“Agreement”) with Conduent Credit Balance Solutions, L.L.C. f/k/a/CDR Associates, L.L.C. (“Conduent”) for Credit Balance Recovery Products and Services effective March 31, 2024 through June 30, 2024.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Conduent identifies, validates, and recovers claims overpayments (credit balances) from hospital providers. All payments made under this agreement are contingency based where IEHP pays Conduent a percentage of the recovered overpayment.

Conduent, has been providing Credit Balance Recovery Products and Services to IEHP since 2013.

The Governing Board had previously approved the contractual agreements with Conduent as follows:

Date Approved	MO#	Purpose	Term Expiration	Commission Rate	Recovered Funds
04/08/2013	13-73	Approval of Credit Balance Recovery Products and Services.	03/30/2016	11%	Legacy Accounting System
02/01/18	16-64	First Amendment – term extension	03/31/19	11%	Legacy Accounting System
04/11/2019	19-43	Second Amendment – term extension	03/31/2024	11%	\$6,829,072
Total Recovered Funds to Date:					\$6,829,072
Total Commission Cost:					\$751,198

Discussion:

The Fourth Amendment extends the Agreement for one (1) additional year, effective April 1, 2024 through June 30, 2024. All other items and conditions of the Agreement remain in full force and effect. All payments made under this agreement are contingency based (11%), where IEHP pays Conduent a percentage of the recovered overpayment. All costs for this Agreement are covered by recovered payments from hospital providers.

CONSENT AGENDA

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	T. Rankins	M. Popka 03/19/24	K. Dibrell 03/22/2024	Make Selection [enter date]

FINANCE DEPARTMENT

10. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH OPTUMINSIGHT, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Third Amendment to the Professional Services Agreement with OptumInsight, Inc. for the provision of Credit Balance Recovery Products and Services effective March 31, 2024 through March 31, 2025.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

OptumInsight, Inc. identifies, validates, and recovers claims overpayments (credit balances) from hospital providers. All payments made under this agreement are contingency based where IEHP pays OptumInsight a percentage of the recovered overpayment.

The Governing Board had previously approved the contractual agreements with OptumInsight, Inc. as follows:

Date Approved	MO#	Purpose	Term Expiration	Commission Rate	Recovered Funds
04/08/2013	13-73	Approval of Credit Balance Recovery Products and Services.	03/30/2016	13.5%	Legacy Accounting System
04/11/2019	19-43	First Amendment – term extension	03/31/2024	13.5%	\$1,127,562
Total Recovered Funds to Date				\$0.00	\$1,127,562
Total Commission Cost				\$0.00	\$152,221

Discussion:

The Third Amendment extends the Agreement for one (1) additional year, effective April 1, 2024 through December 31, 2024. All other items and conditions of the Agreement remain in full force and effect. All payments made under this agreement are contingency based (13.5%), where IEHP pays OptumInsight a percentage of the recovered overpayment. All costs for this Agreement are covered by recovered payments from hospital providers.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	T. Rankins	M. Popka 3/19/24	K. Dibrell 03/22/2024	K. Freeman 03/27/24

FINANCE DEPARTMENT

11. APPROVE THE AWARD OF REQUEST FOR BID # 24-05509 TO, AND DELEGATION OF AUTHORITY TO APPROVE THE PUBLIC WORKS CONTRACT WITH, CABD CONSTRUCTION INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the Award of Request For Bid (RFB) # 24-05509 to, and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Public Works Contract with, CABD Construction Inc. (CABD) for the Tenant Improvement of the Dr. Bradley P. Gilbert Center for Learning & Innovation (Center) 3rd Floor project for an amount not to exceed \$8,325,240.00.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

As of June 30, 2023, IEHP has 120,239 square feet of available office space on the third floor of its Learning and Innovation Center located at 9500 Cleveland Avenue, Rancho Cucamonga, since the space was vacated by Southern California Edison. IEHP is planning to rehabilitate the vacated space to accommodate its continual growth and expansion. The space consisted of previous tenant furniture, outdated ceiling tile hardware, a non-compliant fire suppression system, and lighting that not up to code that will be removed and/or demolished and upgraded to meet IEHP standards and building code.

The Facilities Department has planned to complete the rehabilitation in three (3) phases: Phase 1 covers interior demolition and furniture removal, Phase 2 covers architectural services and tenant improvements, and Phase 3 covers furniture installation. These tenant improvements will positively impact IEHP by upgrading and building out the vacant space to accommodate IEHP Team Member growth, which in turn will allow IEHP to continue serving Members and Providers by ensuring IEHP has space to accommodate additional Team Members

On July 10, 2023, under Minute Order 23-154 the Governing Board approved the Public Works Contracts (Contract) with Hal Hays Construction Inc. and GM Business Interiors for Phase 1 of the 9500 3rd Floor tenant improvement project, for interior office demolition and furniture removal project, for an amount not to exceed \$659,008.00.

On November 3, 2023, IEHP engaged Kardent Design (Kardent) for Architectural and Interior Design services for the 9500 3rd Floor tenant improvement project. Kardent provided drawings for the complete tenant improvement of the entire approved space plan including Architectural and Mechanical, Electrical and Plumbing Engineering plan drawings.

On March 6, 2024, IEHP issued RFB #24-05509 for the Tenant Improvement of the Dr. Bradley P. Gilbert Center for Learning & Innovation 3rd Floor project via Bonfire, its public third-party

bidding website. As a result, 21 contractors attended the mandatory job walk with the following six (6) contractors submitting proposals.

Vendor	Quote
CABD Construction Inc.	\$6,937,700.00
Angeles Contractor Inc.	\$7,487,000.00
MIK Construction Inc.	\$7,500,000.00
Vincor Construction Inc.	\$7,546,839.27
Mackone Development Inc.	\$7,703,000.00
PCN3 Inc.	\$7,960,000.00

On March 22, 2024, IEHP issued an Intent to Award Notice that CABD was the lowest, most responsive and responsible bidder for the Tenant Improvement of the Dr. Bradley P. Gilbert Center for Learning & Innovation 3rd Floor project.

Discussion:

Pursuant to the terms of this Public Works Contract, CABD will have 365 calendar days from the commencement date stated in the Notice to Proceed, to complete the Center’s 3rd Floor demo, infrastructure improvements and tenant improvements, in accordance with Kardent’s Architectural Drawings. Once completed, this area will be used as a business office, consisting of open work areas with cubicles, conference rooms, private offices, print and data rooms, collaborative areas, restrooms, Mother’s rooms, a reception area, utility, and storage rooms.

CABD was awarded the project, based on their proposal cost of \$6,937,700.00. IEHP intends to apply a 20% contingency cost of \$1,387,540.00 to cover any unforeseen field conditions, cabling needs, change orders, city comments, or permits.

IEHP requests Delegation of Authority to enter a Public Works Contract with CABD. The total cost of this Public Works Contract shall not to exceed \$8,325,240.00.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	S. McCalley 3/26/24	C. Goss 3/22/24	M. Popka 03/26/24	R. Fleig 03/22/24	K. Freeman 03/28/24

FINANCE DEPARTMENT

12. APPROVE THE AWARD OF REQUEST FOR BID #24-05480 TO, AND DELEGATION OF AUTHORITY TO APPROVE THE PUBLIC WORKS CONTRACT WITH, ANGELES CONTRACTOR INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Award of Request For Bid (RFB) #24-05480 and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Public Works Contract with Angeles Contractor Inc. (Angeles) for the Tenant Improvements at IEHP's future San Bernardino Community Resource Center (CRC) location for an amount not to exceed \$15,324,000.00

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP seeks to upgrade the existing 6,552 square foot San Bernardino Community Resource Center under leasehold obligation in a strip mall with a larger two-floor standalone structure with approximately 33,798 square foot IEHP-owned facility to allow for better flexibility and presence in serving the needs of our members in the community.

The increased size would allow for more robust programming to better serve the community with the largest concentration of members in our service area. The larger facility will also provide more space to the immigrant and minority serving Community Based Organization Partners to allow for multiple needs to be served in a single location.

Accordingly, on August 8, 2022, under Minute Order 22-270, the Governing Board approved the purchase of real property located at 2050 Massachusetts Avenue, San Bernardino, CA 92415, in an amount not to exceed \$7.6 million, and delegation of authority to execute any other pertinent documents related to this transaction, including those related to tenant improvements.

On October 7, 2022, IEHP engaged Kardent Design (Kardent) for Architectural and Interior Design services to design the interior tenant improvement of the 2050 Massachusetts Avenue building,. The exterior improvements include upgrades to both building entrances, civil grading (by others) and site work to correct current slope in parking and sidewalks adjacent to the building, removal of patio cover, feasibility review with solar company on new solar canopies, plans for EV parking infrastructure, lighting and cameras, updated accessible parking and sidewalks to public way and new landscape and irrigation plans. The Interior Improvements include an entire remodel of the building to match current IEHP branding standards and follow the concept and model of the Victorville CRC, other existing CRCs, and including new commercial demonstration kitchen, aerobic rooms, computer rooms, office areas and teen and children rooms, HVAC upgrades throughout, and adding natural gas to the building from adjacent parcel. After multiple reviews and revisions of the design plans with IEHP's Community Health team and executive leadership, and upon receiving Kardent's final drawings and specifications, IEHP issued RFB #24-05480 for the Tenant Improvement 2050 Massachusetts CRC project on March 6, 2024, via Bonfire, its public

third-party bidding website. As a result, 16 contractors attended the mandatory job walk, with following four (4) submitting proposals:

Vendor	Quote
Angeles Contractor Inc.	\$12,770,000.00
CABD Construction Inc.	\$13,477,000.00
The Nazerian Group	\$13,944,123.00
Mackone Development Inc.	\$15,759,257.00

On March 21, 2024, IEHP issued an Intent to Award Notice that Angeles Contractor Inc. was the lowest responsive and most responsible bidder for the Tenant Improvement 2050 Massachusetts CRC project.

Discussion:

Pursuant to the terms of this Public Works Contract, Angeles will have 240 calendar days from the commencement date stated in the Notice to Proceed, to complete the demo, upgrade infrastructure, and make tenant improvements at the 2050 Massachusetts Ave. building.

Angeles was awarded the project, based on their proposed cost of \$12,770,000.00. IEHP intends to apply a 20% contingency cost of \$2,554,000.00 to cover any unforeseen field conditions, change orders, city comments, or permits.

IEHP requests Delegation of Authority to enter a Public Works Contract with Angeles. The total cost of this Public Works Contract shall not to exceed \$15,324,000.00.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	S. McCalley 3/26/24	C. Goss 3/22/24	M. Popka 03/26/24	Richard Fleig 03/21/24	K. Freeman 03/28/24

HEALTH SERVICES DEPARTMENT

13. APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH THE COUNTY OF RIVERSIDE AND APPROVE THE RECEIPT OF FUNDING FROM RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Professional Services Agreement (Agreement) with the County of Riverside for Riverside Overdose Data to Action (RODA) Program Services for a term of five (5) years through August 31, 2028, and approve the receipt of funding from Riverside University Health System – Public Health (RUHS-PH) in an amount not to exceed \$375,000, through August 31, 2028.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

In 2019 Riverside University Health System - Public Health (RUHS-PH) received funding from the Center of Disease Control (CDC) to enhance surveillance of overdose morbidity and mortality, and to use enhance surveillance data to guide overdose prevention efforts in Riverside County. On July 13, 2020, under Minute Order 20-181, the Governing Board approved the Agreement with RUHS-PH in the amount not to exceed \$473,700, for a three (3) year term effective October 1, 2019, through August 31, 2022 for Riverside Overdose Data to Action (RODA) Program Services.

On August 8, 2022, under Minute Order 22-272, the Governing Board delegated authority to execute an Amendment with RUHS-PH for a one (1) year term in the amount not to exceed \$157,900, effective September 1, 2022, through August 31, 2023, for RODA Program Services.

RUHS-PH has received a second round of funding from the CDC to further enhance the surveillance of Riverside County overdose morbidity and mortality and to use the data to guide the implementation of prevention efforts to decrease the number of fatal and nonfatal overdoses, decrease illicit opioid and stimulant use, improve health equity among groups disproportionately affected by the overdose crisis and those previously underserved by overdose prevention programs, and increase the adoption of harm reduction strategies and principles. RODA activities require strong, multi-sectoral partnerships and collaboration with community-based organizations, public safety, health systems, and people with lived experience.

Although the previous Agreement expired on August 31, 2023, IEHP's collaboration with RUHS-PH have continued under good faith.

Discussion:

The funding from the CDC will continue to support IEHP's collaboration with RUHS-PH in the continued efforts of developing and implementing an academic detailing program for the RODA program objectives.

CONSENT AGENDA

IEHP will continue the Academic Detailing program (training from specific healthcare staff) for physicians, pharmacists, other clinical staff, and health systems on prescribing opioids for chronic pain management, and naloxone prescribing and distribution. Additional outreach and education techniques include a continuing education course on the topic of opioids, outreach to pharmacies for naloxone distribution using fax blasts, faxing providers on their patients identified to be at risk of overdose with prescribing guidelines, naloxone recommendations, and an offer of academic detailing.

Both IEHP and RUHS-PH are also significant stakeholders within the Inland Empire Opioid Crisis Coalition (IEOCC) and are utilizing that coalition of local organizations to help support and coordinate RODA with other opioid strategies within the Inland Empire.

IEHP will be compensated for services provided from the RODA Program Services. Payment will be made by RUHS-PH on a quarterly basis after IEHP’s submittal of a quarterly invoice and report.

Amount of compensation in this Agreement to IEHP by RUHS-PH shall not exceed an aggregate total amount not to exceed \$375,000 through August 31, 2028.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
IEHP shall receive an aggregated total amount not to exceed \$375,000 through August 31, 2028	C. Aguirre 3/13/2024	H. Clear 3/11/2024	M. Popka 03/19/24	S. Nakahiro 3/08/2024	T. Wada 03/14/24

HEALTH SERVICES DEPARTMENT

14. APPROVE THE EIGHTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH FREED ASSOCIATES

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Eighth Amendment to the Professional Service Agreement with Freed Associates (Freed) for the provision of program management support of the California Advancing and Innovating Medi-Cal (CalAIM) program for an additional amount not to exceed \$199,584. The total payable amount under this Agreement shall not exceed \$4,274,299 through July 31, 2024.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

In an effort to improve health state-wide, the California Department of Healthcare Services (DHCS) is requiring that applicable Medi-Cal managed care health plans (MCPs) such as IEHP to implement specific programs that are considered critical to achieving the State’s designated health and wellness objectives. These program outcomes are to be achieved through execution of what are referred to as CalAIM initiatives and are now incorporated into the new 2024 Medi-Cal contract. Within CalAIM, DHCS required changes for Dual Eligible Special Needs Plans (D-SNP) through the state-wide transition and integrated care expansion of Cal MediConnect (CMC) and the Coordinated Care Initiative (CCI) to an aligned Managed Long-Term Services and Supports (MLTSS) and D-SNP structure. The transition intends to achieve statewide goals of improved care integration and person-centered care. In addition, there are new CalAIM and 2024 Medi-Cal contract requirements related to Population Health Management, Enhanced Care Management, Community Supports, Transitions of Care, and Data Exchange. Incentive funding is also tied to successful implementation of these programs.

Based upon the elevated program support requirements affiliated with these initiatives, IEHP entered into an Agreement with Freed on July 3, 2021, for six (6) weeks of cumulative project management support services hours for CalAIM program initiative planning.

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

Date Approved	MO#	Purpose	Term Expiration	Cost
07/03/21	16-64	PSA – Project management support services for CalAIM initiative planning	July 31, 2022	\$199,600
09/13/21	21-274	First Amendment for additional funds	March 31, 2022	\$954,000

Date Approved	MO#	Purpose	Term Expiration	Cost
03/14/22	22-051	Second Amendment to extend support services for CalAIM	June 30, 2022	\$505,437
06/13/22	22-236	Third Amendment for additional funds	January 31, 2023	\$1,156,484
08/29/22	22-236	Fourth Amendment for updated hourly rate reduction and updated not to exceed amount	January 31, 2023	-\$23,869
01/30/23	23-017	Fifth Amendment for program management support of CalAIM (through July 31, 2023) and DSNP program initiatives (through March 31, 2023)	July 31, 2023	\$574,511
04/10/23	23-079	Sixth Amendment for term extension	April 30, 2023	\$0
07/10/23	23-155	Seventh Amendment for term extension and additional funds	07/31/2024	\$708,552
Total Cost to date:				\$4,074,715
New Cost:				\$199,584
Total Cost:				\$4,274,299

Discussion:

Under this Eighth Amendment, Freed will continue their program management support of the critical regulatory initiative required by the State of California, CalAIM for an additional amount of \$199,584. The additional funding will support an additional, dedicated consultant for program management support.

The additional cost of this Eighth Amendment shall not exceed \$199,584. The total cost (including this request) of this Agreement shall not exceed \$4,274,299 through July 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	R. Mok 03/15/24	H. Clear 03/12/24	M. Popka 03/19/24	S. LaMaster 02/29/24	T. Wada 03/14/24

HEALTH SERVICES DEPARTMENT

15. APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH HANNA INTERPRETING SERVICES LLC

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Third Amendment to the Professional Services Agreement (Agreement) with Hanna Interpreting Services LLC (Hanna) for the provision of Member Notice Translation to Threshold Language Services for an additional amount not to exceed \$1,150,000 and extend the term for three (3) additional years through April 30, 2027. The total amount payable under this Agreement shall not exceed \$1,990,000 through April 30, 2027.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

On May 3, 2022, the Department of Health Care Services (DHCS) released All Plan Letter (APL) 21-004, “Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services,” which require managed care plans (MCPs) to provide written Member information that are translated by qualified translators in threshold languages. For IEHP’s service area, the threshold languages are English, traditional Chinese, Spanish, and Vietnamese.

On August 31, 2022, DHCS released APL 21-011, “Grievance and Appeals Requirements, Notice and ‘Your Rights Templates’” which provided clarity and guidance regarding the application of federal and state legal requirements for processing grievances and appeals. Under APL 21-011, and in conjunction with APL 21-004, DHCS implemented new Member notice templates and grievance requirements, as well as expanded the MCP’s responsibility to translate Member notices into the Member’s designated threshold language, including the clinical rationale for the MCP’s decision.

In order to support the full and timely translation of Notices of Action and Notices of Grievance and Appeal Resolution, for both IEHP and its Delegates, IEHP needed to seek external assistance. As such, in February 2022, IEHP released Request for Quotation (RFQ) 22-03739 for Member Notice Translation to Threshold Languages services. The RFQ submissions were evaluated based on service level agreements, and the ability to pass a Marketing tool that checks for errors, grade level, etc. As a result of the evaluation, Hanna was awarded the RFQ, and the IEHP Governing Board approved the Agreement with Hanna on June 13, 2022, under MO 22-235

The Governing Board had previously approved the current Agreements and Amendments as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
06/13/2022	22-235	Professional Services Agreement for Translation Services	04/30/23	\$35,000
09/12/2022	22-305	First Amendment for additional funds	04/30/23	\$385,000
04/10/2023	23-070	Second Amendment for additional funds	4/30/24	\$420,000
Total Cost to date:				\$840,000
New Cost				\$1,150,000
Total Cost:				\$1,990,000

In addition to the Agreement with Hanna for the provision of Member Notice Translation to Threshold Language Services, IEHP has an active Agreement for On-Site Interpreting Services for Community Events, an Agreement for Marketing Material Translation Services, and an Ancillary Provider Agreement which is claims based.

Discussion:

IEHP’s current utilization of the services rendered under this Agreement averages \$35,000 per month. Interpreting services are available to all IEHP Members, which includes both Riverside and San Bernardino residents. Impacted populations supports IEHP’s Mission, Vision, and Values of vibrant health and addresses Social Determinants of Health by providing access to health information in the member’s primary language, never wavering in our commitment to our Members.

The cost of this Amendment shall not exceed \$1,150,000 effective May 1, 2024; the total aggregate cost of this Agreement shall not exceed \$1,990,000 through April 30, 2027. The total amount payable for all active Hanna Agreements excluding claims costs shall not exceed \$2,273,000 through September 12, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	L. Herrera 3/1/24	Regina Reyes 3/6/24	M. Popka 03/19/24	G. Uribe 2/29/24	T. Wada 03/14/24

HEALTH SERVICES DEPARTMENT

16. APPROVE THE MEMORANDUM OF UNDERSTANDING WITH THE SAN BERNARDINO COUNTY DEPARTMENT OF AGING AND ADULT SERVICES

Recommended Action:

The Governing Board of the Inland Empire Health Plan (IEHP) approve the Memorandum of Understanding (MOU) with San Bernardino County Department of Aging and Adult Services (DAAS) for the provision of coordination of care, for a three-year term effective April 23, 2024 through April 22, 2027.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

In June 2012, the state passed the Coordinated Care Initiative (CCI), whose goal is to integrate the delivery of medical, behavioral, and long-term support services (LTSS) for eligible beneficiaries in California. The CCI required that IHSS be a Medi-Cal benefit available through the managed care health plan in specified counties. Riverside and San Bernardino counties are included in the initiative.

In 2018, the state removed IHSS as part of the Medi-Cal managed care benefit and it remains a Medi-Cal fee-for-services (FFS) benefit. All stakeholders involved agree that the coordination and data sharing that took place under CCI improved the ability to provide services to Members/Clients.

The Managed Care Plan (MCP) Contract requires MCPs to build partnerships with Department of Public Social Services, including In-Home Supportive Services. The MOUs are intended to be effective vehicles to clarify roles and responsibilities among parties, support local engagement, and facilitate care coordination and the exchange of information necessary to enable care coordination and improve the referral processes between the parties. The MOUs are also intended to improve transparency and accountability by setting forth certain existing requirements for each party as it relates to service or care delivery and coordination so that the parties are aware of each other’s obligations.

Discussion:

On October 11, 2023, DHCS released APL 23-029 to clarify the intent of the MOU required to be entered into by the Medi-Cal MCP and the County for IHSS. Further, DHCS issued a new MOU template that MCPs must execute, which are tailored for certain programs, including IHSS, and contain required general MOU provisions and program-specific provisions.

IEHP seeks approval of this MOU with the San Bernardino County Department of Aging and Adult Services (DAAS) for a three-year term effective April 23, 2024 through April 22, 2027. There are no costs associated with this MOU.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 03/19/24	Anita Holmes 3/6/2024	T. Wada 03/14/24

HEALTH SERVICES DEPARTMENT

17. RATIFY AND APPROVE THE MEMORANDUM OF UNDERSTANDING WITH RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES

Recommended Action:

The Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Memorandum of Understanding (MOU) with Riverside County Department of Public and Social Services (DPSS) for the provision of coordination of care, for a three-year term, effective January 1, 2023, through December 31, 2026.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

In June 2012, the state passed the Coordinated Care Initiative (CCI), whose goal is to integrate the delivery of medical, behavioral, and Long-Term Support Services (LTSS) for eligible beneficiaries in California. The CCI required that IHSS be a Medi-Cal benefit available through the managed care health plan in specified counties. Riverside and San Bernardino counties are included in the initiative.

