



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

August 14, 2023 - 9:00 AM

Board Report #340

**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 Board Services at (909) 296-0948 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/tzJbgce3FQE?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

AGENDA

VII. Adopt and Approve of the Meeting Minutes from the July 10, 2023 Regular Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access

VIII. IEHP

CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. Ratify and Approve the First Amendment to the Professional Service Agreement with Mercer (US), Inc.
2. Ratify and Approve Amendment 46 to the Local Initiative Primary Contract (#04-35765) with the California Department of Health Care Services
3. Approve the Covered California Exchange Agency Agreement Template and Delegation of Authority to Approve Such Agreements with Agents and Agencies in furtherance of the Covered California Line of Business
4. Approve the Funding Agreement with Faculty Physicians and Surgeons of Loma Linda University School of Medicine

FINANCE DEPARTMENT (Keenan Freeman)

5. Approve the Ninth Amendment to the Professional Services Agreement with Health Management Systems, Inc.
6. Approve the Second Amendment to the Professional Service Agreement with Mission Landscape Companies, Inc.

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

7. Approve the Memorandum of Understanding with UHS Southern California Medical Education Consortium DbA Southwest Healthcare-MEC Family Medicine Residency Program
8. Approve the Memorandum of Understanding with the San Bernardino County Sheriff/Coroner/Public Administrator
9. Ratify and Approve Memorandums of Understanding for the Community Health Worker Residency Program and Delegation of Authority to Approve Subsequent Memorandums of Understanding for the Community Health Worker Residency Program

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

10. Approve the Second Amendment to the Professional Services Agreement with Office Ally, LLC

11. Approve the Professional Services Agreement with Premier MDS Global IT, LLC.
12. Delegation of Authority to Approve the Statement of Work with Infomagnetics Technologies Corp.
13. Delegation of Authority to Approve the Purchase of the Okta Customer Identity and Access Management Solution with Innovation Network Technologies Corp and Execute a Master Subscription Agreement with Okta Inc.

OPERATIONS DEPARTMENT (Susie White)

14. Ratify and Approve the First Amendment to the Professional Service Agreement with Deloitte Consulting LLP
15. Delegation of Authority to Approve and Execute Contractual Documents with Firstsource Health Plans and Healthcare Services LLC related to Business Process as a Service for Covered California

QUALITY DEPARTMENT (Edward Juhn, M.D.)

16. Ratify and Approve the Professional Services Agreement with Riverside County Foundation for Medical Care dba Inland Empire Foundation for Medical Care
17. Approve the Award of Request For Proposal #22-04389 to, and Delegation of Authority to Approve the Professional Services Agreement with, Customer Motivators LLC.

PROVIDER NETWORK DEPARTMENT (Keenan Freeman)

18. Ratify and Approve the Twenty-First Amendment to the Hospital Per Diem Agreement with Barstow Community Hospital – *Barstow*
19. Ratify and Approve the Enhancement Care Management Provider Agreement with Chaparral Medical Group, Inc – *Rancho Cucamonga*
20. Ratify and Approve the Eleventh Amendment to the Hospital Per Diem Agreement with Desert Regional Medical Center – *Palm Springs*
21. Ratify and Approve the Fifth Amendment to the Hospital Per Diem Agreement with HDMC Holdings, LLC DbA Hi-Desert Medical Center – *Joshua Tree*
22. Ratify and Approve the Tenth Amendment to the Hospital Per Diem Agreement with John F. Kennedy Memorial Hospital – *Indio*
23. Ratify and Approve the Seventh Amendment to the Hospital Per Diem Agreement with San Antonio Regional Hospital – *Upland*

AGENDA

24. Approval of Standard Templates
 1. Master Enhancement Care Management Provider Agreement - All LOBs
 2. Master Attachment A – Enhancement Care Management
 3. Master Attachment B – Enhancement Care Management
 4. Master Provider Agreement – Covered California only

25. Approval of the Evergreen Contracts
 - 1) J Moss Foundation Dba Skinny Gene Project - Ancillary Agreement – *San Diego*
 - 2) The Regents of the University of California UC San Diego Medical Center - Hospital Per Diem Agreement – *San Diego*
 - 3) Braswells Mediterranean Gardens LTD - Residential Care for the Elderly – *Yucaipa*
 - 4) Watermark Carlotta LLC dba The Springs at the Carlotta - Skilled Nursing Facility Provider Agreement – *Palm Desert*
 - 5) St Mary Medical Center dba Providence St Mary Medical Center - Hospital Per Diem Agreement – *Apple Valley*
 - 6) Ari Avram Regar dba Ari Regar MA LMFT - Behavioral Health Participating Provider Agreement – *LA Quinta*
 - 7) Cassy Marie Magee dba Cassy Magee LMFT - Behavioral Health Participating Provider Agreement – *Temecula*
 - 8) Cindy Baracchini - Behavioral Health Participating Provider Agreement – *Claremont*
 - 9) Collaborative Psychology Group APC - Behavioral Health Participating Provider Agreement – *Murrieta*
 - 10) Dr Aurelio Enriquez Jr dba Professional Assessment and Treatment Services - Behavioral Health Participating Provider Agreement – *Rancho Cucamonga*
 - 11) Graziano Mauriz - Behavioral Health Participating Provider Agreement – *Rancho Cucamonga*
 - 12) Jeraleen M Peterson dba Wisdom Tree Counseling - Behavioral Health Participating Provider Agreement – *Rancho Cucamonga*
 - 13) Lori A Vickers - Behavioral Health Participating Provider Agreement – *Temecula*
 - 14) MarSell Consulting and MHS - Behavioral Health Participating Provider Agreement – *Ontario*
 - 15) Natasha Alejandra Revilla dba Wild Meadows Counseling Services - Behavioral Health Participating Provider Agreement – *Hemet*
 - 16) Richard A Rowe dba Stellar Behavioral Health - Behavioral Health Participating Provider Agreement – *Riverside*
 - 17) Rosemarie Wheeler LMFT - Behavioral Health Participating Provider Agreement – *Temecula*
 - 18) Swanson Counseling Services Inc - Behavioral Health Participating Provider Agreement – *Riverside*
 - 19) Abayomi A Odubela MD a Professional Corporation dba ADET Total - Capitated Primary Care Provider Agreement – *Murrieta*
 - 20) Amiksha S Patel MD dba RPP Family and Elder Care Inc - Capitated Primary Care Provider Agreement – *Riverside*
 - 21) Bipinchandra Bhagat MD Inc - Capitated Primary Care Provider Agreement – *Victorville*
 - 22) Faculty Physicians and Surgeons of LLUSM - Capitated Primary Care Provider Agreement – *Loma Linda*

- 23) Living Waters Medical Clinic Inc - Capitated Primary Care Provider Agreement – *Murrieta*
- 24) Stanley H Schwartz MD dba Stanley H Schwartz MD Inc - Capitated Primary Care Provider Agreement – *Moreno Valley*
- 25) Azim U Azhand MD a Prof Corporation - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Temecula*
- 26) Becker Pediatric Medical Corp - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Murrieta*
- 27) Childrens Hospital of Orange County dba CHOC Children's Specialists - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Pomona*
- 28) Cresencia D Banzuela MD Inc dba Banzuela Pediatrics - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Corona*
- 29) Dr Sindu Pillai MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Murrieta*
- 30) Ernesto R Millan MD Inc dba Unique Pediatric Medical Center Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Rancho Mirage*
- 31) Filomena S Pascual MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Rancho Cucamonga*
- 32) Gary T Lai MD - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Chino*
- 33) Inland Pediatrics Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Riverside*
- 34) Inscriptions Childrens Clinic - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Wildomar*
- 35) Justina M Breseno dba Justina M Breseno MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Riverside*
- 36) Max V Soliguen MD Inc dba Kids First Pediatrics - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Upland*
- 37) Olusola A Oyemade MD FAAP Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Rancho Cucamonga*
- 38) Rolando A Atiga MD a Professional Corporation - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Murrieta*
- 39) Samaritan Counseling Center - Behavioral Health Participating Provider Agreement – *Upland*
- 40) SpringHealth Behavioral Health and Integrated California LLC - Behavioral Health Participating Provider Agreement – *Anaheim*
- 41) Hendrick J De Jager MD - Specialist Participating Provider Agreement – *San Bernardino*
- 42) Hi-Desert Memorial Health Care District dba Morongo Basin Community Health Center - Specialist Participating Provider Agreement – *Yucca Valley*
- 43) Keisha L Baldeosingh MD - Specialist Participating Provider Agreement – *Redlands*
- 44) Magella Medical Group Inc dba Obstetrix Medical Group of Southern California PC - Specialist Participating Provider Agreement – *Palm Springs*
- 45) Walker Furman Inc dba Dayspring Pediatric Services - Specialist Participating Provider Agreement – *Upland*
- 46) Wonsik Yi Bollmann DPM dba High Desert Foot and Ankle Clinic Specialist Participating Provider Agreement – *Victorville*

- 47) Dr. Stefie Ribeiro OD Prof Corp dba Perspective Optometry - Participating Provider Agreement Vision – *La Quinta*
- 48) Orlando Camacho OD A Professional Corporation dba EyeDoc Optometry - Participating Provider Agreement Vision – *Rancho Cucamonga*
- 49) Shannon Klosak SKT THERAPY INC dba SKT THERAPY - Behavioral Health Participating Provider Agreement - *Corona*

POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

ADMINISTRATION (Jarrod McNaughton)

- 26. Approve the Seventh Amendment to the Employment Agreement for the Chief Executive Officer
- 27. Chief Executive Officer Update

FINANCE DEPARTMENT (Keenan Freeman)

- 28. Monthly Financial Report

OPERATIONS DEPARTMENT (Susie White)

- 29. Overview of the 2022 Annual Delegation Oversight Audit

IX. IEHP Health Access - *No Business*

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

XI. Board Member Comments

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
- 2. Conference with Legal Counsel-Anticipated Litigation: Initiation of litigation pursuant to subdivision (d)(4) of Government Code Section 54956.9.
 - a. One potential case.

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held on September 11, 2023 at Inland Empire Health Plan.

ADMINISTRATION

1. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH MERCER (US), INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the First Amendment to the Professional Services Agreement (Agreement) with Mercer (US), Inc. (Mercer) for the provision of leadership compensation analysis services, for an additional amount not to exceed \$50,000 effective April 6, 2023 through December 31, 2023. The total compensation payable under this Agreement shall not exceed \$350,000.

Contact:

Irma Napoli, Interim Chief People Officer

Background:

IEHP strives to stay current with its pay practices on a periodic basis. Every few years all aspects of the compensation program should be reviewed to assure salaries continue to be market competitive.

In January 2020, IEHP released Request for Proposal #20-02279 (RFP) for a vendor to conduct a comprehensive market analysis for approximately 350 existing position classifications for recommended pay adjustments and salary ranges based upon market findings. Five (5) vendors participated in the RFP which yielded Mercer as the best value supplier to meet IEHP needs. In March 2020 under minute order 20-53, the Governing Board approved the Award and executed an Agreement with Mercer for an amount not to exceed \$250,000 through May 31, 2020.

For 2023's Compensation Study, Mercer was selected through a single source procurement. IEHP determined that a single source procurement is justified because of Mercer's technical expertise and deep familiarity with IEHP's current compensation structure and existing processes. Mercer has the ability to identify specific pros and cons in compensation trends within a two-year span for IEHP and is providing significant time savings compared to onboarding a brand new vendor or releasing a second solicitation.