In 2018, the state removed IHSS as part of the Medi-Cal managed care benefit and it remains a Medi-Cal Fee-for-services (FFS) benefit. All stakeholders involved agree that the coordination and data sharing that took place under CCI improved the ability to provide services to Members/Clients.

The Managed Care Plan (MCP) Contract with the Department of Health Care Services (DHCS) requires MCPs to build partnerships with Department of Public Social Services, including In-Home Supportive Services. The MOUs are intended to be effective vehicles to clarify roles and responsibilities among parties, support local engagement, and facilitate care coordination and the exchange of information necessary to enable care coordination and improve the referral processes between the parties. The MOUs are also intended to improve transparency and accountability by setting forth certain existing requirements for each party as it relates to service or care delivery and coordination so that the parties are aware of each other’s obligations.

IEHP and DPSS have partnered to provide services under MOUs since 2013. The current MOU requires IEHP and DPSS to formalize a process for shared clients to access housing-related resources.

Discussion:

IEHP seeks ratification and approval of the MOU for a three-year term effective January 1, 2023 through December 31, 2026 to continue the provision of services. There are no costs associated with this MOU.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 03/19/24	A. Holmes 03/2024	T. Wada 03/14/24

INFORMATION TECHNOLOGY

18. APPROVE THE FOURTEENTH AMENDMENT TO THE MASTER LICENSE AND SOFTWARE AGREEMENT WITH EDIFECs INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fourteenth Amendment to the Master License and Software Agreement (MLSA) with Edifecs, Inc. for a one-time payment of \$117,000 toward CY2023 overutilization of operating rules transactions. The total amount payable under Master License and Software Agreement (MLSA) shall not exceed \$20,368,296 through May 14, 2028.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP has utilized Edifecs since 2018 to provide an electronic data interchange (EDI) and encounter management solution to intake, manage, process, and submit required information to IEHP's regulatory entities including the Department of Health Care Services (DHCS) and Centers for Medicaid and Medicare Services (CMS) in the form of medical, laboratory, pharmaceutical, and other encounters as legislatively mandated.

Edifecs is also contracted with IEHP for the provision of the Operating Rules Hosted Solution to achieve, monitor, report, and maintain compliance with the Health Insurance Portability and Accountability Act (HIPPA) regulatory requirements and to achieve compliance with the Committee on Operating Rules for Information Exchange (CORE) certification.

Edifecs was initially selected via competitive procurement (RFP) in 2018 and IEHP is now requesting to proceed with a single source procurement for the software upgrade, and continuation of support and maintenance. Single source procurement is justified as Edifecs is the only CORE authorized certification testing vendor that has extensive familiarity of IEHP's transactions process. Contracting with Edifecs allows IEHP to leverage its current CORE solution to reduce the cost and time required to onboard and implement a new vendor for the same provision to achieve the required HIPPA compliance and regulatory requirements. Switching to an alternative solution at this juncture, would not only pose a considerable disruption to day-to-day operations, but also entail substantial financial implications. The costs associated with transitioning to a new solution, including software adoption, employee training, and potential productivity downtime are projected to be financially prohibitive.

The vendor partnership with Edifecs, which includes software solutions, transactional licensing, project support, standard support, and maintenance services, has enabled IEHP to deliver ongoing development and improvements to IEHP's underlying transaction infrastructure. This enables IEHP to provide robust electronic transaction and data sharing capabilities to meet DHCS, CMS, and Covered California electronic transaction regulatory requirements.

The Governing Board approved the Agreement and Amendments as follows:

Board Date	MO#	Purpose	Term Expiration	Cost
08/15/2018	18-236	Approved the Award of Request for Proposal #18-002 and Amendment #4 to the Agreement to Edifecs, Inc. for the provision of an EDI and Encounter solution.	12/15/2023	\$5,000,000
12/20/2018	18-334	Approved the funding increase to provisioned compliance solution and the term extension to the Agreement for CAQH and CORE.	12/15/2019	\$773,095
06/10/2019	19-112	Approved the Budget for an Encounter and EDI Solution Project included in FY 19/20 Budget Presentation.	06/30/2020	\$3,100,000
06/10/2019	19-112	Entered into Amendment Three to the Agreement for the provision of the SpecBuilder Standard Edition (SB) License HIPAA and NCPDP Modules.	12/15/2019	\$76,400
12/09/2019	19-174	Approved the change order to SOW #1523 funding increase to the provisioned EDI and Encounter Solution Project and the term extension to Agreement.	12/31/2020	\$168,000
12/13/2019	19-237	Approved Amendment Six for the funding increase to the provisioned solution to meet CAQH and CORE transaction set standards under the Agreement.	12/31/2020	\$812,000
05/22/2020	20-109	Approved the Change Order to Statement of Work #1523 for the provisioned EDI and Encounter Solution Project for additional professional services hours to be applied toward the further refinement of system workflows and post go-live stabilization.	12/31/2021	\$525,000
09/24/2020	20-272	Approved Change Order #1990 and the funding increase to the Agreement for the provisioned EDI and Encounter Solution Project.	12/31/2021	\$1,600,000
12/23/2020	20-354	Approved the Seventh Amendment to the Agreement for the continued provision of a hosted Operating Rules Hosted Solution.	12/15/2023	\$402,303
05/17/2021	21-112	Approved Statement of Work #2099 and Statement of Work #2155 Agreement for the provision of Magellan Process Enhancement to the EDI and Encounter Solution.	12/15/2023	\$89,657

Board Date	MO#	Purpose	Term Expiration	Cost
08/11/2021	21-241	Approved the funding increase to the Agreement for the provision of EDI and Encounter Solution Project and approve funding increase of \$20,450 for provision solution to meet CAQH and CORE.	12/15/2023	\$2,059,451
11/11/2021	21-310	Delegation of Authority to approve the Statement of Work #2289 to the Agreement for the provision of CAQH CORE recertification services.	12/15/2023	\$36,000
06/22/2022	22-232	Approved the Tenth Amendment to the Agreement for an additional block of 200,000 Plan-Members worth of net perpetual licensing.	12/15/2023	\$800,500
06/22/2023	23-078	Approved the Eleventh Amendment to the Agreement for a term extension to the MLSA and the provision of an Encounter Management and Edge Server SaaS Solutions.	05/14/2028	\$2,070,857
12/15/2023	23-296	Delegation of Authority to approve the Twelfth Amendment to the MLSA for provision of the Operating Rules Hosted Solution and term extension.	12/15/2026	\$772,648
01/10/2024	24-009	Delegation of Authority to approve the Thirteenth Amendment to update the Software as a Service (SaaS) terms and third-party license terms and conditions.	05/14/2028	No Cost
02/05/2024	24-041	Delegation of Authority to sign contractual documents for the Electronic Data Interchange Upgrade and approve additional funding for support and maintenance fees.	12/31/2024	\$1,965,385
Total Cost to date:				\$20,251,296
New Cost:				\$117,000
Total Not to Exceed (NTE):				\$20,368,296

Discussion

IEHP’s operating rules agreement provides for a base volume of up to 1,500,000 transactions per year. At the end of the 2023-year IEHP conducted a collaborative review with Edifecs for the purposes of an annual true-up which compares the base volume with the actual annual transaction volume. This resulted in the identification of transactions in excess of the contracted volume.

Description	Type	Setup	Fees
Operating Rules Hosted Solution Overage Additional block of 1,577,816 annual Transactions through December 15, 2023.	One-Time	SaaS	\$117,000
One-Time SaaS Overage Fee Due			\$117,000

IEHP is requesting the approval of Amendment 14 to pay the invoices for the overages that occurred through December 15, 2023, under Amendment 7 to the MLSA with Edifecs.

The additional cost under the Fourteenth Amendment for the overage transactions shall not exceed \$117,000. The total cost (including this request) of this Master License and Software Agreement (MLSA) shall not exceed \$20,368,296 through May 14, 2028.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 3/7/2024	M. Maury 3/14/2024	M. Popka 03/19/24	J. Maass 3/7/2024	V. Devabhaktuni 3/22/24

INFORMATION TECHNOLOGY

19. DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH IMAGENET, LLC

Recommended Action:

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 Professional Services Agreement (Agreement) with ImageNet, LLC (ImageNet) for the provision of claims scanning, data capture and validation services for an amount not to exceed \$1,067,000 through April 30, 2026.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP currently receives on average 70,000 paper claims per month which equates to 11% of its claims volume being submitted on paper. IEHP promotes the efficiency of electronic claims processing and as a result a 14% decrease in paper claims submission was seen in 2023. However, paper claims submission is expected to continue as there are providers that are unable to submit claims utilizing electronic means for justifiable reasons including non-contracted providers utilized for specific, infrequent scenarios, and providers that are unable to upload the electronic attachments required to justify their claims. IEHP requires vendor assistance to gather and scan paper claims received at the U.S. Post Office, to convert this claim data into electronic files.

Paper claims processing includes access to PHI/PII and responsibility for meeting regulatory requirements for timeliness of services. Paper claims are mailed to a PO box and picked up and sorted, they must be transported in a secure manner, appropriately counted, recorded, sorted, and handled in a facility that maintains separation of IEHP paper from others. This processing must meet certain accuracy of data and quality control processes to ensure all data is translated to electronic files to be submitted to IEHP.

IEHP has contracted with ImageNet for claims scanning, data capture and validation services since 2015. ImageNet was originally selected through the RFP process in 2015. The current Professional Services Agreement between IEHP and ImageNet will expire on April 30, 2024. IEHP has determined that continuation of these services through a single source procurement is justified due to the customized, verified, and efficiency of the processes currently in place. ImageNet has been a proven and trusted vendor for these services with appropriate protocols in place to ensure the security of PHI/PII contained in claims data.

Discussion:

IEHP is seeking to enter into a new Agreement for claims processing services with a two (2) year term, through April 30, 2026, at a cost not to exceed \$1,067,000. Overall utilization of ImageNet services is dependent upon the volume of claims being processed.

The services provided in the agreement include:

- Retrieval of claim forms at IEHP designated post offices including HIPAA compliant secure transport.
- Pre scan preparation, sorting and batching of paper forms.
- Destruction of completed documents.
- Scanning, indexing, data capture, and file formatting.
- Quality assurance and error correction for a minimum 99% accuracy
- Access to web-based retrieval system for access to completed claims.
- Unclean claim rejection process.

Services	Average Monthly Cost
Paper to EDI - Digital Mailroom Services	\$44,444.44
Certified Mail Processing	
Attachments Processing	
Rejection Letters Processing	
Coordination of Benefits (COB) Capture	
Total Not to Exceed Agreement Cost	\$1,066,667.00

Processing of paper claims allows IEHP to support the submission of claims for all geographic areas no matter where members receive service.

To assure un-interrupted use of these operation-critical processing services, IEHP is requesting the approval of the Agreement for an amount not exceed \$1,067,000 through April 30, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 3/7/2024	S. Cox 3/14/2024	M. Popka 03/19/24	J. Maass 3/6/2024	V. Devabhaktuni 3/22/24

INFORMATION TECHNOLOGY

20. APPROVE ADDITIONAL FUNDING AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS RELATED TO THE PROFESSIONAL SERVICE AGREEMENT WITH OFFICE ALLY, LLC

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve \$697,000 in additional funding for the current term and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign contractual documents with Office Ally, Inc. for an additional scope of work for workflow coding at a cost not to exceed \$3,000 and a Fourth Amendment for a one-year term extension for an amount not to exceed \$1,575,000. The total amount payable under this Agreement shall not exceed \$5,615,145. through June 30, 2025.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP currently receives on average 132,300 paper claims per month which equates to 89% of our total claims volume. IEHP requires clearinghouse services to be able to provide submission options for electronic delivery of claims and acceptance of attachments from Providers, and submission of misdirected claims to delegated Providers. Office Ally is a clearinghouse that accepts medical claims and data, directly from Provider billing systems. They convert the claims into a HIPAA compliant electronic claim format, ready for submission to IEHP. Electronic Claims processing provides several advantages over paper-based claim submission, including but not limited to:

- A minimum cost savings of five (5) cents per claim compared to the cost of scanning paper claims.
- Reduced handling of mail and paper by IEHP staff.
- Same day receipts, versus two (2) days for mailed paper claims.
- Expedites provider payment turnaround.
- Environmentally friendly.
- Instant search and retrieval capabilities maintained by clearinghouses.
- Clearinghouses work directly with submitters to resolve billing issues.
- Reduced HIPAA exposure.
- Simplified record retention requirement.

IEHP has contracted with Office Ally since July 1, 2005, for the provision of claims processing services. In July 2021 IEHP entered into a new Agreement with Office Ally to update the terms and provide for the continuation of services. IEHP was able to negotiate a significant reduction in the rate schedule. For the requested extension, the vendor has agreed to hold this pricing for up to five-additional years with no increase.

Office Ally has continued to be sourced as a single source procurement due to the critical nature of the services provided that are necessary to meet regulatory requirements for claims processes and encounter data submissions. IEHP Providers are familiar with Office Ally as a tool for claims

submission and transactions. Over 1.6 million Institutional claims and 17 million Professional claims have been processed through Office Ally for over 10,500 billing providers since July 2021.

The Governing Board had previously approved contractual actions as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
06/14/2021	21-159	Approved the negotiation of new terms and conditions of a new Professional Services Agreement for continued provision of claims processing services for a once (1) year term.	06/30/2024	\$3,340,145
11/08/2021	21-307	First Amendment to the Professional Services Agreement to extend the period of performance and additional funding for the provision of claims processing services.	06/30/2024	\$0
08/14/2023	23-181	Approved the Second Amendment to the PSA to provide additional services to include acceptance of electronic attachments, and submission of misdirected claims to delegated Providers.	06/30/2024	\$0
11/13/2023	23-262	Delegation of Authority to Approve the Third Amendment to the Professional Services Agreement with Office Ally, Inc. for the additional of the new payer ID IEHPCCA.	06/30/2024	\$0
Total Not to Exceed Cost to date:				\$3,340,145
New cost – Funding request for current term:				\$697,000
New Cost Scope of Work:				\$3,000
New Cost – One-year extension:				\$1,575,000
Total Cost:				\$5,615,145

Discussion:

Utilization of Office Ally services is dependent upon the volume of claims being processed. To promote efficiency, electronic claims processing is encouraged when possible. IEHP has realized a 14% decrease in paper claims processing in the past year as claims have transitioned to electronic submission. This transition to electronic claims has increased our volume with Office Ally but has decreased our overall spend since electronic claims have fewer manual processes in the workflow and are resultingly less costly than paper.

Additionally, in response to Clearinghouse outages due to the Change Healthcare (CHC) cyber-attack, IEHP has been providing support to its affiliated providers and connecting them to Office Ally as an interim solution to enable the submission of IEHP claims for processing and payment. Approximately 300,000 claims a month were being received from CHC clearinghouses. For these reasons, the forecasted amount has been exceeded for the 2023 term and additional funding is needed. The additional funding request shall not exceed \$697,000 and will cover the cost of

CONSENT AGENDA

transmitted Professional and Electronic Institutional Claims through the end of the current term through June 30, 2024.

An additional Scope of Work for \$3,000 is requested to configure the separation of routing of IEHP Covered member claims from claims being submitted for IEHP’s other lines of business. The coding will be updated to route claims based on member ID unique format.

IEHP is also seeking delegated authority to extend the Agreement for a cost not to exceed \$1,575,000. The Fourth Amendment to the Agreement will allow the continuation of services and assist in IEHP’s initiative to continue to decrease paper claim processing resulting in reduced scanning and imaging costs, along with a shorter turnaround time for Providers to receive payment. The requested extension funding includes a 25% forecasted volume increase to allow for the expected conversions from paper to electronic processing and increased claims submission from affiliated providers.

Specific services provided in this agreement include:

- Processing and transmission of
 - Professional Claims (837P)
 - Institutional Claims (837I)
- Electronic Remittance Advice
- Processing of submitted electronic attachments.
- Clinical Messaging
- Processing of misdirected claims

The total cost of this funding request to the Professional Services Agreement shall not exceed \$5,615,145. through June 30, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 3/15/2024	D. Burnett 3/14/2024	Make Selection [enter date]	J. Maass 3/14/2024	V. Devabhaktuni 3/22/24

INFORMATION TECHNOLOGY

21. DELEGATION OF AUTHORITY TO EXECUTE AN ORDERING DOCUMENT AND PUBLIC SECTOR AGREEMENT FOR CLOUD SERVICES WITH ORACLE AMERICA INC.

Recommended Action:

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 Ordering Document and Public Sector Agreement for Cloud Services with Oracle America Inc., (Oracle) for the upgrade to the Oracle Enterprise Performance Management (EPM) Cloud Service for an additional amount not to exceed \$96,900 through September 23, 2025. The total amount payable to Oracle America (including this request) shall not exceed \$4,159,605.60 through September 23, 2025.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP requires financial enterprise resource planning (ERP) software to efficiently manage General Ledger (GL), Accounts Payable (AP), budgeting, forecasting, and financial reporting. consolidate workflow streams into one centralized financial data management solution. The Oracle Fusion ERP solution consolidates workflow streams into one centralized financial data management solution and provides visualization and management of financial data allowing departmental teams to operate coherently and effectively across the organization.

Oracle America was originally selected through the RFP process and has been contracted with IEHP since 2014. IEHP has a current agreement through 2025 and utilizes multiple modules within the Oracle Fusion ERP software package bundle. One of the modules currently utilized within this package of solutions is the Oracle Planning and Budgeting Cloud Service. This module provides standard Planning and Budgeting features. As IEHP is exploring ways to create efficiencies in our processes, we reviewed our current product for capabilities to simplify the administration process in increase automation across different business functions. Upgrading to the Oracle Enterprise Performance Management (EPM) Cloud Service will replace our current Oracle Planning and Budgeting Module and replace it with a new Planning and Budgeting module as well as expanded integrated functionality through access to additional modules such as: Financial Consolidation and Close, Account Reconciliation, Capital Planning, Workforce Planning, and Narrative Reporting, and Other Processes.

IEHP has determined that the upgrade purchase is justified through a single source procurement due to the benefit that the efficiencies in process will provide with the expanded functionality and also with the consideration of the not to exceed cost of \$96,900, vs the value of the current agreement.

The Governing Board has previously approved the following contractual documents with Oracle America:

MO#	Purpose	Term Expiration	Cost
MO 14-321	Approval of the Ordering Document to the SaaS Agreement with Oracle America Inc. for the Oracle Fusion ERP system	12/16/2015	\$350,000
MO 15-93	Ratified and approved an Ordering Document to the SaaS Agreement with Oracle America Inc. for an additional training environment for the Oracle Fusion ERP	12/22/2017	\$60,000
MO 16-64	Ordering Document for time and materials services and Ordering Document Amendment One	12/22/2017	\$77,264.00
MO 16-173	Ratify and approve the new ordering document to the Oracle Software as a Service Agreement with Oracle America Inc. for the provision of remediation services.	02/22/2017	\$369,525.75
MO 16-64	Approved the First Amendment to the ordering document of the Oracle Software as a Service Agreement for remediation services for the Oracle ERP Financial System	03/13/2017	No Cost
MO 17-32	Ratify and Approve the Second Amendment to the Ordering Document of the Software as a Services Agreement with Oracle America Inc. for the provision of remediation services.	03/13/2017	No Cost
MO 17-232	Approval of the 3-year renewal with Oracle America Inc. for the Oracle Fusion ERP system	01/12/2021	\$667,126.39
MO 20-273	Approval of the 5-year term extension to the SaaS agreement with Oracle America	09/29/2025	\$1,605,330.00
MO 22-007	Approval of funding increase for the provision of additional licenses for Oracle Fusion Enterprise Resource Planning Financial System.	09/29/2025	\$884,274.19
MO 23-015	Approve the Ordering Document for the EDU Cloud Applications Learning Subscription with Oracle America, Inc. For the provision of the annual EDU Cloud Applications Learning subscription for Oracle Fusion	03/08/2024	\$4,245.75

MO#	Purpose	Term Expiration	Cost
MO 23-205	Delegation of Authority to approve an ordering document with Oracle America Inc. to execute an ordering document for a two-year term extension of the Oracle Fusion Enterprise Planning Financial System (Fusion) testing environment.	09/23/2025	\$44,939.52
Oracle Fusion ERP Financial System Total Cost to Date:			\$4,062,705.60
New Cost:			\$96,900
Total Not to Exceed Cost:			\$4,159,605.60

Discussion:

The purchase of the Oracle EPM Cloud Service and hosted environment will replace the current Oracle Planning and Budgeting Cloud Service.

The following table is a side-by-side comparison of IEHP’S current Oracle Planning and Budgeting Module and the proposed EPM Cloud Service:

Oracle Cloud EPM Comparison		
Planning and Budgeting (Current Service)	EPM - Planning and Budgeting (Proposed Service)	
Financials	Planning and Budgeting	Financials
Capital		Capital
Projects		Projects
Workforce		Sales Planning
Scenario Modeling		Strategic Workforce Planning
Hybrid BSO cubes and ASO cubes		Hybrid BSO Cubes and ASO Cubes
IPM – Auto predict		IPM - Insights
Groovy Support		IPM - Auto predict
Custom Planning		Intelligent Process Automation (IPA)
		Groovy Support
	Custom Planning	
	Financial Consolidation and Close	Supplemental Data Management
		Financial Consolidation
		Close Management
		Intelligent Process Automation (IPA)
		Enterprise Journals
	Groovy Support	
	Account Reconciliations	Reconciliation Compliance
		Transaction Matching
	Narrative Reporting	Report Packages

Oracle Cloud EPM Comparison	
Planning and Budgeting (Current Service)	EPM - Planning and Budgeting (Proposed Service)
	Management Reporting
	Tax Reporting
	Profitability & Cost Management
	Enterprise Data Management
	FreeForm Applications
	Other Processes

The additional modules and functionality provided by the EPM Cloud Service will provide the following additional benefits:

- Reduce manual work and the use of Excel spreadsheets.
- Combine management, narrative, and statutory reporting needs into one system.
- Improve efficiency through integration of data and metadata with source ERP and financial consolidation systems.
- Connect the entire financial close process and connect automatically to data from many sources.
- Embedded Artificial Intelligence and Machine Learning monitors our planning, forecasts and alerts to any anomalies and insights.
- Meet global reporting standards, including International Financial Reporting Standards (IFRS) and Generally Accepted Accounting Principles (GAAP), with a preconfigured consolidation model.

The cost for 50 EPM Enterprise Cloud Service license subscriptions is an estimated \$90,000 per year. IEHP is currently paying for the Oracle Planning and Budgeting Service at \$36.00/license and the cost of the EPM upgrade is \$150.00/license. Therefore, the incremental cost per license is \$114.00. For 50 licenses the total incremental cost is \$5,700 per month.