The Governing Board had previously approved the Agreement as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
12/12/22	22-382	Compensation Analysis Services	12/31/23	\$300,000
Total Cost to date:				\$300,000
New Cost				\$50,000
Total Cost				\$350,000

IEHP is committed to providing Team Members with a total compensation program that is comprehensive and consistent with the IEHP mission, vision, goals, and values. IEHP’s total compensation program is designed to:

- Provide total compensation levels that are market competitive;
- Attract, develop, motivate, and retain Team Members with required skills, education and experience who contribute to our continued success, serving our members, providers and each other; and
- Comply with federal and state laws.

Mercer supports IEHP’s total compensation program by providing the following services under the current Agreement:

- Review and map internal jobs to comparable job(s) in the established labor market.
- Conduct a comprehensive market analysis for approximately 450 existing position classifications and recommend pay adjustments and salary ranges based upon market findings (using multiple survey sources for benchmarking) and established compensation philosophy.
- Compute and present projected annual financial impact on payroll based upon proposed pay adjustments to HR.
- Recommend allocations of employees to an appropriate position title and exempt or non-exempt designation pursuant to the Fair Labor Standards Act (“FLSA”).
- Review and modify IEHP's current salary structure (exempt and non-exempt), which includes the establishment of a new salary structure, appropriate job families, classifications, career ladders, and internal alignment/equity across departments.
- Compute and present incumbent adjustments, where necessary, based upon the proposed salary structure, which includes projected annual impact on payroll.

Discussion:

Under this First Amendment, IEHP is seeking additional support from Mercer, to provide an leadership Total Remuneration Analysis to include, but limited to:

- Expansion of market analysis to include health benefits, retirement benefits, paid time off and other benefits/perquisites for which data can be obtained.
- Consider compensation and benefits data to generate a total remuneration figure.

The additional cost of this First Amendment shall not exceed \$50,000.00 effective April 6, 2023. The total cost (including this request) of this Agreement shall not exceed \$350,000.00 through December 31, 2023.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	Dontaie Ferguson 6/30/2023	M. Perez 7/11/2023	E. Hernandez 7/7/2023	Dianna Del Toro 7/12/2023	I. Napoli 7/11/2023

ADMINISTRATION

2. RATIFY AND APPROVE AMENDMENT 46 TO THE LOCAL INITIATIVE PRIMARY CONTRACT (#04-35765) 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 46 to the Local Initiative Primary Contract (#04-35765) with the California Department of Health Care Services (DHCS) for the provision of Medi-Cal Health Plan Services effective January 1, 2021.

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. 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. IEHP is the Local Initiative Medi-Cal Managed Care Health Plan in Riverside and San Bernardino counties.

Each 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.

Discussion:

IEHP received Amendment 46 to its DHCS Local Initiative Primary Contract for Medi-Cal Health Plan Services.

The Amendment's effective date is January 1, 2021, or until approved by the Department of General Services (DGS), if DGS approval is required. The retroactive effective date is due to the updated Bridge Period from July 1, 2019, to December 31, 2021. This Amendment incorporates updated Calendar Year (CY) 2021 Capitation Payment rates that are now split into rates for Satisfactory Immigration Status (SIS) Members and Unsatisfactory Immigration Status (UIS) Members. Updates have been made to the aid group labels for CY 2021, and the historical Bridge period.

The term of this Agreement in its entirety is September 1, 2004, to December 31, 2021. All other items and conditions of the Agreement remain in full force and effect.

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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 6/16/23	L. Nery 6/16/23	S. White 6/22/23

ADMINISTRATION

3. APPROVE THE COVERED CALIFORNIA EXCHANGE AGENCY AGREEMENT TEMPLATE AND DELEGATION OF AUTHORITY TO APPROVE SUCH AGREEMENTS WITH AGENTS AND AGENCIES IN FURTHERANCE OF THE COVERED CALIFORNIA LINE OF BUSINESS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the IEHP Covered California Exchange Agency Agreement Template and authorize the Chief Executive Officer or his designee to, after legal review and approval, execute agreements with selected agents and agencies.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

Covered California is one of the key strategic initiatives IEHP is implementing in 2023 for plan year 2024. IEHP is required to have a Covered California Exchange agent network to enroll qualified individuals in one of IEHP’s Qualified Health Plans offered through the Covered California Health Benefits Exchange. IEHP is required to contract with agents and agencies to develop this network of agents and has developed and received regulatory approval from the Department of Managed Health Care (DMHC) to use a template Covered California Exchange Agency Agreement to contract with these agents and agencies.

Discussion:

The Covered California Standard Exchange Agency Agreement template is now presented to the Governing Board for approval, after receiving approval from DMHC, for use in contracting California licensed agencies and agents with IEHP so that they can offer our IEHP Covered California plans beginning with plan year 2024. IEHP intends to contract with approximately 300 agents that will enroll a projected 3600 new IEHP Covered California members with an estimated budget of \$1,234,000. The final budget will be included in the Calendar Year 2024 budget that will be present to the Governing Board.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Will be included in the CY2024 budget	NA	N/A	A. Mejia 7/28/23	T. Pham 8/1/23	J. McNaughton 8/2/23

ADMINISTRATION

4. APPROVE THE FUNDING AGREEMENT WITH FACULTY PHYSICIANS AND SURGEONS OF LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the Funding Agreement (Agreement) with Faculty Physicians and Surgeons of Loma Linda University School of Medicine (FMG) for the provision of a state-of-the-art satellite of the Loma Linda Resiliency Institute for Childhood Adversity in eastern Riverside County for an amount not to exceed \$250,000 for a term of one (1) year effective August 1, 2023, or soon thereafter.

Contact:

Jarrod McNaughton, Chief Executive Officer

Background:

The Resiliency Institute for Childhood Adversity (RICA) is the 13th institute established by Loma Linda University and is an expansion of the current Children's Assessment Center (CAC) in San Bernardino County. The center is a collaboration of numerous local agencies to provide forensic interviews and evidentiary medical examinations to evaluate child abuse allegations.

RICA integrates research, education, and health-related services, spanning across multiples schools and facilities to bring together interdisciplinary scientists, teachers, and practitioners.