The estimated term remaining on the current contract is 17 months. Hence, the additional cost for the Oracle EPM Upgrade would be \$96,900 through September 23, 2025.

Existing Cloud Service	Qty	Unit Cost	Incremental Unit Cost	Estimated Remining Term	Total Not to Exceed Cost through 9/23/2025
B73946- Oracle Planning and Budgeting	50	\$36.00	-	-	-
New with EPM upgrade					
B91074 - Oracle Enterprise Performance Management	50	\$150.00	\$114.00 (\$150 - \$36)	17 months	\$96,900

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As such, IEHP seeks Delegation of Authority to approve the Ordering Document and Public Sector Agreement for Cloud Services for the Oracle EPM Cloud Service. The additional cost shall not exceed \$96,900 effective upon access to the EPM Enterprise Cloud Service subscription. The total cost (including this request) of this Ordering Document shall not exceed \$4,159,605.60 through September 23, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 3/15/2024	W. Yanes 3/22/2024	M. Popka 3/25/2024	J. Maass 3/14/2024	V. Devabhaktuni 3/22/24

OPERATIONS DEPARTMENT

22. RATIFY AND APPROVE THE DATA USE AGREEMENT WITH HOSPITAL QUALITY INSTITUTE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Data Use Agreement (Agreement) with Hospital Quality Institute (HQI) for the provision of hospital quality data sharing from HQI to IEHP for a three (3) year term effective January 1, 2024 through December 31, 2026.

Contact:

Susie White, Chief Operating Officer

Background:

IEHP requires this service/good to support the Strategic Plan. CMS requires all hospitals to submit their limited claims-based data sets on a routine basis. This data is used to verify, monitor and improve the quality of care that members receive within the acute care hospital setting. Aggregated outcomes are also directly tied to IEHP's hospital pay for performance incentives.

IEHP has contracted with HQI since January 1, 2021 for data sharing services, by which IEHP's in-network hospitals provide the aforementioned datasets on an accelerated basis to HQI. HQI then aggregates the data, removes the following identifiers and makes it available to IEHP for purposes of quality improvement planning:

1. Names
2. Street or postal address, other than town or city, state, or zip code
3. Telephone numbers
4. Fax numbers
5. Electronic mail addresses
6. Social Security numbers
7. Medical record numbers
8. Health plan beneficiary numbers
9. Account numbers
10. Certificate and license numbers
11. Vehicle identifiers and serial numbers, including license plate numbers
12. Device identifiers and serial numbers
13. Web Universal Resource Locators (URLs)
14. Internet Protocol (IP) address numbers
15. Biometric identifiers, including finger and voice prints
16. Full face photographic images and any other comparable images

HQI was selected as a result of sole source procurement as the only vendor that has the ability to receive accelerated outcome data for all in-network hospitals.

Discussion:

Under this new Agreement, HQI will continue to provide IEHP with aggregated hospital quality data, IEHP will have the ability to access data electronically on the HQI Platform (HQIP) and leverage the tools within the HQIP for data analysis, and HQI will provide static reports to IEHP upon request.

There are no costs under this Agreement. The Agreement shall be effective January 1, 2024 through December 31, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	K. Moussa 2/15/24	H. Clear 2/15/24	M. Popka 03/19/24	N. DeVries 2/20/24	S. White 2/22/24

OPERATIONS DEPARTMENT

23. APPROVE THE FUNDING AGREEMENT WITH PROVIDENCE HEALTHCARE PARTNERS, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Funding Agreement (Agreement) with Providence Healthcare Partners, Inc. for the development of the Providence Ambulatory Services Discharge Clinic (P.A.S. Discharge Clinic) for an amount not to exceed \$250,000 for a term of one (1) year, effective April 8, 2024 through April 7, 2025.

Contact:

Susie White, Chief Operating Officer

Background:

IEHP requires this service/good because members are not currently accessing post-discharge follow-up care at rates consistent with excellence. Current post-discharge follow-up rates for high-risk members discharging from a hospital are approximately 50%. Evidence has shown a strong correlation between post-discharge follow-up and successful reintegration of a patient/member post hospitalization. Understanding that it is IEHP's desire to ensure members receive excellent care, the establishment of this discharge clinic will support members discharging from care at Parkview Community Hospital and Riverside Community Hospital in receiving timely post-discharge follow up care when their primary care provider or associated specialist is not immediately available to meet their needs upon discharge. The intent is for this clinic to serve as a bridge, ultimately steering members back to their primary care providers following the acute post-discharge period.

Discussion:

Patients requiring post-discharge care will be navigated to the P.A.S. Discharge Clinic where Providence Healthcare Partners, Inc., as IEHP's only contracted hospitalist group serving Parkview Community Hospital and Riverside Community Hospital, will serve as the conduit between care rendered during the inpatient hospitalization and the ambulatory care setting. Care will be provided by University of California, Riverside (UCR) School of Medicine Medical Residents.

More globally, and in alignment with IEHP's mission, the P.A.S. Discharge Clinic will be used to establish care for patients of all ages, genders, ethnicities, insurance status, living circumstances and documentation status, and the clinic will serve as a training ground for UCR Medical Residents.

IEHP will provide Providence Healthcare Partners, Inc. with a one time payment of \$250,000 by June 1, 2024. IEHP's funding will be used to support the expenses of the UCR School of Medicine Medical Residents. In exchange for the funding, Providence Healthcare Partners, Inc. will be required to submit monthly evidence of successful partnership which will include, at minimum:

- Volume of visits

CONSENT AGENDA

- Post-hospitalization readmission rates
- Post-hospitalization Emergency Department revisits

The cost of this Funding Agreement shall not to exceed \$250,000 for one (1) year, effective April 8, 2024 through April 7, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Moussa 3/6/2024	S. Cox 3/6/2024	Make Selection [enter date]	N. DeVries 3/6/2024	S. White 03/06/2024

QUALITY DEPARTMENT

24. APPROVE THE SIXTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH TENFOLD HEALTH

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Sixth Amendment to the Professional Services Agreement (Agreement) with Tenfold Health for an additional amount not to exceed \$165,000 for Long-Term Services and Supports (LTSS) consulting services and support to the IEHP Quality Team for organizational wide strategy and the implementation of the LTSS program. The total amount payable under this Agreement shall not exceed \$5,637,330 through December 31, 2025.

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

As part of the new Medi-Cal contract requirements, the Department of Health Care Services (DHCS) requires all health plans to obtain NCQA’s Long-Term Services and Supports (LTSS) Distinction no later than December 31, 2026.

IEHP has contracted with Tenfold since December 9, 2019, for consulting services to develop and implement the Strategic plan, assist with IEHP Foundation, LTSS support, and Shared Vision Partners initial recruitment. Tenfold Health was selected as a result of single source procurement. IEHP has determined that a single source procurement is justified because the good or service is:

- a. Unique, special, or involves specific professional or technical expertise that differentiates the selected vendor from other vendors who can provide the same good/service.
- b. Deep familiarity with IEHP’s existing processes and systems such that the benefit of contracting with Tenfold Health represents a significant cost and/or time savings compared to onboarding a new vendor for the same services or provision of goods/services.

The Governing Board had previously approved the Agreements as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
12/09/19	19-235	New VBP	12/31/20	\$273,350
08/10/20	20-248	First Amendment for MVV, Strategy Planning / Deployment and term extension	12/31/21	\$820,036
06/14/21	21-154	Second Amendment for Implementation of CalAIM	12/31/21	\$150,000

Date Approved	MO#	Purpose	Term Expiration	Cost
12/13/21	21-377	Third Amendment for Strategy Planning, IEHP Foundation, & SVP and term extension	12/31/24	\$3,863,444
12/12/22	22-409	Fourth Amendment for Long-Term Services for Supports (LTSS) consulting services	12/31/24	\$125,500
2/5/24	24-026	Fifth Amendment for consulting services related to the launch of IEHP's new Care Division.	12/31/24	\$240,000
Total Cost to date:				\$5,472,330
New Cost				\$165,000
Total Cost				\$5,637,330

Discussion:

Under this Sixth Amendment, Tenfold will advise and support the Quality Team on the implementation of the LTSS program in order to meet NCQA's requirements. Specific areas of focus will include, but are not limited to, the following:

- Strategic planning, meeting facilitation, organizational support, market research, and regulatory and statutory analysis.
- Facilitating the review and compilation of content and SME feedback for assigned LTSS sections.
- Information Assistance and Expertise.
- Research Assistance and Expertise.
- Technical Assistance with Operationalizing and Implementation.
- Surface gaps in current project tasks and deliverables.

The costs associated with this Amendment are as follows:

Description	Rates
Expertise, Project Facilitation and Technical Assistance (Monthly Rate)	\$8,250.00
Total Not to Exceed Amount for this Scope of Services (based on 30 hours//month for up to 20 months)	\$165,000.00

The additional cost of this Amendment shall not exceed \$165,000. The total cost (including this request) of this Agreement shall not exceed \$5,637,330 through December 31, 2025.

CONSENT AGENDA

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Moussa 3/13/2024	H. Clear 3/13/2024	M. Popka 3/19/20	J. Diekmann 3/7/2024	E. Juhn 3/12/2024

QUALITY DEPARTMENT

25. APPROVE THE FUNDING AGREEMENT WITH DAP HEALTH, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Funding Agreement (Agreement) with DAP Health, Inc. (DAP Health) to support their transition to a uniform Electronic Health Record (EHR) for the improvement of clinical and data outcomes. The total amount under this Agreement shall not exceed \$4,260,565 through September 30, 2027.

Contact:

Edward Juhn, Chief Quality Officer

Background:

Established in 1984, DAP Health has served to enhance and promote the health and well-being of the Inland Empire through provision of primary and specialty care services. These offerings complement the extensive array of supportive services aimed at addressing Social Determinants of Health (SDOH). DAP Health's positive impact on the community has since grown and as of August 2023, DAP Health acquired seven clinics stemming from Borrego Community Health Foundation's (Borrego Health) Chapter 11 bankruptcy filing. This acquisition increased their assigned IEHP Membership from 3,697 to 37,631 and total number of clinics from four to eleven. In response to this acquisition, DAP Health initiated a thorough assessment of the acquired clinics to uphold their commitment to providing high-quality care.

As part of the assessment, Borrego Health clinics were observed to be significantly underperforming the IEHP network average in quality measures, as measured in the Global Quality Pay for Performance (GQ P4P) Program. Additionally, Borrego Health's current EHR, Greenway Intergy (Intergy), is not aligned with DAP Health's billing and coding operational standards impacting quality performance and financial outcomes. It was concluded that the Intergy EHR was a significant contributor to the low-quality measure performance and a barrier to effective operations.

DAP Health also found that the Intergy EHR was not well integrated into the clinics' workflow to support quality outcomes and needed to be addressed. A comparative analysis on quality performance revealed that DAP Health sites utilizing the Epic OCHIN EHR not only surpassed Borrego Health, but also exceeded the IEHP Provider network average in GQ P4P in 2022. DAP Health concluded that the transition to a uniform EHR, Epic OCHIN, across all sites would help to address these outcome disparities and enhance care and quality outcomes for their assigned Members.

DAP Health requested funding support from IEHP to transition the acquired sites to Epic OCHIN. IEHP determined that the funding support aligned with its strategic priorities and desire to improve California Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS) measures since all sites were performing below minimum performance levels (MPL) for all MCAS measures. Stakeholders identified and agreed upon performance requirements, and metrics for success on this EHR transition.

Anticipated outcomes for both IEHP and DAP Health from the funding agreement include:

- Improved member care, outcomes, and care coordination;
- Improved MCAS measures quality performance;
- Improved reporting of health care services to the appropriate regulatory entities; and
- Enhanced clinical, billing, and operational, and billing workflows that are aligned with IEHP and quality outcomes.

Discussion:

IEHP’s funding under the Agreement will support DAP Health and their transition to a uniform EHR. The objective of this partnership is to improve quality outcomes by standardizing clinical, billing, and operational workflows, and improve reporting and clinical outcomes for all sites. Doing this supports IEHP’s goals of ensuring optimal care for Members as demonstrated by improved care coordination and healthcare outcomes.

IEHP’s funding will support two key measures, Health Information Technology and Quality Improvement. To ensure the successful alignment of this Agreement, DAP Health will be required to perform the following:

1. **Health Information Technology** – DAP Health will configure their EHR to meet the measures listed in the table below that promote effective documentation and the secure sharing of clinical data to IEHP, applicable regulatory entities, and other applicable Providers. This data sharing will include information on care gap closures, promote coordination of care, and enhance quality measure performance. Funding for the measures will be released upon completion and approval of deliverables.

Measure Name	Description	Funding Amount
Encounter Data Reporting	Meet minimum reporting requirements for primary care services for all DAP locations.	\$426,056.50
CAIR2 Immunization Registry Reporting	Ensure timely and complete reporting of all vaccinations given to IEHP Members in all DAP locations.	\$213,028.25
Connectivity with Manifest MedEx	Establish and maintain connectivity with the region’s health information exchange, Manifest MedEx for all DAP locations.	\$426,056.50
Data Exchange Framework (DxF)	Ensure Data Sharing Agreement for the DxF has been executed for all DAP Health locations.	\$213,028.25
Total		\$1,278,169.50

2. **Quality Improvement** – DAP Health will optimize its EHR and clinical workflows to ensure the closure and documentation of care gaps for IEHP Members. They will monitor their performance and make necessary process enhancements to meet or exceed Minimum Performance Level (MPL) for the quality measures within scope, and improve performance on high priority quality measures including, but not limited to, other lines of business such as

IEHP’s Dualchoice-Special Needs Plan (D-SNP) where relevant. The measures listed in the table below seek to ensure that the enhancements lead to the improvement of DAP Health’s quality measure performance.

For MY 2025 and 2026, DAP Health’s quality measure performance will be compared to the DHCS MCAS MPL. 18 MCAS quality measures are within scope for MY 2025 and 2026 that span 5 DHCS domains including: Behavioral Health, Children’s Health, Chronic Disease, Reproductive Health, and Cancer Screening. 60% of the domain funds allocated for this purpose may be subject to recoupment if DAP Health does not meet the agreed-upon performance criteria for MY 2025 and 2026.

Measure Name	Description	Funding Amount																					
GQ P4P Engagement for MY 2024	Engage in IEHP’s GQ P4P program and demonstrate year over year improvement in each clinic’s Overall GQ P4P quality score. Ensure at least 50% of scorable measure are at or above Tier 1 in program year 2024.	\$426,056.50																					
MCAS MPL for MY 2025	Meet the designated MY’s DHCS MPL rate for measures in scope to avoid payback penalty:	\$852,113.00																					
MCAS MPL for MY 2026	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Meet MPL on at least 78% of MCAS measures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 45%;">Payback: 0% of MY funding amount</td> </tr> <tr> <td>Meet MPL on at least 67% of MCAS measures</td> <td style="text-align: center;">▶</td> <td>Payback: 10% of MY funding amount</td> </tr> <tr> <td>Meet MPL on at least 61% of MCAS measures</td> <td style="text-align: center;">▶</td> <td>Payback: 20% of MY funding amount</td> </tr> <tr> <td>Meet MPL on at least 56% of MCAS measures</td> <td style="text-align: center;">▶</td> <td>Payback: 30% of MY funding amount</td> </tr> <tr> <td>Meet MPL on at least 50% of MCAS measures</td> <td style="text-align: center;">▶</td> <td>Payback: 40% of MY funding amount</td> </tr> <tr> <td>Meet MPL on at least 33% of MCAS measures</td> <td style="text-align: center;">▶</td> <td>Payback: 75% of MY funding amount</td> </tr> <tr> <td>Meet MPL on <33% of MCAS measures</td> <td style="text-align: center;">▶</td> <td>Payback: 100% of MY funding amount</td> </tr> </table>	Meet MPL on at least 78% of MCAS measures	▶	Payback: 0% of MY funding amount	Meet MPL on at least 67% of MCAS measures	▶	Payback: 10% of MY funding amount	Meet MPL on at least 61% of MCAS measures	▶	Payback: 20% of MY funding amount	Meet MPL on at least 56% of MCAS measures	▶	Payback: 30% of MY funding amount	Meet MPL on at least 50% of MCAS measures	▶	Payback: 40% of MY funding amount	Meet MPL on at least 33% of MCAS measures	▶	Payback: 75% of MY funding amount	Meet MPL on <33% of MCAS measures	▶	Payback: 100% of MY funding amount	\$1,704,226.00
Meet MPL on at least 78% of MCAS measures	▶	Payback: 0% of MY funding amount																					
Meet MPL on at least 67% of MCAS measures	▶	Payback: 10% of MY funding amount																					
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Meet MPL on at least 33% of MCAS measures	▶	Payback: 75% of MY funding amount																					
Meet MPL on <33% of MCAS measures	▶	Payback: 100% of MY funding amount																					
Total		\$2,982,395.50																					

The table below outlines the amount designated for each key activity in the funding agreement.

Key Measure	Total Funding
Health IT	\$1,278,169.50
Quality Improvement	\$2,982,395.50
Total	\$4,260,565.00

The cost of this Funding Agreement shall not exceed \$4,260,565 effective on the date of last signature through September 30, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Moussa 3.20.2024	N/A	M. Popka 3.22.2024	G. Fick 3.22.2024	E. Juhn 3.25.2024

QUALITY DEPARTMENT

26. APPROVE THE 2024 CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES PROGRAM DESCRIPTION AND CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES WORKPLAN

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the 2024 Culturally and Linguistically Appropriate Services (CLAS) Program Description and the CLAS Workplan as presented.

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

As required by Covered California, IEHP earned Health Equity Accreditation through the National Committee for Quality Assurance on December 21, 2023.

To receive Health Equity Accreditation by NCQA, a plan must demonstrate compliance in the following areas:

1. Organizational Readiness
2. Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data
3. Access and Availability of Language Services
4. Practitioner Network Cultural Responsiveness
5. Culturally and Linguistically Appropriate Services Programs
6. Reducing Health Care Disparities

The Culturally & Linguistically Appropriate Services (CLAS) Program fulfills IEHP's mission by ensuring that all medically necessary covered services are available and accessible to all Members regardless of race, color, national origin, creed, ancestry, religion, language, age, gender identity, marital status, sexual orientation, health status, evidence of insurability, source of payment, limited English proficiency or disability, and that all covered services are provided in a culturally and linguistically appropriate manner.

Discussion:

The 2024 CLAS Program Description was developed to reflect new CLAS processes and initiatives. CLAS activities include Diversity and Equity Inclusion, Language Assistance, Reducing Health Disparities, and Member Experience. Per accreditation standards, IEHP is required to have a workplan that tracks ongoing progress of CLAS activities throughout the year. The workplan must address annual planned CLAS activities and objectives for overall improvement. The CLAS Workplan also includes a timeframe for each activity's completion, the Team responsible, monitoring of previous identified issues and overall evaluation of the CLAS program. The CLAS Workplan is being shared with the Board as an attachment for review.

CONSENT AGENDA

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 03/19/24	J. Diekmann 3/1/2024	E. Juhn 3/12/2024

QUALITY DEPARTMENT

27. APPROVE THE FUNDING INCREASE WITH THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Additional Funding with the National Committee for Quality Assurance (NCQA) for the 2024 Health Plan Accreditation Survey for the Covered CA line of business for an amount not to exceed \$75,000.

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

IEHP has pursued NCQA Health Plan Accreditation for the Medi-Cal line of business for over 20 years. Covered CA requires that all health plan participants achieve NCQA accreditation within one year of go-live. NCQA surveys are conducted through administrative reviews, onsite interviews, and file reviews. The Health Plan Accreditation Survey for Covered CA will be conducted in October 2024.

To receive accreditation by NCQA, a plan must demonstrate that it has clinical and service programs that meet or exceed NCQA standards in the following areas:

1. Quality Management and Improvement
2. Population Health Management
3. Network Management
4. Utilization Management
5. Credentialing and Recredentialing
6. Member Experience

The Governing Board approved the current Survey Agreement with NCQA in March 2021 under Minute Order 21-70.

Discussion:

IEHP is required to pay \$0.22 per Member for the Health Plan Accreditation survey. The fee for the projected Covered CA membership is \$2,500.00. An additional contingency of approximately \$5,580.00 is included to account for any increases in the “Per Member” Assessment fee. Total survey fees will be based on the membership count at the time of the survey. Additionally, IEHP must pay an application fee of \$15,000, a base fee of \$46,920 and an Interactive Review Tool (IRT) license fee of \$5,000.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Moussa 3/13/2024	NA	M. Popka 03/19/21	J. Diekmann 2/29/2024	E. Juhn 3/12/2024

PROVIDER CONTRACTING DEPARTMENT

28. RATIFY AND APPROVE THE ANCILLARY PROVIDER AGREEMENT WITH KCI USA, INC. DBA 3M MEDICAL SOLUTIONS – MULTIPLE LOCATIONS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Ancillary Provider Agreement with KCI USA, Inc. dba 3M Medical Solutions, effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

KCI USA, Inc. dba 3M Medical Solutions would like to participate as an Ancillary Provider with IEHP for all lines of business.

Discussion:

The new Agreement was tailored to reflect the durable medical equipment services offered by KCI USA, Inc. dba 3M Medical Solutions.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

29. RATIFY AND APPROVE THE TENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH SAN BERNARDINO COUNTY ON BEHALF OF ARROWHEAD REGIONAL MEDICAL CENTER – COLTON

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Tenth Amendment to the Hospital Per Diem Agreement with San Bernardino County on behalf of Arrowhead Regional Medical Center, effective January 1, 2022.

Contact:

Susie White, Chief Operating Officer

Background:

San Bernardino County on behalf of Arrowhead Regional Medical Center is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment allows San Bernardino County on behalf of Arrowhead Regional Medical Center to provide for Medi-Cal managed care capitation rate increases to Plan as a result of intergovernmental transfers (“IGTs”) from San Bernardino County (Governmental Funding Entity) to the California Department of Health Care Services (“State DHCS”) to maintain the availability of Medi-Cal health care services to Medi-Cal beneficiaries.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

30. RATIFY AND APPROVE TO REINSTATE, AMEND, AND EXTEND THE HOSPITAL PER DIEM AGREEMENT FOR BEHAVIORAL HEALTH SERVICES WITH AURORA CHARTER OAK LOS ANGELES, LLC – LOS ANGELES

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve to Reinststate, Amend, and Extend the Hospital Per Diem Agreement for Behavioral Health Services with Aurora Charter Oak Los Angeles, LLC, effective February 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

Aurora Charter Oak Los Angeles, LLC is currently a contracted Behavioral Health Hospital in the IEHP Network.