RICA houses a variety of educational rotations for Loma Linda students and residents and serves as a hub for Loma Linda University's three-year, child abuse pediatrics residency and fellowship program.

Discussion:

In 2020, a community needs assessment regarding child safety was conducted within Riverside County in collaboration with multidisciplinary teams which included representatives from child protective services, law enforcement, and the district attorney's office. The assessment identified that children in the eastern region of the county were underserved and in need of a second Children's Advocacy Center (CAC).

Faculty Physicians and Surgeons of Loma Linda University will offer a satellite of the Resiliency Institute for Childhood Adversity (RICA) in eastern Riverside County and will provide coordinated, evidence-based investigative response to children who have been abused and neglected.

FMG will utilize the funds to expand services, provide medical evaluations and update medical equipment to meet current standards.

The cost of this Agreement shall not exceed \$250,000 for a one (1)-year.

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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	J. Haines 07/25/23	N/A	M. Popka 07/14/23	N/A	S. White 07/26/23

FINANCE DEPARTMENT

5. APPROVE THE NINTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH HEALTH MANAGEMENT SYSTEMS, INC

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Ninth Amendment to the Professional Services Agreement (Agreement) with Health Management Systems, Inc. (HMS) for the provision of the Coordination of Benefits Identification and Recovery Services through December 31, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

A Professional Services Agreement was entered into with HMS for Coordination of Benefits Identification and Recovery Services in February 2011 to assist with third party liability recovery services. HMS has access to information from a number of states and other insurance carriers which it uses to identify other coverage for IEHP’s Medi-Cal Members. The services result in cost savings to IEHP by identifying other health insurance coverage held by IEHP Members that would pay primary to Medi-Cal. These services are performed for a contingency fee of 20% of funds recovered.

Discussion:

Under the Ninth Amendment, HMS shall continue to perform Coordination of Benefits Identification and Recovery Services through December 31, 2023. All costs for this Agreement are covered by recovered payments from the responsible health insurance carrier.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	J. Haines 7/21/23	J. Phay 7/12/23	M. Popka 07/14/23	K. Dibrell 06/30/23	K. Freeman 6/26/23

FINANCE DEPARTMENT

6. APPROVE THE SECOND AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH MISSION LANDSCAPE COMPANIES, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Second Amendment to the Professional Service Agreement (Agreement) with Mission Landscape Companies Inc. (Mission) for the provision of Exterior Landscape and Irrigation Services for an additional amount not to exceed \$209,800.00 and extend the term an additional six (6) months through February 29, 2024. The total amount payable under this Agreement shall not exceed \$721,874.00 through February 29, 2024.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP requires this service to maintain the IEHP campus at the Atrium and the Dr. Bradley P. Gilbert Center for Learning and Innovation (Center) buildings. The tasks associated with this service include grounds maintenance of trees, plants, grass, ground cover, shrub, and vines, and the management and repair of irrigation equipment and operations for the campus.

Mission currently provides all exterior landscape and irrigation services and maintenance for the Atrium and Center facilities. Services are rendered on weekly basis and as needed for emergency request for repairs. Mission is currently contracted with IEHP for Exterior Landscape Irrigation Services through August 31, 2023, for an amount not to exceed \$512,074.00.

IEHP has contracted with Mission since December 15, 2021 and was selected as a Single Source in anticipation of the termination of the Management Agreement between IEHP and Trigild for property management services. The Governing Board approved a Delegation of Authority to enter agreements with, or accept an assignment of rights of, Trigild’s vendors, to ensure continuity of services. This resulted in transitioning roughly 135 Trigild vendor contracts to IEHP.

The Governing Board previously approved the Agreement as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
01/10/21	16-64	Professional Service Agreement	12/14/22	\$239,718.00
12/12/22	22-386	First Amendment	08/31/23	\$272,356.00
Total Cost to date:				\$512,074.00
New Cost				\$209,800.00
Total Cost				\$721,874.00

Discussion:

IEHP has recently updated the scope of work for the Campus Maintenance program to adhere to future requirements for aesthetics and grounds maintenance and is conducting a Request for Proposal (RFP) for this service. For continuity of services until the Request for Proposal has been completed, IEHP will extend the Agreement with Mission for an additional six (6) months. The additional cost of this Second Amendment shall not exceed \$209,800.00. The total cost (including this request) of this Agreement shall not exceed \$721,874.00 through February 29th, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	S. McCalley 7/18/23	C. Goss 7/18/23	A. Wang 7/24/23	R. Fleig 7/17/23	K. Freeman 7/25/23

HEALTH SERVICES DEPARTMENT

7. APPROVE THE MEMORANDUM OF UNDERSTANDING WITH UHS SOUTHERN CALIFORNIA MEDICAL EDUCATION CONSORTIUM DBA SOUTHWEST HEALTHCARE-MEC FAMILY MEDICINE RESIDENCY PROGRAM

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Memorandum of Understanding (MOU) with UHS Southern California Medical Education Consortium Dba Southwest Healthcare-MEC Family Medicine Residency Program (UHS) for the provision of residency education rotation effective August 25, 2023, through August 24, 2028. There are no costs associated with this MOU.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

The UHS Family Medicine Residency program is intended to help prepare UHS Southern California Medical Education Consortium Residents and Fellows for practice in a managed care environment. The Residency Program includes exposure to the health needs and disparities of the local surrounding community. Through exposure to Inland Empire Health Plan departments and experiences, residents will gain an understanding of the interplay between health plan, providers, Members, and community health at large. Specific goals and objectives will be addressed in the following areas:

- Patient Care
- Medical Knowledge
- Practice based Learning and Improvement
- Systems-Based Practice
- Professionalism
- Interpersonal and Communication Skills

IEHP acknowledges the importance of a broad-based education that includes experience in managed care and welcomes the opportunity to participate in educating the next generation of physicians. As a public not for profit Health Maintenance Organization (HMO) serving Medi-Cal and Medicare patients, IEHP can provide a unique managed care experience.

Discussion:

Under this MOU, IEHP will provide educational rotation opportunities to selected UHS SoCal MEC Family Medicine Residents to further the residents' education of Health Plans, Community Health, and Social Determinants of Health by exposing them to the health needs and disparities of the local surrounding community through meetings and experiences. Each education rotation shall be for four (4) days and will occur on an as-needed basis. Residents will be expected to be engaged and participate in all scheduled sessions/meetings virtually, or in-person at IEHP's headquarters. Through exposure to IEHP departments and experiences, residents will gain an understanding of

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the interplay between the health plan, providers, members, and community health at large, with the goal of providing the residents an understanding of how an HMO is organized and functions to provide care to a Member (patient) population including the roles, responsibilities, and collaboration of the health plan and physicians/providers with regard to patient care, and experience working with issues specific to Medi-Cal and Medicare populations.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 07/13/23	R. Bengiamin 6/09/23	T. Wada 7/11/2023

HEALTH SERVICES DEPARTMENT

8. APPROVE THE MEMORANDUM OF UNDERSTANDING WITH THE SAN BERNARDINO COUNTY SHERIFF/CORONER/PUBLIC ADMINISTRATOR

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the Memorandum of Understanding (MOU) with the San Bernardino County Sheriff/Coroner/Public (County) to provide data sharing regarding housing and homeless services for a term of five (5) years.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

San Bernardino County Sheriff’s Department Homeless Outreach and Proactive Enforcement (HOPE) provides outreach and referral to housing and homeless services to unsheltered individuals and families. Medi-Cal managed care health plans such as IEHP are responsible for a broad range of care coordination and case management services for Medi-Cal beneficiaries. This includes coordination and referral of resources for client social support issues. This service will impact IEHP by assuring Members robust health care and supportive services across the full continuum of providers and care settings, and that such services are not duplicated. The parties desire to implement a collaborative approach between the County and IEHP to offer the broadest care possible to their shared clients/members in San Bernardino County.

Discussion:

This MOU would allow IEHP and HOPE to communicate directly and coordinate care for shared Members. Increased collaboration between IEHP and HOPE will enhance goodwill with the community and increase efficiency in addressing Members’ needs. IEHP’s Mission, Vision, and Values is fortified in the MOU through continued commitment to Members, Providers, and Partners.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 05/30/23	Anita Holmes 5/31/2023	T. Wada 6/08/2023

HEALTH SERVICES DEPARTMENT

9. RATIFY AND APPROVE MEMORANDUMS OF UNDERSTANDING FOR THE COMMUNITY HEALTH WORKER RESIDENCY PROGRAM AND DELEGATION OF AUTHORITY TO APPROVE SUBSEQUENT MEMORANDUMS OF UNDERSTANDING FOR THE COMMUNITY HEALTH WORKER RESIDENCY PROGRAM

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) 1) Ratify and Approve the Memorandums of Understanding (MOU) with Asian American Resource Center, Renewing Hope, Sahaba Initiative, Give Something Back, High Desert Second Chance, and Music Changing Lives for the Community Health Worker Residency Program and 2) authorize the Chief Executive Officer (CEO) or his designee to, and after legal review and approval, execute subsequent Memorandums of Understanding with Community Based Organizations (CBOs) and Providers, for the Community Health Worker Residency Program.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

In September 2022, the Department of Health Care Services (DHCS) released All-Plan Letter (APL) 22-016 Community Health Worker (CHW) Benefit, which outlines qualifications for becoming a CHW and defines eligible populations for CHW services. In response to the newly adopted benefit, IEHP launched the CHW Residency Program. The CHW Residency Program is a pilot program which shall support multiple cohorts between May 1, 2023 through July 31, 2024. Each cohort duration may vary. The CHW Residency Program aims to deliver an immersive experience for Program Participants (CHW Residents) into managed care and first-hand exposure to the important work IEHP is doing throughout the communities.

Discussion:

One aspect of the CHW Residency Program includes hands-on experience for CHW Residents, by engaging in an internship with CBOs and/or Providers.

IEHP will enter into MOUs with CBOs and Providers, for their participation in providing internship opportunities for CHW Residents. Through this partnership and placement, CBOs and Providers will agree to supplement the training of the CHW Resident by providing an opportunity to engage community members and help identify physical, behavioral, and social determinants of health. This can include, but is not limited to, communicating with members and non-members through focused and targeted projects such as vaccine hesitancy, childhood immunizations, disparities in healthcare, access to care, and health literacy. Each internship duration shall depend on the duration of the cohort. The initial cohort duration was three (3) months, from May 1, 2023 through June 23, 2023. During this initial cohort, each CHW Resident completed a three (3) to four (4) week internship program with their assigned CBO, during which they collected data to complete 19 AAFP screeners on Social Determinants of Health for community members. Following the internship, some CHWs earned employment with IEHP directly, while others were offered permanent positions at CBOs.

Currently, IEHP has partnered with six (6) CBOs for the CHW Residency Program. Accordingly, IEHP is requesting ratification and approval of MOUs with these CBOs for the CHW Residency Program as follows:

1. MOU with Renewing Hope effective date June 27, 2023
2. MOU with Sahaba Initiative effective June 27, 2023
3. MOU with Asian American Resource Center effective June 27, 2023
4. MOU with Give Something Back effective June 29, 2023
5. MOU with High Desert Second Chance effective July 12, 2023
6. MOU with Music Changing Lives effective July 13, 2023

Additionally, IEHP is requesting delegation of authority to enter into subsequent MOUs with CBOs and Providers, to support of the internship program related to the CHW Residency Program through its duration.

The CHW Residency Program is effective from June 27, 2023, through June 30, 2024. There is no compensation that will be exchanged under present and future MOUs.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 07/14/23	A. Rai 6/28/2023	T. Wada 07/11/23

INFORMATION TECHNOLOGY

10. APPROVE THE SECOND AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH OFFICE ALLY, LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Second Amendment to the Professional Services Agreement (Agreement) with Office Ally for the provision of claims processing services. There are no additional costs associated with the Second Amendment, and the total amount payable under this Agreement remains unchanged for total cost not to exceed \$3,340,145 through June 30, 2024.