Discussion:

The Agreement extends the term of the agreement through December 31, 2024.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

31. RATIFY AND APPROVE THE FOURTEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH VERITAS HEALTH SERVICES INC. DBA CHINO VALLEY MEDICAL CENTER – CHINO

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fourteenth Amendment to the Hospital Per Diem Agreement with Veritas Health Services Inc. dba Chino Valley Medical Center, effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

Veritas Health Services Inc. dba Chino Valley Medical Center is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment extends the term of the agreement through December 31, 2025, replaces the Attachment C-Compensation Rates, Attachment C2-Notes to Compensation Rates, Attachment C3-Compensation Rates-Medicare Advantage Program and Attachment G-Managed Care Medical Noncapitated or Carve Out Drugs.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

32. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH KND DEVELOPMENT 52, LLC DBA KINDRED HOSPITAL BALDWIN PARK – BALDWIN PARK

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Hospital Per Diem Agreement with KND Development 52, LLC dba Kindred Hospital Baldwin Park, effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

KND Development 52, LLC dba Kindred Hospital Baldwin Park is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment extends the term of the agreement through December 31, 2026, replaces each of the three Attachment B-Compensation Rates and replaces the Attachment B1-Notes to Compensation Rates.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

33. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH KND DEVELOPMENT 53, LLC DBA KINDRED HOSPITAL SOUTH BAY – GARDENIA

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Hospital Per Diem Agreement with KND Development 53, LLC dba Kindred Hospital South Bay, effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

KND Development 53, LLC dba Kindred Hospital South Bay is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment extends the term of the agreement through December 31, 2026, replaces each of the three Attachment B-Compensation Rates and replaces the Attachment B1-Notes to Compensation Rates.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

34. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH KND DEVELOPMENT 54, LLC DBA KINDRED HOSPITAL RIVERSIDE - PERRIS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Hospital Per Diem Agreement with KND Development 54, LLC dba Kindred Hospital Riverside, effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Hospital Per Diem Agreement for KND Development 54, LLC dba Kindred Hospital Riverside, effective January 1, 2024.

Discussion:

The Amendment extends the term of the agreement through December 31, 2026, replaces each of the three Attachment B-Compensation Rates and replaces the Attachment B1-Notes to Compensation Rates.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

35. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH KND DEVELOPMENT 55, LLC DBA KINDRED HOSPITAL RANCHO – RANCHO CUCAMONGA

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Hospital Per Diem Agreement with KND Development 55, LLC dba Kindred Hospital Rancho, effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

KND Development 55, LLC dba Kindred Hospital Rancho is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment extends the term of the agreement through December 31, 2026, replaces each of the three Attachment B-Compensation Rates, and replaces the Attachment B1-Notes to Compensation Rates.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

36. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH KND REAL ESTATE 40 LLC DBA KINDRED HOSPITAL PARAMOUNT – PARAMOUNT

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Hospital Per Diem Agreement with KND Real Estate 40 LLC dba Kindred Hospital Paramount, effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

KND Real Estate 40 LLC dba Kindred Hospital Paramount is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment extends the term of the agreement through December 31, 2026, replaces each of the three Attachment B-Compensation Rates, and replaces the Attachment B1-Notes to Compensation Rates.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

37. RATIFY AND APPROVE THE SIXTH AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH PHYSICIANS HEALTH NETWORK- CHINO

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Sixth Amendment to the Capitated IPA Agreement with Physicians Health Network, Inc. effective January 1, 2023.

Contact:

Susie White, Chief Operating Officer

Background:

Physicians Health Network is currently a contracted IPA in the IEHP Network.

Discussion:

The Amendment is to replace the Schedule B1 of Attachment B (Medi-Cal) Division of Financial Responsibility.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

38. RATIFY AND APPROVE THE TENTH AMENDMENT TO THE LETTER OF AGREEMENT WITH RADY CHILDREN’S HOSPITAL-SAN DIEGO AND RADY CHILDREN’S HOSPITAL-SAN DIEGO DBA RADY CHILDREN’S SPECIALISTS OF SAN DIEGO, A MEDICAL FOUNDATION – SAN DIEGO

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Tenth Amendment to the Letter of Agreement with Rady Children’s Hospital-San Diego and Rady Children’s Hospital-San Diego dba Rady Children’s Specialists of San Diego, a Medical Foundation, effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

Rady Children’s Hospital-San Diego and Rady Children’s Hospital-San Diego dba Rady Children’s Specialists of San Diego, a Medical Foundation is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment is to extend the term through December 31, 2024. All other items and conditions of the Agreement, as amended, are to remain in full force and effect.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

39. RATIFY AND APPROVE THE FORTY-FIRST AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH RIVERSIDE UNIVERSITY HEALTH SYSTEM MEDICAL CENTER – MORENO VALLEY

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Forty-First Amendment to the Hospital Per Diem Agreement with Riverside University Health System Medical Center, effective January 1, 2023.

Contact:

Susie White, Chief Operating Officer

Background:

Riverside University Health System Medical Center is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment extends the term of the agreement through December 31, 2028, effective January 1, 2024, and replaces the Attachment C-Compensation Rates effective January 1, 2023.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

40. RATIFY AND APPROVE THE ENHANCEMENT CARE MANAGEMENT PROVIDER AGREEMENT WITH SAC HEALTH SYSTEM – MULTIPLE LOCATIONS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Enhancement Care Management Provider Agreement with SAC Health System, effective April 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

SAC Health System would like to participate as an Enhancement Care Management Provider with IEHP for all lines of business.

Discussion:

The new Agreement was tailored to reflect the Enhanced Care Management services offered by SAC Health System.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

41. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH SOUTHERN CALIFORNIA SPECIALTY CARE, LLC – MULTIPLE LOCATIONS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Hospital Per Diem Agreement with Southern California Specialty Care, LLC, effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

Southern California Specialty Care, LLC currently has contracted Hospitals in the IEHP Network.

Discussion:

The Amendment extends the term of the agreement through December 31, 2026, replaces each of the three Attachment B-Compensation Rates, and replaces the Attachment B1-Notes to Compensation Rates.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

42. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH THC – ORANCE COUNTY, LLC – MULTIPLE LOCATIONS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Hospital Per Diem Agreement with THC – Orange County, LLC, effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

THC – Orange County, LLC currently has contracted Hospitals in the IEHP Network.

Discussion:

The Amendment extends the term of the agreement through December 31, 2026, replaces each of the three Attachment B-Compensation Rates and replaces the Attachment B1-Notes to Compensation Rates.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

43. RATIFY AND APPROVAL OF THE STANDARD TEMPLATES

Recommended Action:

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

Contact:

Susie White, Chief Operating Officer

Background:

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

Discussion:

The following standard templates are being presented to the Governing Board for ratified approval, effective April 1, 2024:

- 1) Skilled Nursing Facility Provider Agreement – All Lines of Business
- 2) Skilled Nursing Facility Attachment B – All Lines of Business
- 3) Skilled Nursing Facility Provider Intermediate Care Facility Agreement DD – Excluding Medicare
- 4) Skilled Nursing Facility Attachment B – Excluding Medicare

Fiscal Impact:

None

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

44. APPROVAL OF THE EVERGREEN CONTRACTS

Recommended Action:

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

Contact:

Keenan Freeman, Chief Financial Officer

Background:

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

Discussion:

Ratify and approve the Renewal under the Evergreen Clause of the following Agreement effective February 1, 2024:

Additional one (1) term:

- 1) Citrus Valley Medical Associates Inc dba Norco Medical Group - Participating Provider Agreement – Specialist – Corona

Additional five (5) year term:

- 2) Care Dimensions of the Desert LLC - Ancillary Agreement – Palm Desert

Renewal under the Evergreen Clause of the following Agreements effective, April 1, 2024:

Additional one (1) term:

- 3) Global Transitional Care Inc - Participating Provider Agreement – Specialist – Costa Mesa

Additional three (3) year term:

- 4) Freedom Properties Hemet LLC dba The Village HealthCare Center - Skilled Nursing Facility Provider Agreement – SNF – Hemet

Additional five (5) year term:

- 5) Anoop Maheshwari MD Professional Corp - Participating Provider Agreement – Specialist – Corona
- 6) FJS Hearing Professionals dba Miracle Ear – Ancillary Agreement – Riverside
- 7) Anthony Benigno dba Anthony Benigno PsyD Psychological Services PC - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
- 8) Arlene Castillo - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
- 9) Jana E Harber dba Rites of Passage Counseling - Participating Provider Agreement - Behavioral Health – Norco

- 10) Julio Grova dba La Sierra Counseling - Participating Provider Agreement - Behavioral Health – Riverside
- 11) Kara Wahlin – dba Kara Wahlin Counseling Services – Participating Provider Agreement - Behavioral Health – Palm Desert
- 12) Kenneth A Olson - Participating Provider Agreement - Behavioral Health - Norco
- 13) Molly Roha-Fuentes dba Molly Roha-Fuentes LMFT - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
- 14) Rachel Lopes - Participating Provider Agreement - Behavioral Health – Temecula
- 15) Reset Counseling Services Marriage and Family Therapy - A Professional Corporation - Participating Provider Agreement - Behavioral Health – Murrieta
- 16) German E Crisol MD Inc - Capitated Primary Care Provider Agreement (Medicare Only) - Riverside
- 17) La Sierra Medical Corporation- Capitated Primary Care Provider Agreement (Medicare Only) - Riverside
- 18) Kamran Qureshi MD Inc- Capitated Primary Care Provider Agreement (Excluding Medicare) - Hemet
- 19) Barbara Amajoyi dba Heart Wellness Clinic - Fee-For-Service Primary Care Provider Agreement – Rancho Cucamonga
- 20) Keen Medical Group - Fee-For-Service Primary Care Provider Agreement – Hesperia
- 21) Shaping Pathways - Participating Provider Agreement - QASP – Riverside
- 22) Meadows Ridge Care Center LLC dba Meadows Ridge Care Center - Skilled Nursing Facility Provider Agreement- SNF – Colton
- 23) Antoine J Elhajjar MD Inc dba Desert Neurology & Sleep – Participating Provider Agreement - Specialist – La Quinta
- 24) John Liqueste MD Inc - Participating Provider Agreement – Specialist – Moreno Valley
- 25) United Therapy Network Inc - Participating Provider Agreement – Specialist – West Covina
- 26) California Laser Eye Associates - Participating Provider Agreement – Vision – Chino
- 27) Haleh Guilak dba Haleh Guilak OD Inc - Participating Provider Agreement – Vision – San Jacinto

Renewal under the Evergreen Clause of the following Agreements effective, May 1, 2024:

Additional one (1) year term:

- 28) Neighborhood Healthcare - Participating Provider Agreement - Behavioral Health - Hemet

Additional five (5) year term:

- 29) Amery Consulting Inc dba Pro Sleep Care- Ancillary Agreement – Palm Desert
- 30) Cal Med ASC LLC - Ancillary Agreement – Colton
- 31) GOGO Medical Transport Inc dba GOGO Medical Transport - Transportation Agreement – Rancho Cucamonga
- 32) Merit Home Health Services Inc - Ancillary Agreement – Colton
- 33) Neelam Gupta MD Inc dba Hemacinto Sleep - Ancillary Agreement – San Jacinto
- 34) PRN Medical Services LLC dba Symbius Medical LLC - Ancillary Agreement – Phoenix
- 35) Carolyn C Mason dba Carolyn Mason MA LMFT - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga

- 36) Griselda Engelauf Gonzalez dba New Beginning Family Therapy Services - Participating Provider Agreement - Behavioral Health – Riverside
- 37) Ilese Buchanan dba Buchanan Counseling Services - Participating Provider Agreement - Behavioral Health – Riverside
- 38) Kathy A Pauley dba Kathy Pauley LMFT - Participating Provider Agreement - Behavioral Health – Temecula
- 39) Leticia J Walton dba Leticia Walton - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
- 40) Rosa Elia Gomez dba Dr Rosa E Gomez LCSW - Participating Provider Agreement - Behavioral Health – San Bernardino
- 41) Sahar Asadinik - Participating Provider Agreement - Behavioral Health – Corona
- 42) Walter Robert Taylor - Participating Provider Agreement - Behavioral Health – Ontario
- 43) Betina Greer MD Inc - Capitated Primary Care Provider Agreement – Riverside
- 44) Universal Multi Specialty Medical Group dba Universal Multi Specialty Medical Group - Capitated Primary Care Provider Agreement – Ontario
- 45) Bolivar Family Medical Clinic Inc - Capitated Primary Care Provider Agreement (Medicare Only) – Riverside
- 46) Kids 1st Pediatrics Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – Apple Valley
- 47) A2Z Behavioral Interventions & Services - Participating Provider Agreement – QASP- Orange
- 48) Collaborative Autism Management Programs Inc - Participating Provider Agreement – QASP – Victorville
- 49) Hope Speech and Language Therapy Inc - Participating Provider Agreement – QASP – Murrieta
- 50) Frederick Eko MD Inc dba Eko Plastic Surgery - Participating Provider Agreement – Specialist – Palm Desert
- 51) GenesisCare USA of California a Medical Corporation - Participating Provider Agreement – Specialist – Rancho Mirage
- 52) Mohammad R Khayali MD PC - Participating Provider Agreement – Specialist
- 53) New Life Medical Associates Inc - Participating Provider Agreement – Specialist – Apple Valley
- 54) Pain Rehabilitation and Critical Care Medical Group Inc - Participating Provider Agreement – Specialist – Colton
- 55) The Diet Duchess LLC - Participating Provider Agreement – Specialist – Riverside
- 56) Desert Valley Medical Group Inc - Urgent Care Provider Agreement – Victorville
- 57) Paul M Adams OD dba Inland Empire Optometry - Participating Provider Agreement – Vision – San Bernardino

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

N/A

ADMINISTRATION

45. CHIEF EXECUTIVE OFFICER UPDATE

Recommended Action:

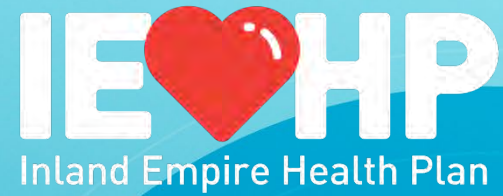
Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

Chief Executive Officer update for the April 8, 2024 Governing Board Meeting.



Governing Board Meeting

CEO BOARD REPORT | *April 8, 2024*

MISSION MOMENT – TRONA SPRING HEALTH FAIR

- Our team visited Trona on March 14 to host the “Trona Spring Health Fair.”
- In collaboration with external partners, services offered at the fair included complimentary teeth cleanings, COVID and flu vaccines and free COVID test kits to all attendees.
- IEHP Transportation team also attended to educate our members on how to use their benefits.
- Eligibility and Continuity Services and Enhanced Care Management teams helped case manage and assist residents with accessing services.
- In honor of Pi-day, our teams provided free slices of pie from Esparza’s, a local restaurant in the city.



IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
February 2024	1,512,709	1,511,068	(1,641)	39,876
March 2024	1,517,685	1,514,753	(2,932)	3,685
April 2024	1,507,553	1,513,146	5,593	(1,607)



PROVIDER DINNER SERIES

- The **February 21 dinner** was held at the Eagle Glen Country Club in Corona.
- The **March 20** dinner was held at Ruth's Chris Steakhouse in Palm Desert.
- Discussion topics included Covered California, provider targeted rate increase, Network Expansion Fund and Global Quality Pay for Performance program.
- Next dinner is planned for **April 17** at Porter's Prime Steakhouse in Ontario.



P4P Programs Benefit Provider Certification Efforts

- IEHP's work through Quality Pay for Performance (QP4P) programs are helping pediatricians meet requirements for the American Board of Pediatrics.
- ABP (American Board of Pediatrics) recently approved IEHP QI data for Part 4 credit for board certification.
- For physicians practicing in San Bernardino and Riverside counties, there is an opportunity to get multiple 25 points using different QI items on IEHP provided QP4P scores.
- D. Rajasekhar, MD, FAAP, received 25 points for one submission.
- We are excited our programs can positively influence processes with these medical boards.



HSF MATCH DAY CELEBRATION

- IEHP hosted a Match Day celebration on March 23 at Dave & Busters for our Healthcare Scholarship Fund (HSF) scholars, but specifically to honor the Matchers.
- Event was held in partnership with Riverside County Medical Association and San Bernardino County Medical Society.
- Many of our scholars are staying within the Inland Empire. They've matched in residencies at ARMC, RUHS, UCR, Riverside Community Hospital, and LLU.



IEHP LEADERSHIP RECOGNITION

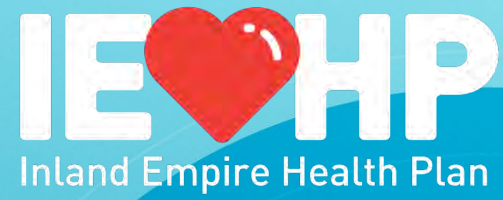
- **Chief Quality Officer Dr. Edward Juhn** was featured in the Feb. 27 edition of Becker's Healthcare Payer Issues. Dr Juhn discussed IEHP's \$288.9 million investment in the 2024 Global Quality P4P showcasing our commitment to elevating health care, quality, motivating providers to excel and enhancing health outcomes for our members. **Dr. Juhn** also was invited to be a member of the Covered California Population Health Investment Advisory Council to help launch a new innovative program aimed at improving health care outcomes and reducing disparities. IEHP is one of only two health plans represented.
- **VP of Quality Genia Fick** participated in last week's Healthcare IT Connect Summit in Baltimore as part of a panel, in partnership with Manifest MedEx. The panel discussed "Implementing California's Data Exchange Framework: Lessons Learned and the Road Ahead."



IEHP LEADERSHIP RECOGNITION

- **VP of Hospital Relations Sylvia Lozano** was appointed to the Executive Advisory Board of the Southern California Chapter of the National Association of Latino Healthcare Executives (NALHE SoCal). Sylvia was chosen to help guide the organization in its efforts to promote health equity in Latino communities.
- **Director of Complex Children & Family Services Heather Waters** was appointed to the First 5 Advisory Committee for San Bernardino. Heather's expertise and the passion she has for this population make her an excellent choice.





Thank You!

ADMINISTRATION

46. APPROVE THE FUNDING AGREEMENT FOR IEHP FOUNDATION'S BLUE ZONES PROJECT

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the IEHP Foundation project funding agreement for Blue Zones, LLC.

Contact:

Greg Bradbard, CEO, IEHP Foundation

Background:

IEHP's intent is to grow its investment in the health and wellness of its members and their surrounding communities in the greater Inland Empire. The IEHP Foundation was created to conduct charitable activities and programs through financial and other forms of support to the Inland Empire and surrounding communities by promoting activities and programs that meet and innovate health care needs and ensure the availability of quality health care.

Blue Zones, LLC is committed to creating healthy communities across the United States. The term "blue zones" was first coined by Dan Buettner, a National Geographic Explorer and Fellow and journalist, during an exploratory project he led in 2004. After an expedition to Okinawa, Japan in 2000 to investigate the longevity there, he set out to explore other regions of the world with reportedly high longevity. With the support of National Geographic, Buettner, and his team of scientists and demographers traveled the world in search of communities where people not only lived longer but also enjoyed a high quality of life in their old age. After analyzing demographic data and interviewing numerous centenarians, they identified five regions that stood out for their extraordinary longevity and vitality.

The 5 original Blue Zones Project Communities are:

- Sardinia, Italy
- Okinawa, Japan
- Nicoya, Costa Rica
- Icaria, Greece
- **Loma Linda, California**

Blue Zones transform project communities so residents can benefit from better health, significant medical cost savings, productivity improvements, increased economic vitality, and lowered obesity and smoking rates.

Discussion:

IEHP Foundation intends to partner with Blue Zones, LLC to create and implement evidence-informed, well-being transformation programs to create sustainable, systems-level solutions that improve population health, state and national health plan-focused quality priorities, and economic vitality in the Inland Empire. (The Project)

POLICY AGENDA

IEHP is being asked to provide funding to the IEHP Foundation to contract with Blue Zones, LLC. The total funding by IEHP pursuant to the funding agreement shall not exceed \$20 million. The Foundation agrees that any use of the funds for the Project must be subject to the written condition that the Project include solutions centered on state and national health plan-focused quality priorities. IEHP is providing the funding, and the Foundation will be managing the agreement.

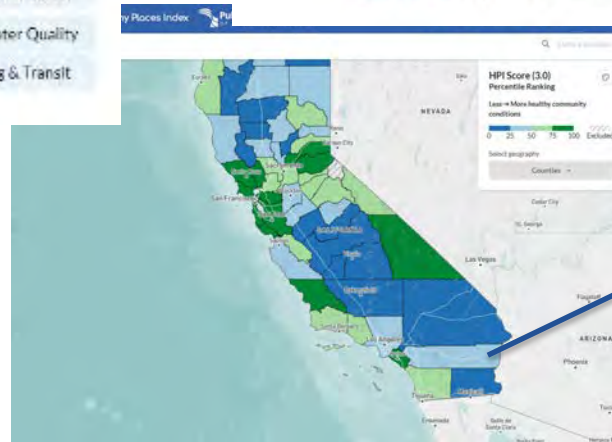
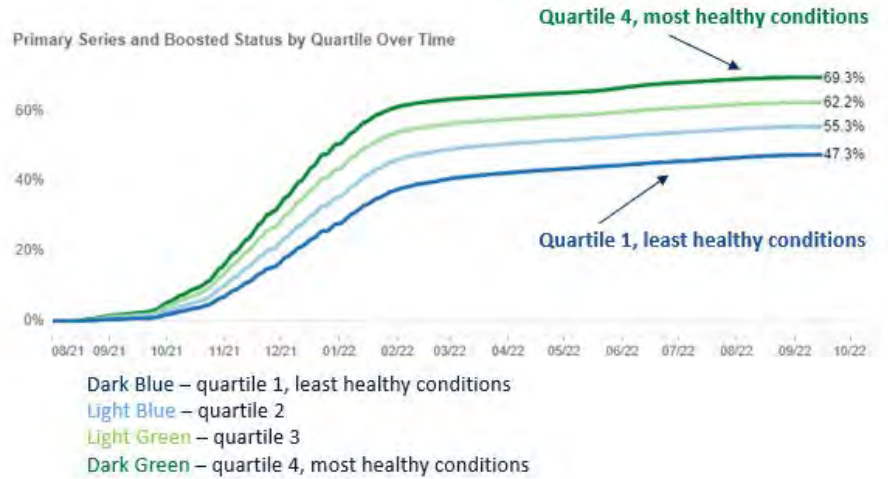
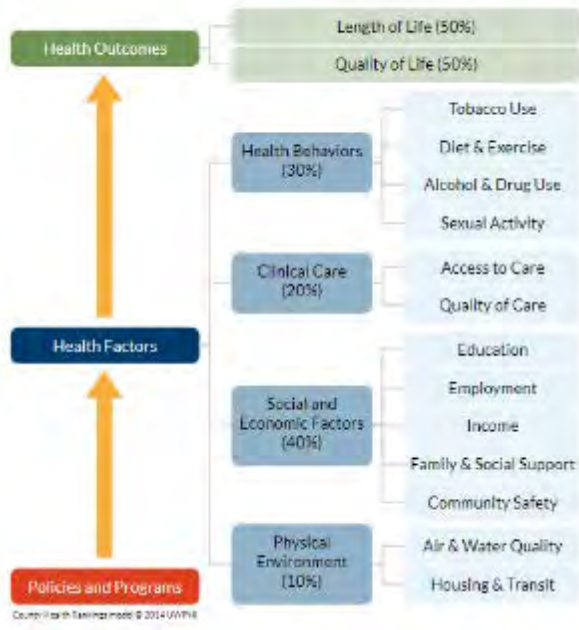
Blue Zones has agreed to include parts of DHCS’s HEDIS and MCAS measures as an “at risk” component of the dollars we are funding. The Blue Zones Fees at Risk would be tied to improve state and national health plan focused quality priorities in the region. This includes, but is not limited to, identified HEDIS measures. These are new dollars from IEHP to the Foundation. The Foundation will be using their own dollars to create a similar concept for SB County called Vibrant Villages.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	V. Johnson 3/26/2024	N/A	M. Popka 03/25/24	L. Starks 3/26/24	J. McNaughton 3/25/24

Blue Zones Transformation

Riverside University Health System – Public Health
IEHP Foundation
Presentation for IEHP Board
April 8th, 2024

The Challenge Today



In the State of California, out of 58 counties, Riverside County is ranked **#36** (Health Factors) and **#27** (Health Outcomes)

Riverside County
 HPI = 39.3

County Health Rankings and Roadmaps. Robert Wood Johnson Foundation.

<https://www.countyhealthrankings.org/explore-health-rankings/california?year=2023&tab=0&measure=Health+Factors>.

Accessed February 1st, 2024.

The California Healthy Places Index. Public Health Alliance of Southern California. <https://map.healthypacesindex.org/>.

Accessed March 24th, 2024.

Vaccination Data. COVID19.CA.GOV. October 6th, 2022. <https://covid19.ca.gov/vaccination-progress-data/> (accessed

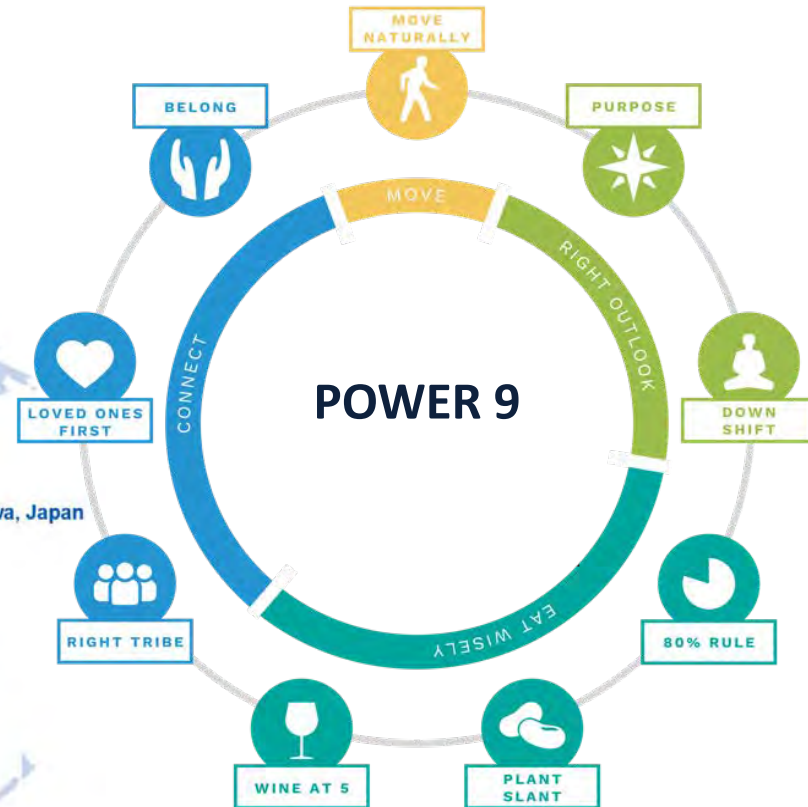
October 6th, 2022).



Natural Blue Zones Longevity Hot Spots Have Shared Fundamental Features



Blue Zones Longevity Hot Spots



Based on 24 years of research by National Geographic and Team of the longest-lived communities in the world.



The Blue Zones Transformation Program Offers an Alternative Approach to Improving Health

LIFE RADIUS®

Almost all Americans spend 90% of their lives within 20 miles of home. We call this the **LIFE RADIUS**.

That's where we focus—implementing *permanent* and *semi-permanent* changes to where people spend the majority of their waking lives.

At homes, schools, worksites, grocery stores, restaurants, and faith-based organizations.

We make healthy choices easier—even unavoidable.

Where you spend your time and who you spend it with is the intervention that transforms well-being.



Project Goal: To become a Blue Zones Certified Community based on a three-step process assuring achievement of specific health, well-being and economic benefits.

IEHP
Foundation

Riverside
University
HEALTH SYSTEM

Measurable Results, Evidence-Based, U.S. Surgeon General Approved

Measurable Results

Jump to 34th place from 68th out of 87 counties



Small Community
Albert Lea, Minnesota
13 Years

- 49% decrease in medical claims cost for city workers.
- 2.9 years added to life spans within one year of participating in the Blue Zones Project.
- 48% increase in tourism since 2012.
- Jump to 34th place in Minnesota County Health Rankings (previously 68 out of 87 counties)

\$40M
Follow-On Grants

55% drop in childhood obesity rates in K-5 schools

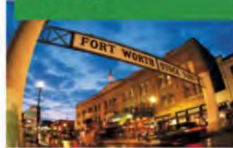


Mid-Size Community
Beach Cities, California
10 Years

- 55% drop in childhood obesity rates at Redondo Beach K-5 schools.
- 15% drop in overweight/obese adults.
- 10% increase in exercise.
- 17% drop in smoking.
- 12% rise in Life Evaluation.
- \$72M in medical cost and lost productivity savings.

+12%
Life Evaluation

Wellbeing rose from 185th to 31st in 4 yrs



Large Community
Fort Worth, Texas
8 Years

- 31% decrease in smoking, reducing smoking rate to 13.5%
- Nine-point increase in residents who exercise at least 30 minutes three or more days of the week, now at 62%.
- Overall 2018 Well-Being Index score rose to 62.5, a gain of 3.7 points or 6% since 2014.

\$20B
Lifetime Reduced Smoking Value

54% decrease in health care expenditures over 6 years



Large Employer
NCH Healthcare System
6 Years

- A 4.9 point jump in overall well-being among employees.
- 54% decrease in healthcare expenditures over six years.
- \$27 million reduction in self-insured medical claims.
- Nearly 60% of all employees pledged participation.
- 40% decline in lost work days due to injury.

+7%
Well-Being Improvement

> 5% Sustained Improvement in Well-Being



Alignment with IEHP's Strategic Plan

Our strategic plan

2030 VISION COMMITMENTS

VIBRANT HEALTH

Vibrant Health means that our members and the residents of the IE have access to a better, more joyful life because:

- Exposure to the root causes of ill health is significantly reduced.
- Core needs are increasingly met (e.g., food, shelter, safety).
- Health is equitably experienced across our diverse communities.

We will consider this successful when, by the end of 2030, a collaborative multi-sector task force has implemented a proven community health and well-being model and is on track with mutually agreed-upon targets.

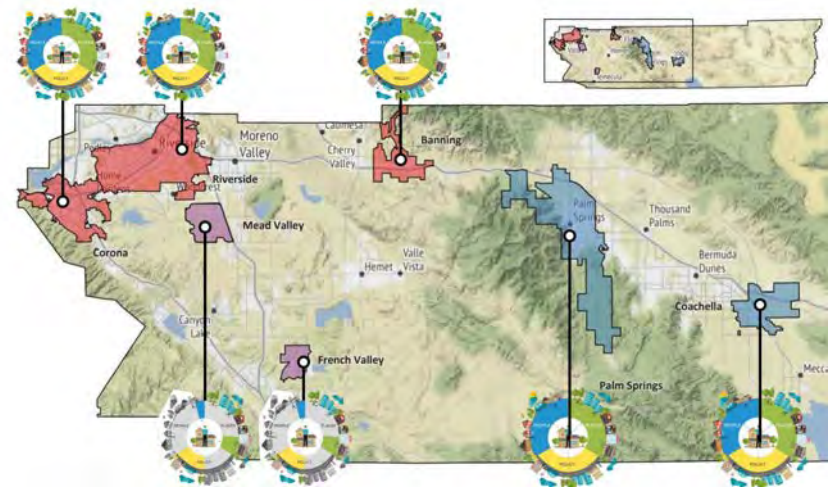
Directly aligned with IEHP's Vibrant Health goals, Blue Zones addresses the following priorities by creating ground-level, multi-sector task forces:

- ✓ Root Causes of Ill Health
- ✓ Core Needs
- ✓ Health Equity



Blue Zones Feasibility Assessments Completed in 7 Communities (2022-2023)

- **Readiness assessment** of potential pilot communities conducted from Dec 2022 through July 2023
- Communities selected for feasibility assessment based on: **geography, size, need, incorporated / unincorporated, interest**
- Feasibility assessments included:
 - **Baseline study** and high level data analysis
 - Intake and **review of assets and opportunities** related to **People, Places, and Policies**
 - **Keynote events** with Blue Zones overview and dialogue with community
 - **Focus groups** and key **stakeholder interviews**
- → *alignment with community interest and readiness for a Blue Zones Transformation Project*



Banning
Coachella
Corona
French Valley

Mead Valley
Palm Springs
Riverside



Proposed Wave One Blue Zones Transformation Communities

Scope	Model	Total Adult Pop	Term	Total Fees	25% Risk Fees	Local FTE's	5 Year Medical & Productivity Savings	5 Year ROI
CITY OF RIVERSIDE	BZP	318k (46%)	9MO 5YR	\$20.8M	\$4.95M	11	\$71M	3.6 :1
COACHELLA	BZP	42k (57%)	9MO 3YR	\$5.99M	\$1.49M	4	\$24M	4:1
BANNING	BZP	30k (47%)	9MO 3YR	\$5.95M	\$1.48M	4	\$15M	2.5 : 1
MEAD VALLEY	Activate	21k (50%)	3YR	\$1.64M	NA	1	NA	NA
PALM SPRINGS	BZP	45k (26%)	9MO 3YR	\$5.99M	\$1.49M	4	\$34M	6: 1
		456k	5 Years	\$40MM	\$10MM	24	\$144MM	3.5+ :1

***Highlight denotes IEHP membership share.

→ IEHP contribution of \$20 M would cover half of the cost of the Wave One Blue Zones Transformation Communities



Transformation Model Process



→ *Would expect to see measurable change at 1-2 years into Transformation*

Accountability Measures will include:

- Quarterly Progress Reports
- Annual Milestones
- At-Risk/Pay for Performance Measures (HEDIS)



Resource Allocation

BLUE ZONES PROJECT - CITY OF RIVERSIDE, CA - 9 MONTHS & 5 YEARS

Resource Allocation

Cumulative Cost \$20.83M

Blue Zones Assumes 25% Risk

Key Features Include:

- Blue Zones Challenge
- Annual Gallup Measurement
- Innovation around well child quality measures
- Majority of the cost will be to hire staff locally

→ *What does implementation look like?
(financially, programmatically,
operationally)*

Local FTE Mix



Local FTE MIX	
	AVG
Executive Director	1
People	2
Places	3
Policy	2
PM Coordination	1
Events & Marketing	1
Total	11

- Powerful Innovations
- Driven by Data
- Enabled by Technology
- Powered by People

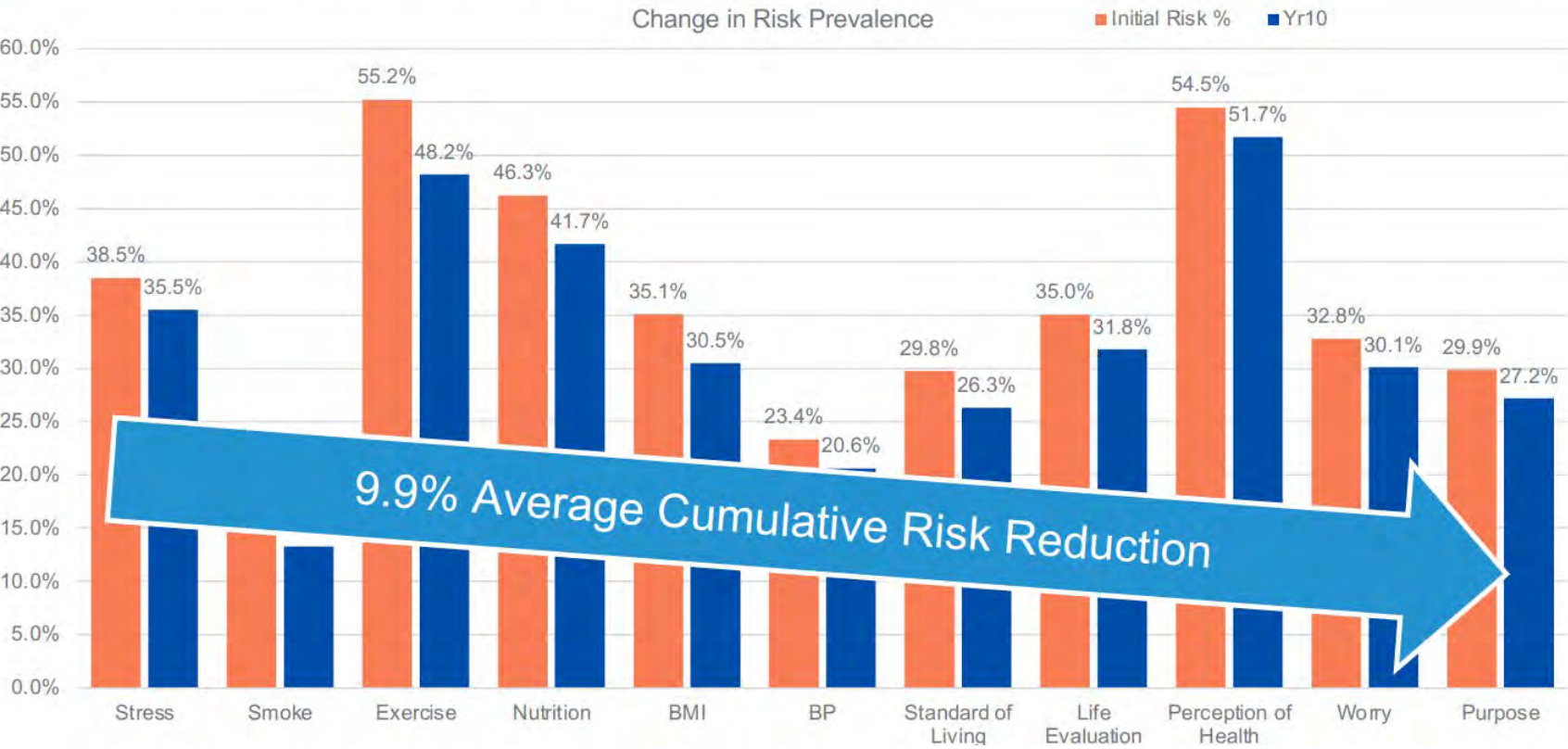


Well-Child Innovation Collaboration

- Partnering with IEHP on Well-Child related quality outcomes including:
 - Increase well-child visits
 - Serve as a driver and funnel to primary care
 - Blue Zones youth and adolescent specific engagement programs



Annual Prevalence Rate Projections

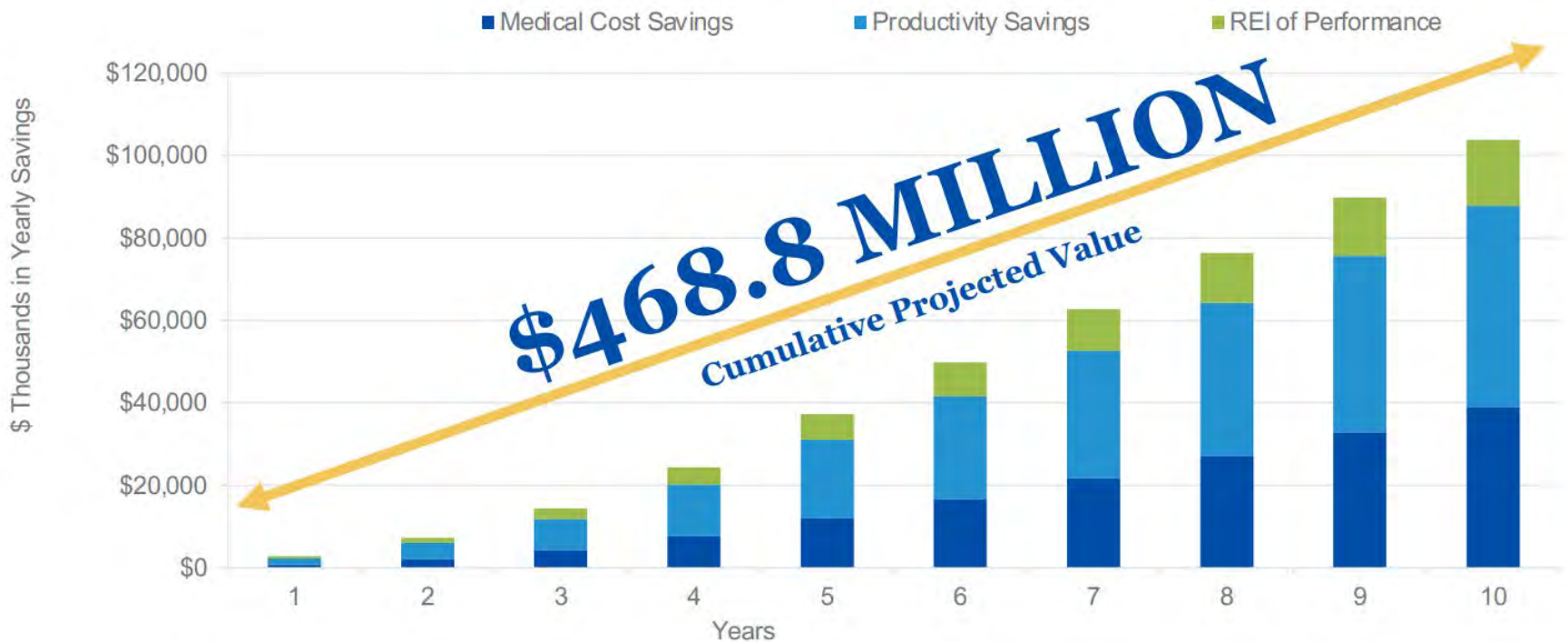


Ten Year Impact

RIVERSIDE CITY

Medical	Productivity	Regional Economic
\$164.7 Million	\$228.9 Million	\$75.2 Million

Blue Zones Value Opportunity



- 5-year ROI = 3.5+ (all communities)
- 10-year ROI = 20+ (all communities)



FINANCE DEPARTMENT

47. REVIEW OF THE MONTHLY FINANCIALS

Recommended Action:

Review and File

Contact:

Keenan Freeman, Chief Financial Officer

Discussion:

Monthly Financials for Period Ending February 29, 2024.

FINANCE DIVISION

February 2024

MONTHLY
FINANCIALS

Presented
April 8, 2024



February 2024 Actual vs Budget - Consolidated

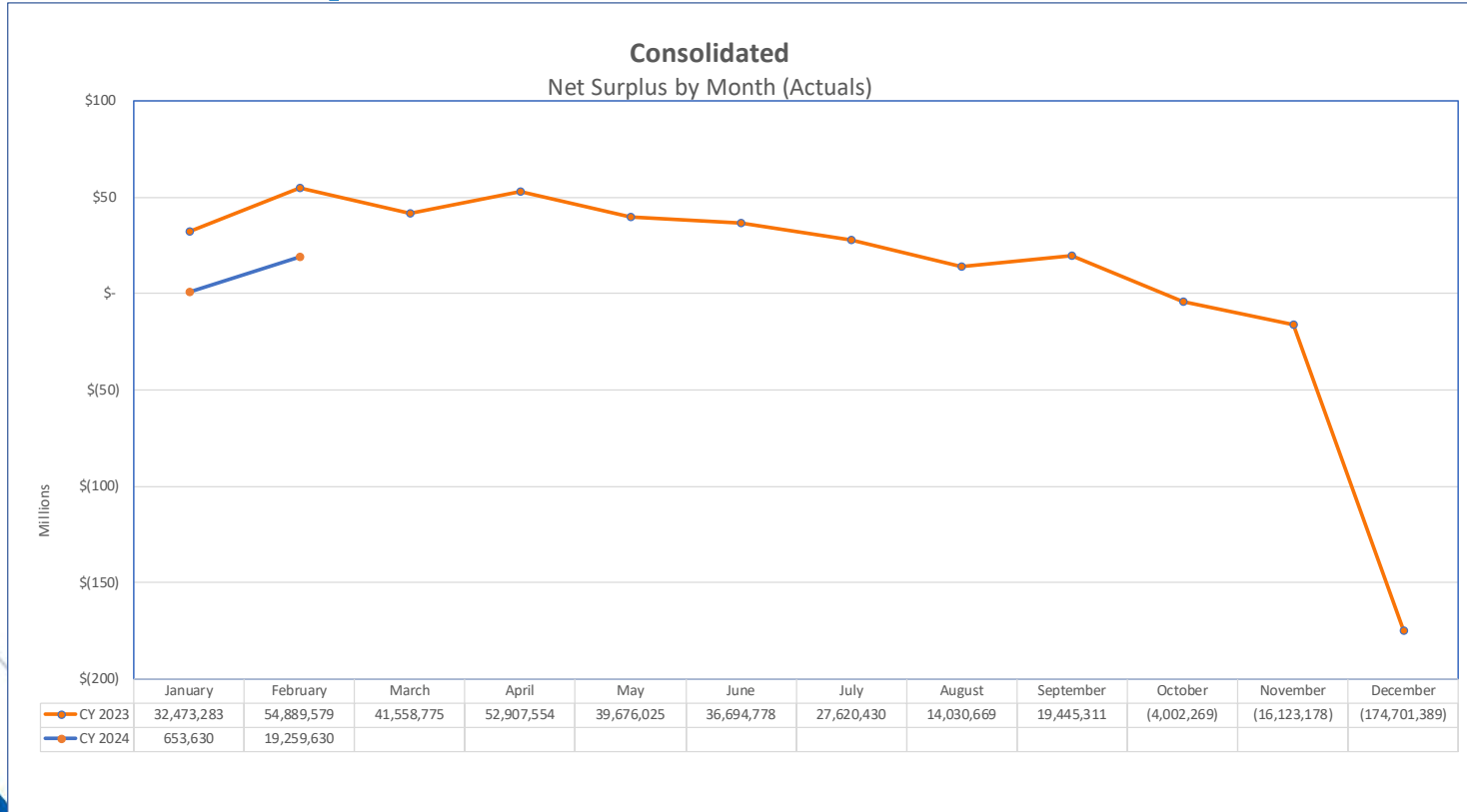
	February Month-to-Date			February Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 599,509,070	\$ 592,325,206	\$ 7,183,864	\$ 1,180,762,972	\$ 1,165,437,258	\$ 15,325,714
Total Medical Costs	\$ 550,676,024	\$ 520,976,419	\$ (29,699,605)	\$ 1,098,832,653	\$ 1,055,543,852	\$ (43,288,801)
Total Operating Expenses	\$ 36,861,106	\$ 38,032,669	\$ 1,171,563	\$ 77,076,261	\$ 76,086,884	\$ (989,377)
Total Non Operating Income (Expense)	\$ 8,022,296	\$ 5,622,104	\$ 2,400,192	\$ 16,524,482	\$ 11,244,208	\$ 5,280,274
Non-Medi-Cal/Medicare Expenses	\$ 734,607	\$ 2,366,665	\$ 1,632,058	\$ 1,465,281	\$ 2,366,665	\$ 901,384
Net Surplus (Deficit)	\$ 19,259,630	\$ 36,571,557	\$ (17,311,928)	\$ 19,913,259	\$ 42,684,064	\$ (22,770,806)

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to the favorable Adult UIS, LTC-Full Dual and SPD SIS member months, D-SNP Part D risk sharing, and higher-than-expected IEHP Covered (CCA) membership partially offset by unfavorable maternity revenue, and MOT risk corridor.
- The unfavorable medical cost variance compared to budget is primarily due to higher utilization in professional claims, transportation, and HCBS Other, and unfavorable pharmacy expense.
- The favorable operating expense variance compared to budget is primarily due to Facilities and IT project delays.
- The favorable non-operating income (expense) variance compared to budget is primarily due to higher-than-expected interest income.
- The favorable non-Medi-Cal/Medicare expense variance compared to budget is primarily due to no community reinvestment program payment.