Contact:

Vinil Devabhaktuni, Chief Information Officer

Background:

IEHP requires clearing house services to be able to provide submission options for electronic delivery of claims from Providers. Office Ally is a clearing house that accepts medical claims and data, directly from Provider billing systems. Additionally, the Office Ally converts the claims into a HIPAA compliant electronic claim format, ready for submission, allowing IEHP to send the claims electronically to the IPA's, which 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
- Clearing houses work directly with submitters to resolve billing issues
- Reduced HIPAA exposure
- Simplified record retention requirements

Office Ally is a legacy vendor, and IEHP has contracted with Office Ally since July 1, 2005, for the provision of claims processing services. As such, four (4) subsequent amendments were approved through June 30, 2012, for an amount not-to-exceed \$710,000 under that Agreement.

In June 2011, under resolution 11-169, the Governing Board approved a new agreement with Office Ally effective July 1, 2011, which led to six (6) subsequent amendments being approved through June 30, 2021, for an amount not-to-exceed \$7,703,000 under that Agreement.

IEHP is entering into a new Agreement with Office Ally to ensure the Agreement terms and conditions are up to date and compliant, while maintaining the associated claims processing rates in 2021.

The Governing Board previously approved the current active agreement and subsequent amendment as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
June 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 one (1) year term.	June 30, 2024	\$3,340,145
November 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.	June 30, 2024	\$0
Total Not to Exceed Cost to Date:				\$3,340,145
New Cost:				\$0
Total Cost:				\$3,340,145

Discussion:

The Second Amendment to the Agreement dated June 15, 2021, will provide additional services, which includes, acceptance of electronic attachments, and submission of misdirected claims to delegated Providers. Misdirected claims are claims in which the payment responsibility of the delegated IPAs is mistakenly sent to IEHP. These claims are currently being printed to paper and sent by mail to the responsible IPAs

IEHP recognizes that the ability to receive electronic documentation will help reduce the paper trail in claims with attachments. Additionally, it will result in reduced scanning and imaging costs, along with a shorter turnaround time for Providers to receive payment.

In order to incorporate additional services, the previous schedule of fees within the agreement has been deleted and replaced in its entirety with the table below. No additional funds are required for the additional services.

Transactions	Fee (\$) / Accepted Transaction	Continuing or New Services
Transmitted Professional Claims	\$0.14	Ongoing
Transmitted Institutional Claims	\$0.14	Ongoing

Transactions	Fee (\$) / Accepted Transaction	Continuing or New Services
Attachments (per attachment no limit on pages)	\$0.14	New
Misdirected Claim printed to Payer (per claim)	\$0.45	New
Misdirected Claim printed to member (per claim)	\$0.55	New
Clinical Messaging	\$0.50	Ongoing
TOTAL AMOUNT NOT TO EXCEED:	\$ 3,340,145.00	

Moreover, additional language has been included to provide standard terms to the agreement to ensure onshore operations, provision of services, disclosure of subcontractors, and compliance with exclusion and debarment requirements.

IEHP strives to constantly improve their business relationship with its providers and partners by reducing the cost and amount of time in which payment is received. This will encourage Providers to ensure optimal care and vibrant health to our members.

As such, IEHP is seeking to approve the Second Amendment with Office Ally. The total cost of this Agreement remains unchanged for total cost not to exceed \$3,340,145.00 through June 30, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Tsui 7/14/2023	M. Maury 7/14/2023	E. Hernandez 07/19/23	J. Maass 7/13/2023	V. Devabhaktuni 7/25/23

INFORMATION TECHNOLOGY

11. APPROVE THE PROFESSIONAL SERVICES AGREEMENT AND DELEGATION OF AUTHORITY TO EXECUTE SUBSEQUENT AMENDMENTS WITH PREMIER MDS GLOBAL IT, LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) 1) approve the Professional Services Agreement (Agreement) with Premier MDS Global IT, LLC., (MDS Global) for the provision of Managed Support Services for Unified Communications and the Contact Center for an amount not to exceed \$75,000 through December 31, 2023 and 2) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign subsequent amendments and orders with MDS Global at no additional cost.

Contact:

Vinil Devabhaktuni, Chief Information Officer

Background:

IEHP has contracted with MDS Global since 2020 for critical Health Plan operations telephony and call center infrastructure and support services. As a leader in Cisco Contact Center support and services, MDS Global are experts in the field of Cisco Unified Communications and provide a staff of skilled consultants that support all aspects of Cisco’s Contact Center ecosystem. Services provided to IEHP have included the optimization of processes within the Interactive Voice Response (IVR) system, the implementation of biometric voice and multifactor Member authentication within call centers, the implementation of Cisco Enterprise Chat and Email (ECE) and various system upgrades, integrations, and improvements, as well as set up of IEHP’s data center in Las Vegas, NV. and disaster recovery planning.

MDS Global was selected through a single source procurement justified by their deep familiarity with IEHP’s call center systems, infrastructure, and processes. The benefit of contracting with MDS Global represents a significant cost and time savings compared to onboarding a new vendor for the same services due to their familiarity with IEHP’s current environment.