Net Surplus Year-Over-Year - Consolidated



Actual vs Budget: Medi-Cal

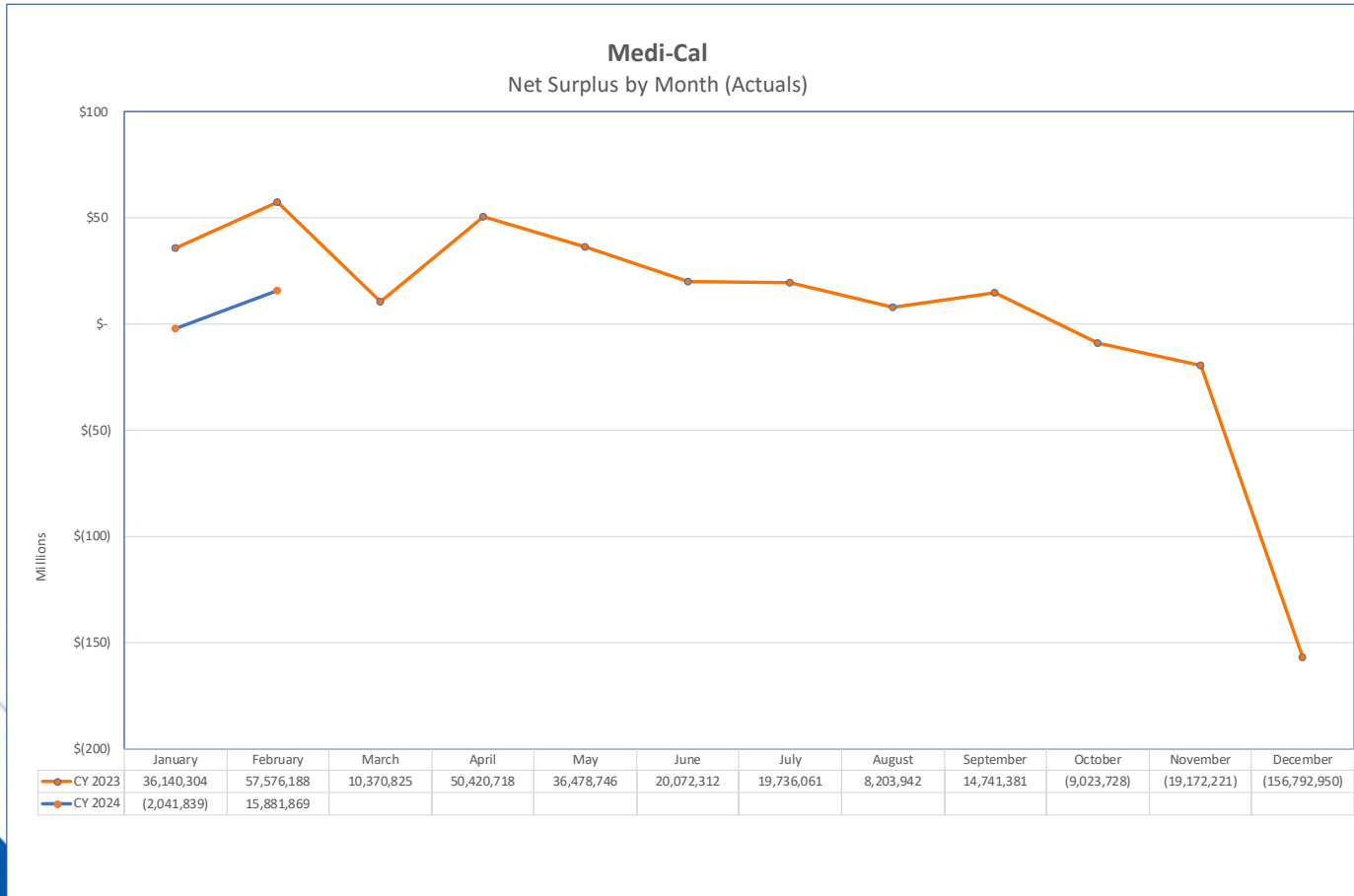
	February Month-to-Date			February Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 524,602,468	\$ 523,154,155	\$ 1,448,313	\$ 1,034,953,017	\$ 1,026,695,506	\$ 8,257,511
Total Medical Costs	\$ 481,306,886	\$ 457,839,041	\$ (23,467,845)	\$ 964,259,497	\$ 927,540,386	\$ (36,719,111)
Total Operating Expenses	\$ 30,442,639	\$ 31,497,856	\$ 1,055,217	\$ 62,830,836	\$ 62,820,012	\$ (10,824)
Total Non Operating Income (Expense)	\$ 3,028,926	\$ 2,912,732	\$ 116,194	\$ 5,977,346	\$ 5,825,463	\$ 151,883
Net Surplus (Deficit)	\$ 15,881,869	\$ 36,729,990	\$ (20,848,121)	\$ 13,840,030	\$ 42,160,571	\$ (28,320,541)

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to the favorable Adult UIS, LTC-Full Dual and SPD SIS member months partially offset by unfavorable maternity revenue, and MOT risk corridor.
- The unfavorable medical cost variance compared to budget is primarily due to higher utilization in professional claims, transportation, and HCBS Other.
- The favorable operating expense variance compared to budget is primarily due to Facilities and IT project delays.



Net Surplus Year-Over-Year: Medi-Cal



Actual vs Budget: D-SNP

	February Month-to-Date			February Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 68,924,033	\$ 65,742,039	\$ 3,181,994	\$ 135,533,484	\$ 132,074,659	\$ 3,458,825
Total Medical Costs	\$ 63,690,761	\$ 58,627,457	\$ (5,063,304)	\$ 124,191,118	\$ 119,077,548	\$ (5,113,570)
Total Operating Expenses	\$ 4,314,706	\$ 4,336,224	\$ 21,518	\$ 8,587,264	\$ 8,785,821	\$ 198,557
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ 918,566	\$ 2,778,359	\$ (1,859,793)	\$ 2,755,102	\$ 4,211,290	\$ (1,456,188)

Highlights for the Month:

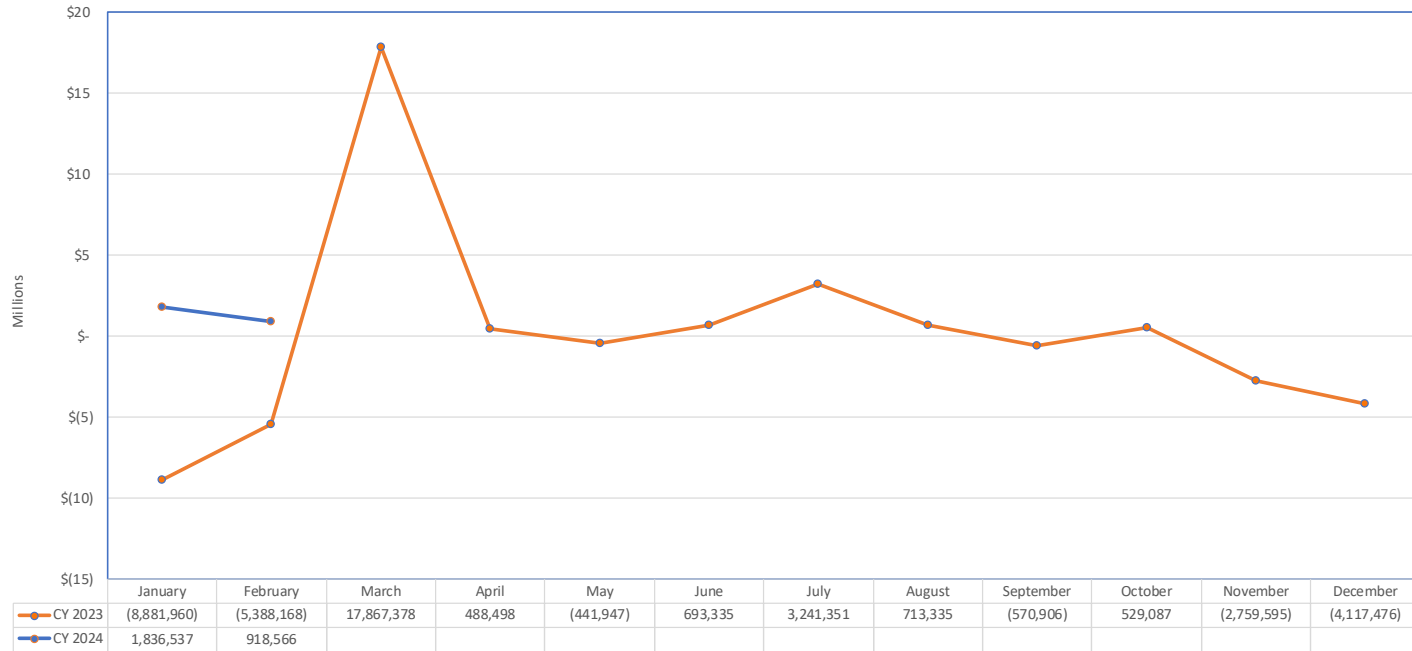
- The favorable revenue variance compared to budget is primarily due to favorable D-SNP Part D risk sharing.
- The unfavorable medical cost variance compared to budget is primarily due to unfavorable pharmacy expense, professional, and outpatient claims.



Net Surplus Year-Over-Year: D-SNP

D-SNP

Net Surplus by Month (Actuals)



Actual vs Budget: IEHP Covered (CCA)

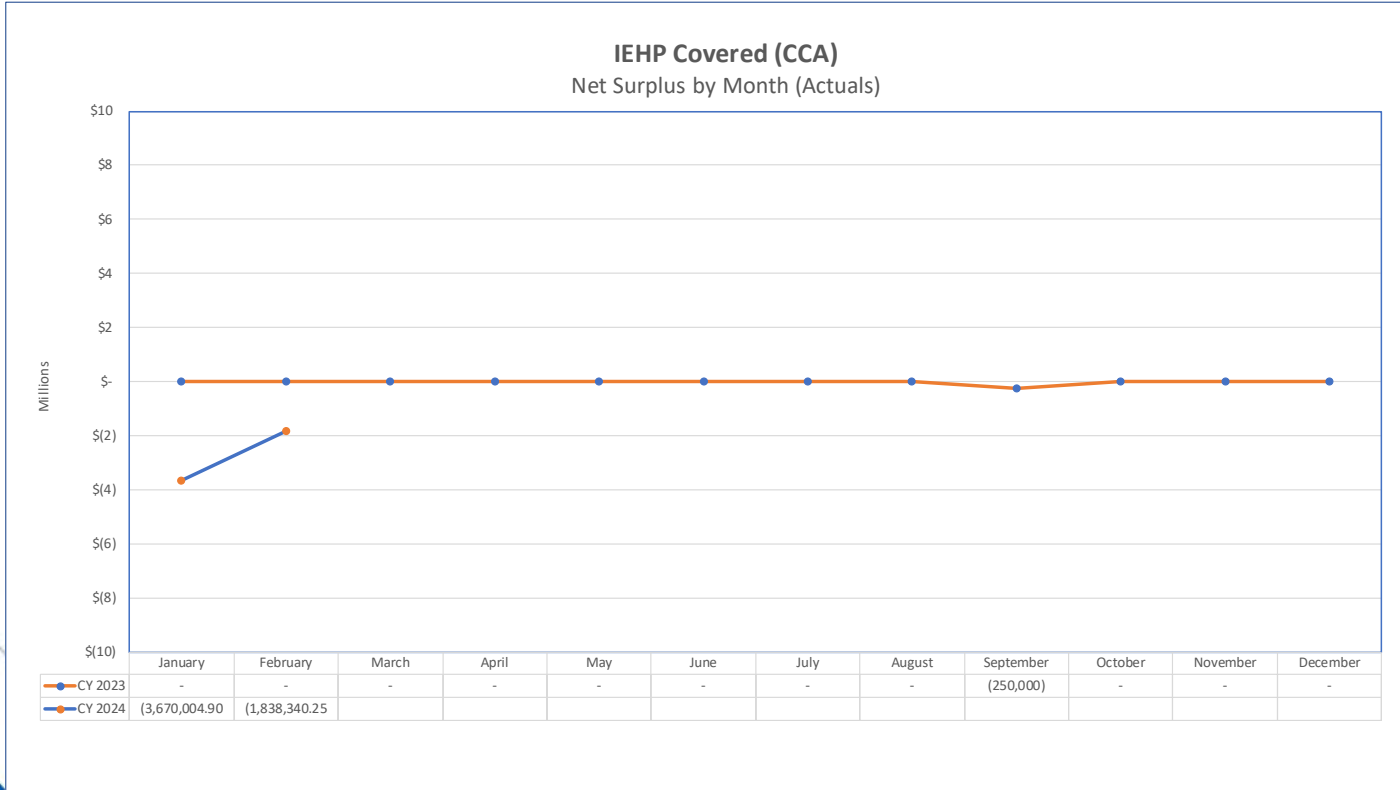
	February Month-to-Date			February Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 5,981,872	\$ 3,429,011	\$ 2,552,861	\$ 10,275,530	\$ 6,667,093	\$ 3,608,437
Total Medical Costs	\$ 5,716,452	\$ 4,509,920	\$ (1,206,532)	\$ 10,125,714	\$ 8,925,918	\$ (1,199,796)
Total Operating Expenses	\$ 2,103,761	\$ 2,198,589	\$ 94,828	\$ 5,658,161	\$ 4,481,051	\$ (1,177,110)
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ (1,838,340)	\$ (3,279,498)	\$ 1,441,158	\$ (5,508,345)	\$ (6,739,876)	\$ 1,231,531

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected IEHP Covered (CCA) Silver membership.
- The unfavorable medical cost variance compared to budget is strictly an actuarial best estimate of our claims liability until we have more actual claims experience.



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



Balance Sheet – Current Month vs Prior Month

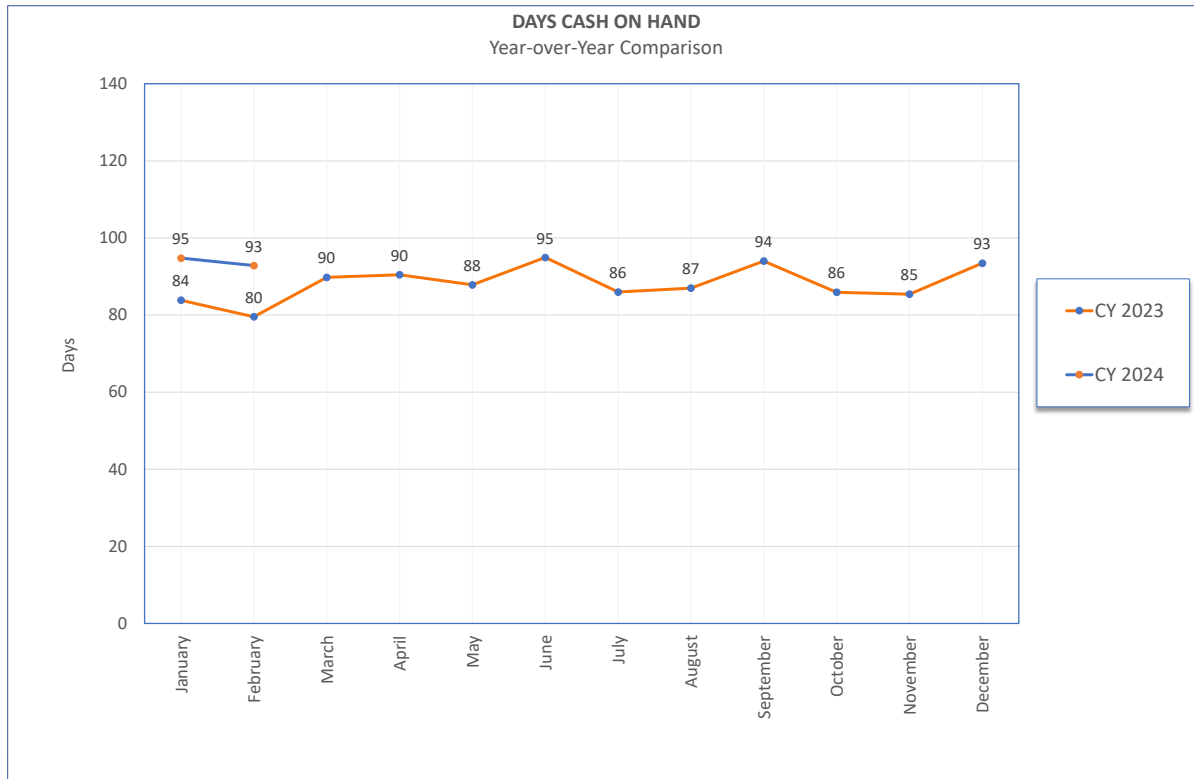
	Feb-24	Jan-24	Variance
<u>Assets and Deferred Outflows</u>			
Current Assets	\$ 3,438,985,805	\$ 2,888,473,140	\$ 550,512,665
Long Term Receivables	\$ 33,064	\$ 36,253	\$ (3,189)
Capital Assets	\$ 274,762,165	\$ 277,449,690	\$ (2,687,524)
Deferred Outflows of Resources	\$ 75,826,110	\$ 75,826,110	\$ -
Net Other Assets	\$ -	\$ -	\$ -
Total Assets and Deferred Outflows	\$ 3,789,607,144	\$ 3,241,785,193	\$ 547,821,951
<u>Liabilities, Deferred Inflows, and Net Position</u>			
Current Liabilities	\$ 2,261,065,628	\$ 1,729,588,756	\$ 531,476,872
Long-Term Liabilities	\$ 73,803,630	\$ 76,715,259	\$ (2,911,629)
Deferred Inflows	\$ 407,312	\$ 410,234	\$ (2,922)
Net Position	\$ 1,454,330,574	\$ 1,435,070,944	\$ 19,259,630
Total Liabilities, Deferred Inflows, and Net Position	\$ 3,789,607,144	\$ 3,241,785,193	\$ 547,821,951

Highlights for the Month:

- Increase in Current Assets and Current Liabilities is primarily due to increase in Cash and Accrued Medical Expenses primarily due to directed payments received and pending distribution to providers of \$258M PHDP, \$131M IGT, \$112M QIP, and \$70M EPP.



Days Cash on Hand



Highlights for the Month:

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



Acronyms & Definitions

CCA – Covered California

CMC – Cal MediConnect (part of the Duals Demo Pilot)

CY– Calendar Year

D-SNP – Dual Eligible Special Needs Plan (Medicare and Medi-Cal)

EPP – Enhanced Payment Program

G&A – General & Administrative

HCBS – Home and Community-Based Services

HQAF – Hospital Quality Assurance Fee

IBNR – Incurred But Not Reported

IGT – Intergovernmental Transfers

IT – Information Technology

LTC – Long Term Care

MCE – Adult Medi-Cal Expansion

MLR – Medical Loss Ratio

MOT – Major Organ Transplant

PHDP – Private Hospital Directed Payment

QIP – Quality Incentive Pool

SIS/UIS – Satisfactory Immigration Status/Unsatisfactory Immigration Status

SPD – Seniors and Persons with Disabilities



FINANCE DEPARTMENT

48. CALENDAR YEAR 2023 - YEAR END UPDATE

Recommended Action:

TBD

Contact:

Keenan Freeman, Chief Financial Officer

Discussion:

Presentation of the 2023 year end Financial review.

FINANCE DIVISION

Year End Review December 2023

Presented
April 8, 2024



December 2023 Actual vs Budget - Consolidated

	December Month-to-Date			December Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 451,973,461	\$ 600,577,439	\$ (148,603,978)	\$ 6,894,133,115	\$ 6,994,968,915	\$ (100,835,800)
Total Medical Costs	\$ 577,715,952	\$ 564,958,240	\$ (12,757,712)	\$ 6,409,557,657	\$ 6,487,595,557	\$ 78,037,900
Total Operating Expenses	\$ 39,194,397	\$ 41,089,256	\$ 1,894,859	\$ 412,386,224	\$ 478,697,569	\$ 66,311,345
Total Non Operating Income (Expense)	\$ 10,913,467	\$ 3,207,396	\$ 7,706,071	\$ 81,501,919	\$ 39,723,771	\$ 41,778,148
Non-Medi-Cal/Medicare Expenses	\$ 20,677,968	\$ 666,667	\$ (20,011,301)	\$ 29,221,583	\$ 8,000,000	\$ (21,221,583)
Net Surplus (Deficit)	\$ (174,701,389)	\$ (2,929,328)	\$ (171,772,061)	\$ 124,469,570	\$ 60,399,560	\$ 64,070,010

Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to the unfavorable CY2023 rate reduction reserve adjustment for ICF-DD reduction, LTC fee change, population acuity, Prop 56 MLR reserve adjustment, unearned CalAIM incentive revenue, and lower-than-expected adult member months partially offset by higher-than-expected SPD full dual member months.
- The unfavorable medical cost variance compared to budget is primarily due to unfavorable inpatient CY2023 retroactive rate increase for county hospitals, outpatient, LTC net claims and IBNR restatements, higher utilization of transportation, BHT, and HCBS Other, and higher-than-expected medical G&A partially offset by favorable capitation expense, Prop 56 expense adjustment, MLR reserve adjustment, and CalAIM incentive expense.
- The favorable operating expense variance compared to budget is primarily due to IT project delays.
- The favorable non-operating income (expense) variance compared to budget is primarily due to higher-than-expected interest income.

The unfavorable non-Medi-Cal/Medicare expense variance compared to budget is primarily due to IEHP Foundation funding.

*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-Medi-Cal/Medicare Expenses, etc.)



Summary of December 2023 Year End Adjustments

(in millions of dollars)

November 2023 Net Surplus	\$ 299.2
Items communicated to the Board on 1/31/2024	
Estimated 1.25% CY23 premium rate cut reserve	\$ (64.6)
Hospital Medi-Cal rate increase of ~20% for ARMC and RUHS retro to 1/1/2023	\$ (40.9)
Net GASB 68 Pension Expense adjustment	\$ (10.6)
Provider Payments (5% IPA Bonus accrual & RUHS grant funding)	\$ (13.2)
<i>Offset by:</i>	
Global capitation expense rate variance accrual due to SIS/UIS rate updates for DOS July 2019-December 2021	\$ 6.2
IEHP Bonus-Quality Incentive November YTD accrual reversal	\$ 4.0
Other Adjustments (IEHP Healthcare Scholarship Fund, Interest Income, Pass Throughs)	\$ 24.1
Total Adjustments to Net Surplus	\$ (95.0)
Preliminary December Net Surplus	\$ 204.2
Adjustments after 1/31/24 Board Communication	
Net estimated CY23 premium rate cut reserve for acuity adjustment	\$ (71.4)
Global capitation expense rate adjustment related to CY23 premium rate cut	\$ 11.7
IEHP Foundation funding accrual	\$ (20.0)
Total Additional Adjustments to Net Surplus	\$ (79.7)
December 2023 Final Net Surplus	\$ 124.5



OPERATIONS DEPARTMENT

49. 2023 GRIEVANCE AND APPEALS ANNUAL STUDY

Recommended Action:

Review and File

Contact:

Susie White, Chief Operating Officer

Background:

The Grievance and Appeal (G&A) Study is conducted annually and reviews case volume and rates to identify trends and assess areas of opportunity to improve overall Member satisfaction. A grievance is a Member complaint expressing dissatisfaction with any aspect of IEHP, or its Providers and a Member appeal is a review (reconsideration) by IEHP on services the Member believes they are entitled to receive.

This report contains Medi-Cal and Medicare grievances and appeals cases received between January 1, 2023 and December 28, 2023. The data was grouped into the following categories: Access, Attitude/Service, Benefits, Billing/Financial, Compliance, Enrollment/Disenrollment, Quality of Care, and Quality of Practitioner Site.

Discussion:

In 2023, there were 36,796 reported standard grievances for the Medi-Cal line of business. A rate was calculated using the proportion of cases in 2023 to the total member months in 2023. The three top subcategory volume and rate are found in Attitude and Service, Quality of Care, and Access. The rate met the goal of <3.0. The review of the 2023 Medi-Cal grievances revealed a decrease from the year prior.

Table 1: Overall Standard Medi-Cal Grievances

Category	Total 2022 Cases	2022 Rate	Total 2023 Cases	2023 Rate	2023 Rank	Goal <3.0 Met?
Attitude/Service	24,190	1.3255	16,439	0.8425	1	Goal Met
Quality of Care	13,276	0.7275	13,019	0.6672	2	
Access	4,674	0.2561	5,748	0.2946	3	
Compliance	882	0.0483	852	0.0437	4	
Billing/Financial	753	0.0413	580	0.0297	5	
Quality of Practitioner Office Site	137	0.0075	131	0.0067	6	
Enrollment/Disenrollment	21	0.0012	18	0.0009	7	
Benefits	12	0.0007	9	0.0005	8	
Total/Per 1000 MM	43,945	2.4080	36,796	1.8858		

In 2023, there were 13,146 reported standard grievances for the Medicare line of business. A rate was calculated using the proportion of cases in 2023 to the total member months in 2023. The

three top subcategory volume and rate are Attitude and Service, Quality of Care, and Access. The rate did not meet the goal of <12.83. The review of the 2023 Medicare grievances revealed an increase from the year prior.

Table 2: Overall Standard Medicare Grievances

Category	Total 2022 Cases	2022 Rate	Total 2023 Cases	2023 Rate	2023 Rank	Goal <12.83 Met?
Attitude/Service	7,092	18.5227	7,289	18.100	1	Goal Not Met
Quality of Care	2,521	6.5843	3,510	8.716	2	
Access	1,061	2.7711	1,437	3.568	3	
Billing/Financial	306	0.7992	449	1.115	4	
Compliance	299	0.7809	406	1.008	5	
Quality of Practitioner Office Site	20	0.0522	45	0.112	6	
Enrollment/Disenrollment	7	0.0183	7	0.017	7	
Benefits	3	0.0078	3	0.007	8	
Total/per 1000 MM	11,309	29.5366	13,146	32.644		

Grievances received orally not related to Quality of Care or denied services and resolved by the end of the following business day are exempt from the requirement to respond in writing. The review of the 2023 exempt grievances revealed an increase from the year prior in both lines of business.

Table 3: Medi-Cal Exempt Grievances

Category	2022 Total Exempt Cases	2022 Exempt Grievances Rate	2023 Total Exempt Cases	2023 Exempt Grievances Rate
Quality of Service	53,454	2.93	54,800	2.81
Access	51,091	2.80	52,691	2.70
Enrollment or Disenrollment	8,518	0.47	8,216	0.42
Transportation	4,316	0.24	7,379	0.38
Benefit Package	3,178	0.17	2,058	0.11
Benefits / Coverage	1	0.00	12	0.00
IEHP	0	0.00	10	0.00
Quality of Service/Other	4	0.00	0	0.00
Total/per 1000 MM	120,575	6.61	125,167	6.42

For the year 2023, data logic was updated for the Medicare line of business in relation to same day grievances reported in table 4. The updated logic now pulls cases documented as same day, as well as exempt. In 2022, the only classification being pulled for this table was exempt. Given this logic update, the Plan's 2022 total of same day grievances would be 12,186 instead of 6,294, and this compares to the Plan's 2023 total number of 17,627.

Table 4: Medicare Same Day Grievances

Category	2022 Total Same Day Cases	2022 Same Day Grievances Rate	2023 Total Same Day Cases	2023 Same Day Grievances Rate
Quality of Service	3,305	8.63	8,680	21.55
Access	1,343	3.51	3,789	9.41
Benefit Package	448	1.17	2,697	6.70
Transportation	904	2.36	2,081	5.17
Enrollment or Disenrollment	291	0.76	369	0.92
IEHP	0	0.00	6	0.01
Benefits / Coverage	0	0.00	3	0.01
Total/per 1000 MM	6,294	16.44	17,627	44.05

The top 3 Medi-Cal grievances categories are Attitude/Service, Quality of Care, and Access. Of those, the following subcategories have the largest volume, IEHP, Referral, and Practitioner Customer Service.

Table 5: Top Standard Medi-Cal Grievances

Rank	Category	Subcategory	Total 2022 cases	Total 2023 cases
1	Attitude and Service	IEHP	9,817	6,595
		Practitioner Customer Service	3,208	3,730
		Transportation	7,106	2,286
2	Quality of Care	Referral	3,665	3,968
		PCP	4,199	3,505
		Specialist	2,256	2,236
3	Access	Telephone	1,945	2,102
		PCP - Appointment	1,524	1,814
		Specialist - Appointment	753	1,330

The top 3 Medicare grievances categories are Attitude/Service, Quality of Care, and Access. Of those, the following subcategories have the largest volume, IEHP, PCP and Transportation.

Table 6: Top Standard Medicare Grievances

Rank	Category	Subcategory	Total 2022 cases	Total 2023 cases
1	Attitude and Service	IEHP	2,916	3,843
		Transportation	1,953	808
		Practitioner Customer Service	869	604
2	Quality of Care	PCP	753	1,073
		Specialist	578	800
		Referral	372	459
3	Access	Telephone	559	731
		PCP - Appointment	226	296
		Specialist - Appointment	174	296

Members have the right to appeal an adverse decision. A review of the 2023 appeals Medi-Cal volume and appeals rate reveals an increase from the prior year. The set goal of < 0.10 was met for 2023.

Table 7: Medi-Cal Medical Appeals

Medical Appeals	2022	2023	Goal <0.10
Total Appeals Volume	883	1,069	Goal Met
Rate (Per 1000 Member Months)	0.0484	0.0547	

A drill down to the subcategory appeals services identifies ‘DME’ and ‘Out of Area Provider’ as the top appeal services.

Table 8: Appeal Drill Down

Subcategory Service	Volume of appeals
1. Durable Medical Equipment (DME)	787
2. Out of Area Provider	180
3. Outpatient Surgery	144
4. Consultation	138
5. Medically Tailored Meals	76

A review of the 2023 appeals Medicare volume and appeals rate reveals an increase from the prior year. The set goal of < 0.436 was not met for 2023.

Table 9: Medicare Medical Appeals

Medical Appeals	2022	2023	Goal <0.436
Total Appeals Volume	323	492	Goal Not Met
Rate (Per 1000 Member Months)	0.8463	1.2217	

A review of the 2023 Medicare Pharmacy appeals volume and appeals rate reveals an increase from the prior year. The goal is <0.109 was not met for 2022.

Table 10: Medicare Pharmacy Appeals

Pharmacy Appeals	2022	2023	Goal <0.109
Total Pharmacy Appeals volume	833	1,491	Goal Not Met
Rate (Per 1000 Member months)	2.1764	3.7024	

IEHP tracks internal department grievances. In 2023, there were 6,595 Medi-Cal and 3,843 Medicare internal department grievances reported. The Member Services and Utilization Management departments received the highest volume of grievances in 2023. Member Services department is the Member’s primary point of contact when calling the Plan. Utilization Management is the department that processes authorizations.

Table 11: IEHP Department ‘Attitude/Service’ Medi-Cal and Medicare Grievances

Department	Medi-Cal Grievance cases	Medicare Grievance cases
Member Services	2,575	1,053
Utilization Management	839	482
Transportation	712	196
Enrollment & Eligibility	692	201
Health Plan	325	180
Grievance & Appeals	282	180
Case Management	280	882
Information Technology	221	117
Provider Services	175	60
Quality Management	157	181
Behavioral Health	81	16
Claims	65	18
Member Materials – Language/Format	46	73
Legal	30	8
Independent Living & Disability Services	26	15
Marketing	22	18
Compliance	20	7
Community Resource Center (CRC)	17	3
Pharmacy	15	147
Health Education	10	6
Continuity of Care	1	0
Total	6,595	3,843

Next Steps:

- The Grievance and Appeals department will partner with internal departments to address internal grievance volume by understanding trends for the top three departments.
- The Grievance and Appeals department will continue to work with Transportation Services to address internal and external transportation grievances.
- The Grievance and Appeals department will continue to work with the Provider Services team to educate Primary Care Physicians with appointment availability issues.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	NA	J. Wellmaker 02/22/2024	S. White 02/26/2024

2023 IEHP Grievances and Appeals Overview

Presented by: Jennifer Wellmaker
Director, Grievance & Appeals



2023 Grievances and Appeals

Overview: IEHP conducts a Grievance and Appeals annual study to review case volume, rates, and to identify trends and areas of opportunity for improvement.

Background:

- A grievance is defined as a Member complaint expressing dissatisfaction with any aspect of IEHP or its Providers.
- An appeal is defined as a review (reconsideration) by IEHP on services the Member believes he or she is entitled to receive.

Methodology: All Medi-Cal and Medicare grievances and appeals cases received between 01/01/23 and 12/28/23 were included in this report.

Grievances and appeals were grouped into the following categories:

- Access
- Attitude/Service
- Benefits
- Billing/Financial
- Compliance
- Enrollment/Disenrollment
- Quality of Care
- Quality of Practitioner Site



Grievances

2023 Top Standard Medi-Cal Grievances

Rank	Category	Subcategory	Total 2022 Cases	Subcategory	Total 2023 Cases
1	Attitude and Service	IEHP	9,817	IEHP	6,595
		Transportation	7,106	Practitioner Customer Service	3,730
		Practitioner Customer Service	3,208	Transportation	2,286
2	Quality of Care	PCP	4,199	Referral	3,968
		Referral	3,665	PCP	3,505
		Specialist	2,256	Specialist	2,236
3	Access	Telephone	1,945	Telephone	2,102
		PCP - Appointment	1,524	PCP- Appointment	1,814
		Specialist - Appointment	753	Specialist - Appointment	1,330

The 2023 Medi-Cal Grievance volume reveals a decrease from the prior year.

**Top 3 Subcategories noted in blue.*



2023 Top Standard Medicare Grievances

Rank	Category	Subcategory	Total 2022 Cases	Total 2023 Cases
1	Attitude and Service	IEHP	2,916	3,843
		Transportation	1,953	808
		Practitioner Customer Service	869	604
2	Quality of Care	PCP	753	1,073
		Referral	578	800
		Specialist	372	459
3	Access	Telephone	559	731
		PCP - Appointment	226	296
		Specialist - Appointment	174	296

*The 2023 Grievance volume reveals an increase from the prior year.
Top 3 Subcategories noted in blue.



2023 Top Exempt Medi-Cal Grievances

Grievances received orally not related to quality of care or denied services and resolved by the end of the following business day are exempt from the requirement to respond in writing. The top categories are listed below.

Category	2022	2023
	Total Exempt Cases	Total Exempt Cases
Quality of Service	53,454	54,800
Access	51,091	52,691
Enrollment or Disenrollment	8,518	8,216
Transportation	4,316	7,379
Benefit Package	3,178	2,058
Benefits / Coverage	1	12
IEHP	0	10
Total	120,575	125,167

The 2023 Exempt Grievance volume reveals an increase from the prior year. 

2023 Top Same Day Medicare Grievances

Category	2022	2023
	Total Same Day Cases	Total Same Day Cases
Quality of Service	3,305	8,680
Access	1,343	3,789
Benefit Package	448	2,697
Transportation	904	2,081
Enrollment or Disenrollment	291	369
IEHP	0	6
Benefits / Coverage	0	3
Total	6,294	17,627

For the year 2023, data logic was updated for the Medicare line of business in relation to same day grievances reported in table 15. The updated logic now pulls cases documented as same day, as well as exempt. In 2022, the only classification being pulled for this table was exempt. Given this logic update, our 2022 total of same day grievances would be 12,186 instead of 6,294, and this compares to our 2023 total number of 17,627.



Top Grievance Subcategories: Log *Excerpts*

1. Attitude and Service – IEHP

Member's mother reported Member was not assigned to the requested Provider. Member Services representative assisted the Member on 10/10/2023 with a retroactive change to the correct Provider effective 10/01/2023.

2. Attitude and Service – Transportation

Member reported the transportation vendor assigned did not have the required mode of transport vehicle available. A Transportation Services team member assisted the Member with redirecting her transportation referral to a new vendor. The vendor's information was provided to the Member.

3. Quality of Care – PCP

Member was experiencing delays with an Ophthalmologist referral. On 09/29/2023, a Member Services representative contacted the Providers office to follow up. The Provider submitted the referral on 09/30/2023, and the information was provided to the Member. A Quality of Care issue was found by the Medical Director based on the referral timeliness. The Provider was educated on 10/27/2023.



Appeals

2023 Medi-Cal Appeals

Medical Appeals	2022	2023
Total Appeals volume	883	1,069
Rate (Per 1000 Member months)	0.0484	0.0547

The 2023 Medical Appeals volume/rate reveals an increase from the prior year.



2023 Medicare Appeals

Medical Appeals	2022	2023
Total Appeals volume	322	492
Rate (Per 1000 Member months)	0.8410	1.2217

The 2023 Appeals volume and Appeals rate reveals a decline from the prior year.

Pharmacy Appeals	2022	2023
Total Pharmacy Appeals volume	833	1,491
Rate (Per 1000 Member months)	2.1764	3.7024

The 2023 Pharmacy Appeals volume/rate reveals an increase from the prior year.



Areas of Improvement

Top Areas of Improvement

Identified Area	Improvement Activity & SMART Goal
Attitude and Service – IEHP Departments	Identify root causes and reduce IEHP related grievance volume by 3-5% in each quarter
Attitude and Service - Transportation	Identify root causes and reduce Transportation grievance volume by 3-5% in each quarter
Access - PCP – Appointment	Identify root causes and reduce Access-PCP appointment grievance volume by 3-5% each quarter





Q&A



OPERATIONS DEPARTMENT

50. 2023 PROVIDER EXPERIENCE ANNUAL STUDY RESULTS

Recommended Action:

Review and File

Contact:

Susie White, Chief Operating Officer

Background:

IEHP conducts an annual survey with contracted Primary Care, Specialty Care, and Behavioral Health Providers to rate their satisfaction with IEHP. Press Ganey, a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, was selected to conduct the 2023 Provider Experience Survey.

The survey asked Providers to compare their experience with IEHP to their experience with other health plans. In addition to comparing IEHP to other health plans, the study also evaluated IEHP's performance compared to the prior year's performance and to the Press Ganey Medicaid Book of Business. The 2022 Press Ganey Medicaid Book of Business is a benchmark representing respondent data from 19,251 eligible Provider Experience Surveys from 104 other health plans across the country.

Areas assessed in the survey include:

- Overall Satisfaction
- Pharmacy
- Utilization and Quality Management
- Provider Relations
- Network/Coordination of Care
- Health Plan Call Center Staff
- Finance
- Timely Access
- Telehealth

Discussion:

The Provider Experience survey was administered via e-mail. Mail and follow up phone calls. Questionnaires were sent via e-mail and mail in early July and follow up calls to non-responders began in early August.

IEHP provided Press Ganey a sample of 3,000 Providers: 1,142 Primary Care Physicians (PCP), 776 Specialists, and 1,082 Behavioral Health (BH) Providers. A total of 1,161 surveys (502 PCPs, 192 Specialists, and 467 BH Providers) were completed, yielding a 38.7% response rate.

Overall Satisfaction

Table 1 below displays the 2023 Summary Rates for Inland Empire Health Plan's composite categories. Results from prior years are also provided for comparison. Press Ganey's 2022 Medicaid Book of Business consists of data from 104 plans representing 19,251 respondents. Additionally, Table 1 displays any statistically significant differences between IEHP's rates versus 'Other Plans' and the percentile rankings that the composite exceeds when compared to the 2022

Press Ganey Book of Business. IEHP scored “significantly higher” in Provider Satisfaction when Providers compared IEHP to other health plans. Additionally, IEHP summary rates improved from the prior year.

Table 1: IEHP Composite Category Results

Composite	IEHP Trend Data Summary Rates			Source: 2022 Press Ganey Benchmark	
	2021	2022	2023	IEHP Percentile	IEHP to Other Health Plans*
Overall Satisfaction	96.4%	93.1%	94.2% ↑	100 th	Significantly higher
Finance Issues	58.1%	60.3%	62.9% ↑	100 th	Significantly higher
UM and QM	62.3%	62.3%	64.8% ↑	100 th	Significantly higher
Network/Coordination of Care	52.5%	53.3%	54.2% ↑	96 th	Significantly higher
Pharmacy	50.3%	50.0%	53.5% ↑	100 th	Significantly higher
HP Call Center Service Staff	65.3%	66.2%	69.7% ↑	100 th	Significantly higher
Provider Relations	59.5%	57.5%	62.1% ↑	96 th	Significantly higher
Recommend to Other Physicians' Practices	98.1%	98.2%	98.2% ↔	97 th	Significantly higher

* All significance testing is performed at the 95 % significance level using a z-test

Results by Provider Type

Table 2 represents the composite summary rates by Provider type. Each composite was compared to the prior year’s summary rate for each Provider type. Overall, BH Providers show improvement across most of the composites.

Table 2: Composite Results by Provider Type

Composites	PCP		Specialty		BH	
	2022	2023	2022	2023	2022	2023
Overall Satisfaction	88.4%	94.5% ↑	93.6%	90.2% ↓	96.4%	95.8% ↓
Finance Issues	59.8%	59.4% ↔	54.3%	56.0% ↑	65.9%	67.9% ↑
Utilization and Quality Management	64.6%	63.8% ↓	64.3%	64.9% ↔	61.2%	64.1% ↑
Network/Coordination of Care	57.4%	52.0% ↓	56.9%	58.8% ↑	50.8%	54.3% ↑
Pharmacy	56.5%	54.2% ↓	45.4%	50.6% ↑	48.6%	51.8% ↑
IEHP Call Center Service Staff	66.1%	67.9% ↑	69.5%	69.0% ↔	67.0%	70.8% ↑
Provider Relations	56.3%	62.5% ↑	58.6%	57.3% ↓	58.9%	64.1% ↑

Changes from the prior year are depicted with an ↑↓ arrow.

Telehealth

Providers were asked about their experience with Telehealth services. Table 3 below reveals the 2023 rates for all Telehealth questions scored higher when compared to the prior year. Questions

regarding Provider experience with IEHP’s telehealth services are customized to IEHP’s survey tool and there is no benchmark available for comparison.

Table 3: 2022 Telehealth results

Question	2021	2022	2023
Overall Telehealth Composite Summary Rate	53.0%	55.3%	59.0% ↑
26a. The degree to which the Plan covers telehealth services for your patients	49.0%	58.6%	61.1% ↑
26b. The degree to which the Plan supports you in understanding reimbursement and billing for telehealth services for your patients	55.3%	55.9%	58.0% ↑
26c. The Plan’s facilitation and support of your use of telehealth services for your patients	55.5%	58.1%	61.5% ↑
26d. Access to resources (e.g hardware, software, and/or training) for the use of telehealth services for your patients.	50.5%	51.2%	57.0% ↑
26e. Access to knowledgeable Plan staff to answer questions about telehealth services for your patients.	53.6%	52.6%	57.1% ↑

PCP Satisfaction

Among the 502 PCPs who responded to the 2023 survey, overall satisfaction was 94.7%, an increase from the prior year of 88.4%. The questions with the highest satisfaction scores (above 70%) are displayed in Table 4 below. The highest rating questions were found in the Interpreter Services.

Table 4: PCP areas of highest satisfaction

Question	Composite	2023
19a. Overall satisfaction with IEHP	Overall Satisfaction	94.7%
25. How satisfied are you with the training and competency of available interpreters?	Interpreter Services	85.3%
23. How satisfied are you with the availability of the range of interpreters that IEHP provides?	Interpreter Services	84.7%
24. How satisfied are you with the coordination of appointments with an interpreter?	Interpreter Services	84.5%
13b. Process of obtaining member information (eligibility, benefit coverage)	HP Call Center	71.7%

The questions with the lowest satisfaction scores (below 50%) for PCPs are displayed in Table 5. All questions with low satisfaction rates are in the Network/coordination of care composite.