The Governing Board has previously approved the following contractual agreements with MDS Global:

Date Approved	MO#	Purpose	Term Expiration	Cost
12/2/2020	16-64	Comprehensive Telecom and Network Assessment	2/5/2021	\$36,000
2/13/2020	16-64	IVR Consulting Services Approved PSA but not utilized due to Covid impact	6/30/2020	(\$30,000)

Date Approved	MO#	Purpose	Term Expiration	Cost
11/02/2020	16-64	IVR Consulting Services new PSA for the original services that were unable to be provided due to Covid	4/30/2021	\$30,000
02/08/2021	21-53	Nuance Voice Biometrics Software and Implementation in support of voice authentication services for multifactor authentication protection for IEHP Members	03/04/2024	\$1,096,058.08
11/08/2021	21-308	Phase I Cisco Enterprise Chat and Email (ECE) implementation Support hours	12/31/2021	\$5,600.00
05/09/2022	22-182	Nuance Finesse integration	3/04/2024	\$34,600.00
05/09/2022	22-182	Cisco Enterprise Chat and Email (ECE) implementation and professional Support services	03/04/2024	\$19,295.00
12/12/2022	22-401	Upgrade 12.6 of the existing Call Manager and Unity Connection clusters	09/30/2023	\$153,600.00
01/30/2023	23-011	Contact center ad hoc messaging connected to the Contact Center Enterprise (CCE)	12/31/2023	\$9,600
Total Cost to Date:				\$1,384,753
New Cost:				\$75,000.00
Total Cost with MDS Global:				\$1,459,753

Discussion:

IEHP has relied on MDS Global’s expertise and responsiveness for many unique and custom requests related to the Cisco Contact Center support and services. MDS Global’s history and familiarity with IEHP has helped expedite resolutions to challenging issues.

Now, IEHP is seeking to leverage MDS Global’s expertise to dedicate support hours to complete critical integrations and customizations necessary for the Covered California implementation. Support hours will be allocated to current projects including CRM integrations with IEHP’s Contact Center IVR, self-service options to help increase member satisfaction, and preparing the Contact Center for next generation tools like natural speech recognition. Additional support hours will be utilized for analysis and design recommendations to remedy escalations and determine root cause analysis of hard to resolve issues.

CONSENT AGENDA

As such, IEHP seeks approval to sign an Agreement for an amount not to exceed c\$75,000.00 for the provision of project support hours with MDS Global. IEHP is also seeking delegation of authority to sign subsequent amendments and orders with MDS Global relative to this Agreement, at no cost. The total cost (including this request) allocated to this vendor shall not exceed \$1,459,753 through December 31, 2023.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Tsui 7/21/23	W. Yanes 7/26/23	M. Popka 7/24/23	J. Maass 7/18/23	V. Devabhaktuni 7/25/2023

INFORMATION TECHNOLOGY

12. DELEGATION OF AUTHORITY TO APPROVE THE STATEMENT OF WORK WITH INFOMAGNETICS TECHNOLOGIES CORP.

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 Statement of Work (SOW) with InfoMagnetics Technologies Corp, (IMTC) for the provision of Master Data Management (MDM) Design, Training and Support Services for an amount not to exceed \$142,750 through August 2, 2024.

Contact:

Vinil Devabhaktuni, Chief Information Officer

Background:

IEHP has contracted with IMTC since October 2020 for Master Data Management (MDM) services. IEHP utilizes the IBM InfoSphere MDM software solution from IMTC with the dbMotion platform to control, monitor, and manage Member identifiers that come in from external sources and internal IEHP applications through the dB Motion platform. It is the solution that controls the clinical merging and segregating of Member content appropriately.

IMTC was selected as a result of a Single Source justification as IMTC was the only Enterprise Master Patient Index that was able to work with dbMotion.

As IEHP expanded its master data management capabilities, IMTC was the continued choice due to its proven unique flexibility to add, remove, or change configuration for indicators and its experience and familiarity with IEHP's existing systems, infrastructure, and integration complexity. Sourcing a new vendor would require rebuilding of servers and would take months of configuration with uncertain results.

The Governing Board has previously approved the following contractual agreements with IMTC:

Date Approved	MO#	Purpose	Term Expiration	Cost
September 2020	16-64	Agreement to deliver onsite IBM InfoSphere (EMPI) training.	October 9, 2020	\$15,000
January 2021	16-64	Application Management & Support Agreement to provision a tool used by the dbMotion platform to control the clinical merging and segregating of Member content including support and maintenance.	December 7, 2021	\$51,600

Date Approved	MO#	Purpose	Term Expiration	Cost
December 2021	16-64	First Amendment to MDM application support agreement to extend for an additional 1-year term.	December 8, 2022	\$53,150
January 2023	16-64	Statement of Work to provision the upgrade for the IBM InfoSphere MDM 12 services.	June 15, 2023	\$119,300
May 2023	16-64	Application Management & Support Agreement for the MDM Application Management and Maintenance Support Agreement for a three (3) year term.	May 3, 2026	\$205,753
June 2023	16-64	First Amendment to the Statement of Work for the IBM Infosphere MDM 12 Upgrade Services to extend the term for two (2) additional months at no additional cost.	July 31, 2023	\$0
Total Cost to Date:				\$444,803
New Cost:				\$142,750
Total Cost with IMTC:				\$587,553

Discussion:

The primary scope of this SOW is to enable project services with IMTC that focus on the provision of scalable and efficient MDM practices that enhance data quality, streamline data integration, establish robust data governance and foster business agility for IEHP as it expands the need for MDM controls and EMPI integration related to the Covered California implementation MDM controls and indexing will need to be applied to the new Covered California Member population as new sources and outputs of data are implemented.

IMTC will work with IEHP on MDM solution design, implementation, configuration, project delivery and training that enables IEHP to become self-sufficient where required. IMTC will provide the following support for new initiative IEHP proposes with:

- Requirements Gathering and Design:
 - Requirement gathering and analysis
 - Solution design and architecture

- General Services
 - Data profiling and migration
 - MDM solution configuration and customization
 - Data governance and stewardship

CONSENT AGENDA

- Training
 - User training and change management
 - Ongoing support and maintenance

Hence, IEHP seeks approval of the Delegation of Authority to sign this SOW with IMTC for an amount not to exceed \$142,750 through August 2, 2024. The total cost (including this request) allocated to this vendor shall not exceed \$587,553 through August 2, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Tsui 7/19/23	E. Mata 7/24/23	M. Popka 7/24/23	J. Maass 7/18/23	V. Devabhaktuni 7/21/23

INFORMATION TECHNOLOGY

13. DELEGATION OF AUTHORITY TO APPROVE THE PURCHASE OF THE OKTA CUSTOMER IDENTITY AND ACCESS MANAGEMENT SOLUTION WITH INNOVATION NETWORK TECHNOLOGIES CORP AND EXECUTE A MASTER SUBSCRIPTION AGREEMENT WITH OKTA INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) 1) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, approve and execute an agreement or purchase order for the purchase of the Customer Identity and Access Management solution with Innovation Network Technologies Corp. (InNet) for an amount not to exceed \$1,400,000 for a three (3) year term, and 2) authorize the CEO or his designee to, after legal review and approval, approve and execute a no cost Master Subscription Agreement (MSA) with Okta Inc., which delineates the terms and conditions of the Customer Identity and Access Management solution.