Table 5: PCP areas of lowest satisfaction

Question	Composite	2023
11f. The timeliness of feedback/reports from behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	39.9%
11d. The number of behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	43.8%

Question	Composite	2023
11c. Timeliness of feedback/reports from specialists in this health plan's provider network	Network/Coordination of Care	44.3%
11e. The quality of behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	46.4%

Specialty Care Satisfaction

Among the 192 surveyed Specialty Providers, Overall Satisfaction was 89.2%, a decrease from the prior year of 93.6%. The Specialist areas of highest satisfaction (above 70%) are displayed in Table 6. The questions related to interpreter services and Health Plan Call Center Staff were among the highest scoring questions.

Table 6: Specialist areas of highest satisfaction

Question	Composite	2023
19a. Overall Satisfaction with IEHP	Overall Satisfaction	89.2%
25. How satisfied are you with the training and competency of available interpreters?	Interpreter Services	82.9%
23. How satisfied are you with the availability of the range of interpreters that IEHP provides?	Interpreter Services	80.3%
24. How satisfied are you with the coordination of appointments with an interpreter?	Interpreter Services	78.6%
13b. Process of obtaining member information (eligibility, benefit coverage)	HP Call Center Staff	74.9%
10c. Timeliness of obtaining pre-certification/referral/authorization information	HP Call Center Staff	74.6%
13c. Helpfulness of plan call center staff in obtaining referrals for patients in your care	HP Call Center Staff	73.1%
26a. The degree to which the Plan covers telehealth services for your patients	Telehealth	72.2%
21a. The referral and/or prior authorization process necessary for your patients to obtain covered services	Timely Access	70.6%
21g. Health Plan updates available on IEHP's website	Timely Access	70.1%

For Specialists, the lowest areas of satisfaction, are the questions which scored 50% and below. All questions are in the Pharmacy and Network/Coordination of Care Composites.

Table 7: Specialist areas of lowest satisfaction

Question	Composite	2023
11f. The timeliness of feedback/reports from behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	46.6%
11e. The quality of behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	47.5%
11d. The number of behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	48.3%
12e. Availability of comparable drugs to substitute those not included in the formulary	Pharmacy	48.6%

Question	Composite	2023
12c. Variety of branded drugs on the formulary	Pharmacy	50.0%

BH Provider Satisfaction

Among the 467 behavioral health respondents for the 2023 survey, Overall Satisfaction was 95.7%, a slight decrease from the prior year’s rate of 96.4%. For Behavioral Health respondents, the questions with the highest satisfaction scores (above 70%) are displayed in Table 8.

Table 8: Behavioral Health areas of highest satisfaction

Question	Composite	2023
19a. Overall satisfaction with IEHP	Overall Satisfaction	95.7%
25. How satisfied are you with the training and competency of available interpreters?	Interpreter Services	83.9%
23. How satisfied are you with the availability of the range of interpreters that IEHP provides?	Interpreter Services	82.5%
13b. Process of obtaining member information	HP Call Center Service Staff	77.2%
24. How satisfied are you with the coordination of appointments with an interpreter?	Interpreter Services	77.1%
21a. The referral and/or prior authorization process necessary for your patients to obtain covered services	Timely Access	74.4%
10c. Timeliness of obtaining pre-certification/referral/authorization information	UM/QM	74.2%
21f. Member Health History information available on IEHP's website	Timely Access	72.2%
9b. Accuracy of claims processing	Finance	71.4%
9a. Consistency of reimbursement fees with your contract rates	Finance	71.2%
21g. Health Plan updates available on IEHP's website	Timely Access	71.2%
13c. Helpfulness of plan call center staff in obtaining referrals for patients in your care	HP Call Center Service Staff	70.8%
9c. Timeliness of claims processing	Finance	70.5%
21b. Access to urgent care	Timely Access	70.5%
10b. Procedures for obtaining pre-certification/referral/authorization information	UM/QM	70.1%
26c. The Plan’s facilitation and support of your use of telehealth services for your patients	Telehealth	70.1%

For the Behavioral Health respondents, questions with the lowest satisfaction rates (under 50%) are displayed in Table 9. The lowest scoring questions are found in the Pharmacy composite.

Table 9: Behavioral Health areas of lowest satisfaction

Question	Composite	2023
12c. Variety of branded drugs on the formulary	Pharmacy	50.3%
12e. Availability of comparable drugs to substitute those not included in the formulary	Pharmacy	50.7%

Next Steps:

- **Network Expansion of Quality Providers:** Identify and recruit quality Providers in areas that are determined to have a gap in coverage by Provider Type and Practice Capacity.
- **Virtual Care Enhancement:** The continued enhancement of virtual care (including expanding eConsult) to more Providers will offer another platform for Providers. MDLive will expand to include Urgent Care eVisits and adoption of Concierge Medicine.
- **Provider Education:** Educate Providers during their Provider Service Representative (PSR) Office visits. Education will focus on the Provider Portal – both secured and non-secured sites, in order to locate and understand all Health Plan Updates.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	Dan Gomez 03/14/2024	S. White 03/14/2024



Inland Empire Health Plan

Live Wholeheartedly.

2023 Provider Experience Survey Results

Presented by: Dan Gomez
Vice President, Provider Experience

Overview

- Survey conducted by a contracted vendor, Press Ganey.
- Assesses satisfaction of IEHP's PCPs, Specialists and Behavioral Health Providers.
- 3,000 questionnaires sent via e-mail and mail in early July 2023.
- Follow-up calls to non-responders were conducted from August 2, 2023 through September 7, 2023.
- Study Measures
 - Composites: Network/Coordination of Care, Utilization & Quality Management, Finance Issues, Pharmacy, Health Plan Call Center Service Staff, Provider Relations, and Overall Satisfaction
 - Custom Composites: CA Timely Access, Telehealth, and Interpreter Services

Response Rate = 38.7% (1,161 surveys completed)

- Primary Care = 502 surveys
- Specialists = 192 surveys
- Behavioral Health = 467 surveys



IEHP Composite Category Results

Composite	IEHP Trend Data Summary Rates			Source: 2022 Press Ganey Medicaid B.o.B. Summary Rate	
	2021	2022	2023	IEHP Percentile	IEHP to Other Health Plans*
Overall Satisfaction	96.4%	93.1%	94.2%↑	100 th	Significantly above
Finance Issues	58.1%	60.3%	62.9%↑	100 th	Significantly above
UM and QM	62.3%	62.3%	64.8%↑	100 th	Significantly above
Network/Coordination of Care	52.5%	53.3%	54.2%↑	96 th	Significantly above
Pharmacy	50.3%	50.0%	53.5%↑	100 th	Significantly above
HP Call Center Service Staff	65.3%	66.2%	69.7%↑	100 th	Significantly above
Provider Relations	59.5%	57.5%	62.1%↑	96 th	Significantly above
Recommend to Other Physicians' Practices	98.1%	98.2	98.2%↔	97 th	Significantly above

- ❖ * All significance testing is performed at the 95 % significance level using a z-test
- ❖ The 2022 Press Ganey Medicaid Book of Business consists of data from 104 health plans representing 19,251 respondents in Primary Care, Specialty, and Behavioral Health areas

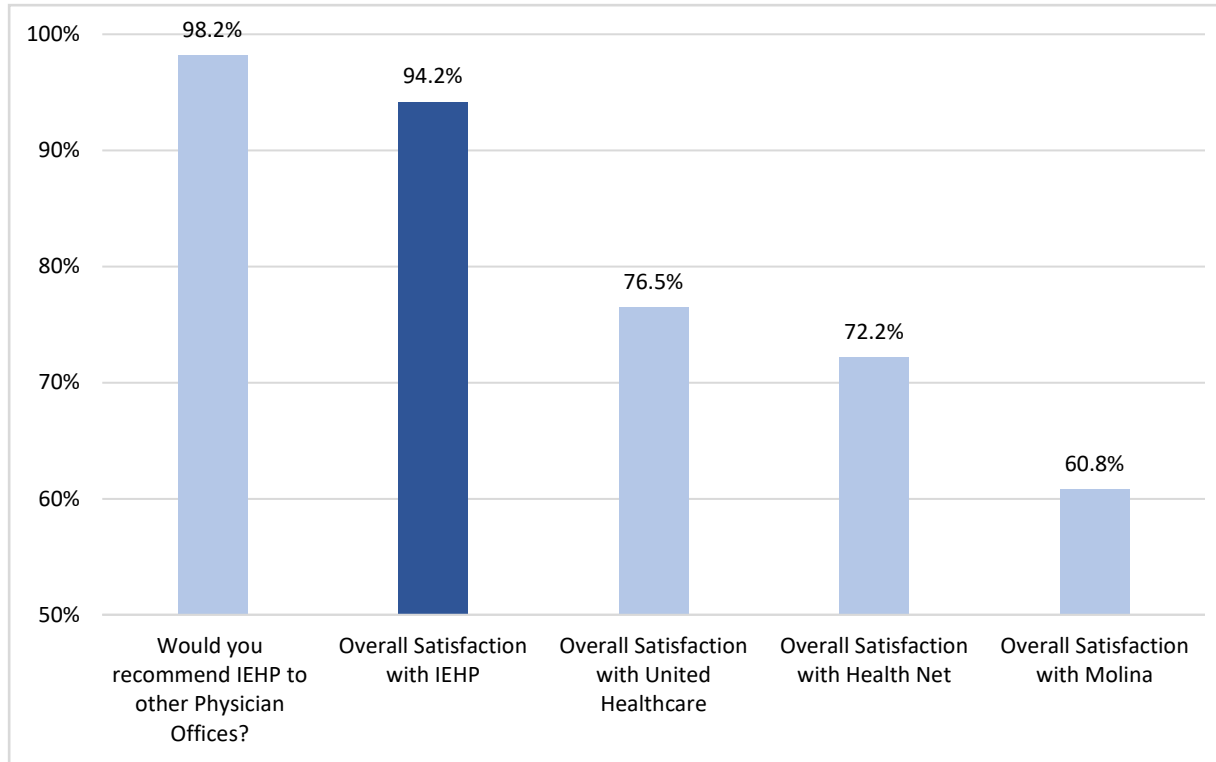


IEHP Key Findings Summary

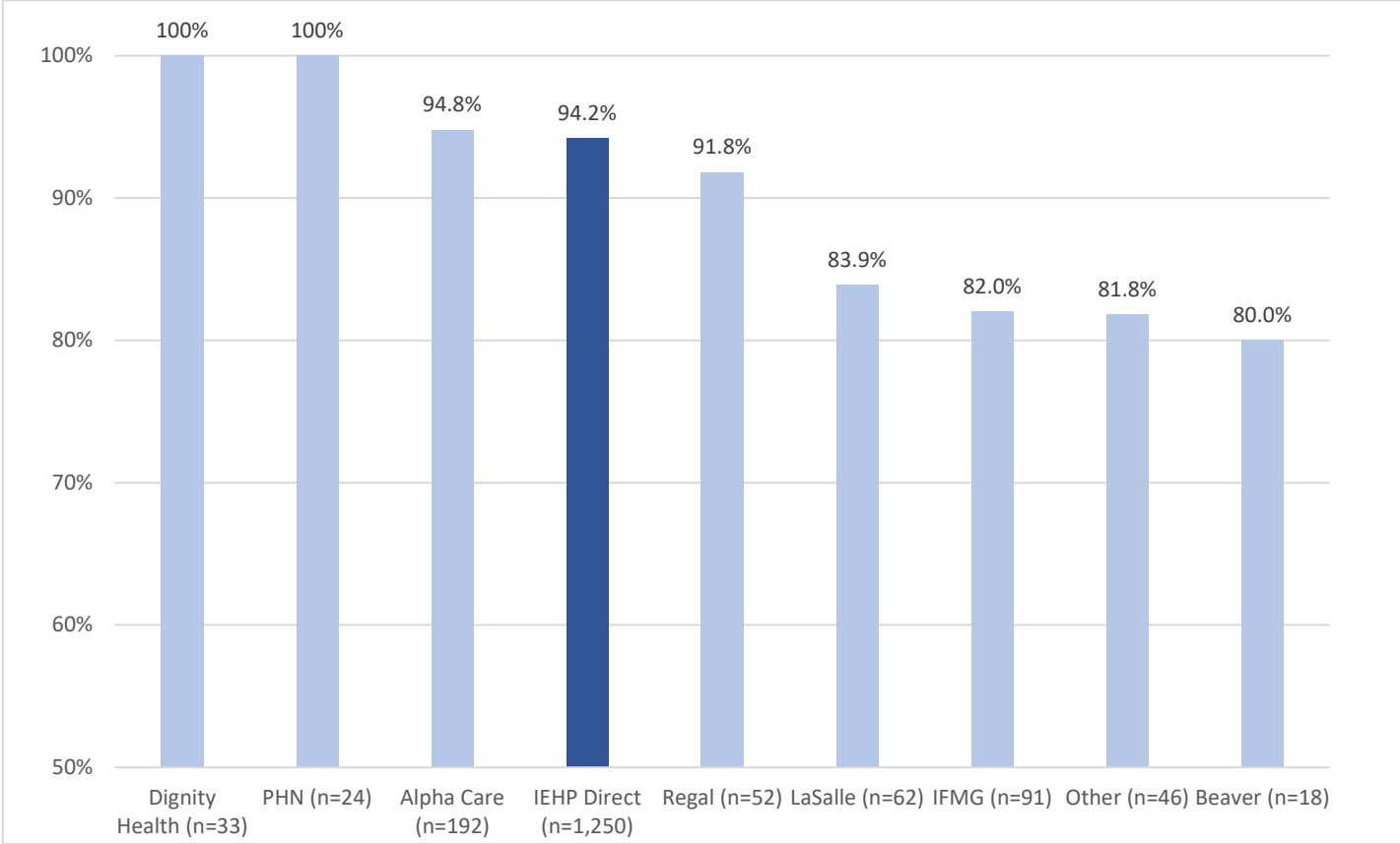
- Composites: Network/Coordination of Care, Utilization & Quality Management, Finance Issues, Pharmacy, Health Plan Call Center Service Staff, Provider Relations, and Overall Satisfaction
 - All composites show an increase in percentage compared to prior year
 - All composites rank at the 96th percentile or higher when compared to other health plans
 - Largest percent improvement from prior year is the Provider Relations
- Custom Composites:
 - Satisfaction with CA Timely Access decreased when compared to the prior year
 - Satisfaction with availability, coordination and competency of Interpreter Services rate increased when compared to the prior year
 - Satisfaction with IEHP's coverage, support of understanding and resources for Telehealth increased when compared to the prior year



2023 Overall Satisfaction of Health Plans



Overall Satisfaction Scores by IPA



Interventions

- **March 2023 – Current: Provider Network Access Subcommittee**
 - Identify opportunities that impact Provider network access for IEHP Members including, but not limited to, access to care and network adequacy.
- **December 2023 – Current: Network Expansion of Quality Providers**
 - Identify and recruit quality Providers in areas that are determined to have a gap in coverage by Provider Type and Practice Capacity.
- **January 2024 – Current: Enhancement of Virtual Care**
 - The continued enhancement of virtual care (including expanding eConsult) to provide more points of access for Providers and Members.



Thank you!



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

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

DRAFT - MINUTES OF THE FEBRUARY 5, 2024 REGULAR MEETING

Governing Board Members Present:

Supervisor Karen Spiegel
Supervisor Curt Hagman
Supervisor Yxstian Gutierrez
Supervisor Dawn Rowe

Dan Anderson
Drew Williams
Eileen Zorn

Governing Board Members Absent: None
Governing Board Member Vacancy: None

Inland Empire Health Plan Employees and Legal Counsel Present:

Jarrold McNaughton, Chief Executive Officer
Keenan Freeman, Chief Financial Officer
Vinil Devabhaktuni, Chief Digital and
Information Officer
Edward Juhn, Chief Quality Officer
Michelle Rai, Chief Communications &
Marketing Officer
Supriya Sood, Chief People Officer
Takashi Wada, Interim Chief Medical Officer
Susie White, Chief Operations Officer

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

IEHP Staff Absent:

Guests:

-
- I. Call to Order:
Chair Hagman called the February 5, 2024 regular meeting of the Inland Empire Health Plan Governing Board to order at 9:00 a.m.
 - II. Pledge of Allegiance
 - III. Roll Call
 - IV. Agenda Changes: None
 - V. Public Comment: None

- VI. Conflict of Interest Disclosure: None
- VII. Adopt and Approve the Meeting Minutes from January 8, 2024 Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access.

Action: On motion of Member Anderson and seconded by Member Rowe, the Meeting Minutes from the January 8, 2024 Regular Meetings of the Governing Board of the Inland Empire Health Plan and IEHP Health Access were approved as presented. (Anderson/Rowe)

VIII. IEHP:

Consent Agenda:

Action: On motion of Member Anderson and seconded by Member Rowe Items 1 – 30 on the IEHP Consent Agenda were approved as presented. (Anderson/Rowe)

Policy Agenda and Status Report on Agency Operations (Board Report #346)

ADMINISTRATION:

Jarrod McNaughton, Chief Executive Officer, presented the following Administrative section of the Status Report:

Item 31: 2024 Annual Governing Board Compliance Training:

Mr. McNaughton introduced Lourdes Nery, Sr. Director, and Compliance Officer, who presented the 2024 annual training.

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

Item 32. Chief Executive Officer Update

Mr. McNaughton presented the CEO Update for February 2024.

**Members Spiegel, Rowe, Zorn, Hagman, and Anderson commented on update*

Item 33. IEHP Foundation Update:

Mr. McNaughton introduced Stephen Bennet, Chair, IEHP Foundation, who presented update remotely.

**Members Hagman, Spiegel, Guterrez, Zorn, Anderson, commented on update*

***Member Rowe stepped out at 9:41a.m. and returned at 9:44 a.m.*

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

QUALITY DEPARTMENT:

Edward Juhn, M.D, Chief Quality Officer, presented the following Quality Department section of the Status Report:

Item 34. Overview of the 2024 Pay For Performance Programs for Primary Care Providers, Independent Physicians Associations, and Hospitals:

Dr. Juhn introduced Genia Fick, Senior Vice President, who presented the 2024 overview.

**Members Hagman and Zorn commented on overview*

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

***Vice Chair Guterrez stepped out at 10:37 a.m. and returned at 10:40 a.m.*

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

X. Board Comments: No comments

XI. Closed Session:

Chair Hagman deferred to the Secretary to the Governing Board to read the following into the record:

1. With respect to every item of business to be discussed in closed session pursuant to California Government Code Section 54956.9:
 - a. Conference with Legal Counsel – Anticipated Litigation: Significant exposure to litigation pursuant to subdivision (d)(2) of Government Code Section 54956.9:
 - i. One Potential Case
 - b. Conference with Legal Counsel – Anticipated Litigation: Initiation of litigation pursuant to subdivision (d)(4) of Government Code Section 54956.9:
 - i. One Potential Case

At 10:55 a.m., the Governing Board reconvened in open session for a Call of Action:

Annette Taylor, Secretary to the Governing Board, made the following announcement:

“For Closed session Agenda Item 1.b.i, with all Board members present and voting in the affirmative, the Governing Board of the Inland Empire Health Plan approved the appeal and initiation of legal action against the Department of Health Care Services.”

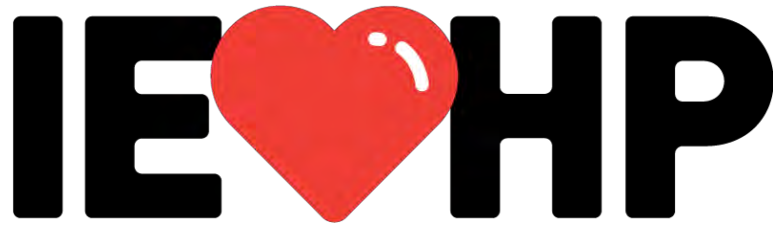
XII. Adjournment

Chair Hagman adjourned the February 5, 2024, IEHP Governing Board meeting at 10:57 a.m.

The Approved Governing Board Minutes for February 8, 2024 will have a copy of the IEHP Board Report #346 attached

These Meeting Minutes were duly adopted and approved on April 8, 2024.

Annette Taylor
Secretary to the IEHP Governing Board



INLAND EMPIRE HEALTH PLAN

Professional Services Agreements, Contracts and Amendments

UNDER \$200,000

Whereby the Chief Executive Officer of IEHP applied his authority and approved purchases up to \$200,000 as authorized by the Governing Board through

Minute Order 16-64

(Services pursuant to a written contract from a single vendor for a period of one year based on the effective date of the contract)

And

TANGIBLE GOODS

Minute Order 16-65

(Purchase of all Goods and Non-Contracted Services in excess of \$500,000)

**Items on this summary report are being
processed in conjunction with the**

April 8, 2024

Governing Board Meeting



*Under \$200k Summary Report
as of April 8, 2024*

Vendor		Purpose	Contract Amount	Budget	Effective Date	Department
1	BETA Healthcare Group	PSA for Risk Management and Safety Assessment Services	\$20,000	New	02/16/24	Administration
2	Fair Health	MSA for a Data Licensing Agreement	\$145,694	New	02/27/24	Information Technology
3	Focus Language International, Inc. Second Amendment	PSA for Member Notice Translation to Threshold Language Services	\$0	None	02/28/24	Operations
4	GTY Software, Inc. dba Bonfire Interactive Ltd. Renewal	Order Form for Licensing renewal	\$82,020	Included in CY2023	03/27/24	Finance
5	Kennington and Gunenc, LLC dba KGO, LLC	PSA for Campus Space Planning Program Consultant	\$160,060	Included in CY2024	02/15/24	Finance
6	Languageline Solutions dba Language Line Services Second Amendment	PSA for Translation Services	\$0	Included in CY2024	07/01/23	Marketing
7	Mark Peterson dba Sentinel Health First Amendment	PSA for Utilization Review and Medical Director Consultancy Services	\$117,000	Included in CY2023	02/09/24	Health Services
8	Nancy Perez	PSA for IEHP Superhero "Mighty Fitnessa" Character Appearances	\$75,000	Included in CY2024	04/01/24	Health Services
9	NFP Retirement, Inc. fka 401k Advisors Inc.	PSA for Advisory Services on Retirement Plans	\$19,000	New	02/22/24	Administration
10	Quick Caption, Inc.	PSA for Captioning Services for the Deaf and Hard of Hearing	\$100,000	Included in CY2023	02/09/24	Health Services
11	West Publishing Corporation dba Thompson Reuters	Subscription Order Form	\$62,640	Included in CY2023	04/01/24	Administration



*Tangible Goods Summary Report
as of April 8, 2024*

No Items to Report