Contact:

Vinil Devabhaktuni, Chief Information Officer

Background:

IEHP is seeking a Customer Identity and Access Management (CIAM) solution based upon the continued need to improve security capabilities and to meet assurances to DMHC that IEHP will provide a solution that meets industry standards and DMHC regulatory requirements for the Covered California Program.

The primary purpose of a CIAM solution is to manage and secure user authentication, control external access to various applications, services, web portals and resources within the IEHP digital ecosystem and protect user data while delivering simplified and improved user authentication experiences to IEHP's customers.

IEHP's current portal authentication system was developed internally, and it does not provide the capabilities that are necessary to meet increasing industry standards. Accordingly, IEHP needs to replace the internally developed solution with a purchased solution from a vendor that will meet required industry standards with the capacity and flexibility to meet future needs and expansion of digital services.

Based upon the critical response timing of the regulatory driven need to have a CIAM solution in place by October 2023, IEHP utilized its Industry Advisory Services agreement with Gartner for research and conjoined analytics services for the provision of information, CIAM capabilities, and leading vendors of CIAM solutions. As a result, three leading vendors were compared (Okta, PingOne and ForgeRock) with the following results:

CIAM Features & IEHP Suitability	Points (5 Max to 1 Least)		
	Okta	PingOne	ForgeRock
Availability and Reliability-Maturity	5	3	4
Skills Availability -depth of talent and skills	5	4	3
Simplicity of OnPrem Footprint	5	3	4
Identity Management – comprehensive identity management from onboarding to offboarding, flexibility with granularity in attribute management and synchronization	4	3	4
Access Management (Multi Factor Authentication (MFA)/Single Sign On (SSO)) including flexible and adaptive authentication methods	5	4	5
User Experience -intuitive and simple consumer experience and streamlined flows.	5	4	3
Security & Compliance -broad compliance certifications, comprehensive audit tools and reporting	5	3	4
Integration & Interoperability -availability of prebuilt integrations, API access	5	2	3
Total Score	39	26	30

Okta’s CIAM solution scored higher in key areas of requirements such as integration and operability, security and compliance, and availability and reliability. It best meets IEHP’s needs for a simplified platform, with scalability and customization capabilities to provide authentication and authorization in a secured and standard way for the Member portal Provider portal and external facing applications. Accordingly, IEHP has selected the Okta CIAM solution.

InNet was selected as the vendor to provide the Okta solution. Sourcing of the Okta CIAM solution is through The Interlocal Purchasing System (TIPS) Co-Op# 230105 - Technology Solutions Products and Services (Co-Op) between InNet and TIPS.

Discussion:

The Okta CIAM solution meets industry standards and fulfills assurance to DMHC of the provision of such a tool for the Covered California Program. This solution enables customer identity administration and authentication, Password Management, Multi Factor Authentication (MFA), Fraud Prevention capabilities, and User Privacy and consent management.

The key products, features and functionalities provided in the Okta CIAM solution include:

- Enterprise solution for up to 600,000 monthly active users

- Inbound Federation and Single Sign-On (SSO) capabilities, allowing users to access multiple applications and services with a single set of login credentials.
- Adaptive Multi Factor Authentication (MFA) – with various MFA methods including one-time passwords (OTP), biometric authentication, and push notifications.
- Web Access and API Access Management –secure APIs and control web access to APIs.
- Customer Identity Workflows to automate identity processes
- Adaptive Authentication – using contextual information such as user location, device, and behavior to dynamically adjust authentication requirements and detect suspicious activities, improving security while minimizing user friction.
- Integration of application access through the Access Gateway
- Production and Sandbox environments
- A Gold level support and maintenance package that provides 24x7x365 support, the fastest and highest level of response (i.e., 30 minutes), access to self-guided digital resources, a customer success manager,

The licensing and support costs for the Okta CIAM solution through the Co-Op are presented in the table below:

Annual Licensing and Support	Co-Op Pricing
Estimated Annual per year Cost	\$466,000
One-Time Training - Implement Okta Access Gateway	\$2,000
Estimated Three (3) Year Total Cost	\$1,400,000

Thus, IEHP is seeking delegation of authority for approval to purchase the CIAM Solution with InNet for a not to exceed amount of \$1,400,000 for a three (3) year term.

While the licensing and support for the CIAM solution will be procured through the Co-Op with InNet, delegation of authority is also requested to execute a no cost Master Subscription Agreement with Okta Inc. directly to set forth the terms and conditions of their CIAM solution.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	Key Tsui 7/25/2023	S. Cox 7/25/23	M. Popka 7/27/2023	J. Maass 7/24/2023	V. Devabhaktuni 7/27/2023

OPERATIONS DEPARTMENT

14. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH DELOITTE CONSULTING LLP

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the First Amendment to the Professional Service Agreement with Deloitte Consulting LLP for the provision of Program Management and Project Governance services for the implementation of Covered California at an additional cost of \$75,000. The total payable under this Agreement shall not exceed \$2,500,000 through December 31, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

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

- 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.

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 Professional Services Agreement as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
04/10/23	23-080	Program Management and Project Governance Services	12/31/24	\$2,425,000
Total Cost to date:				\$2,425,000
New Cost				\$75,000
Total Cost				\$2,500,000

Discussion:

Deloitte provides expertise in Program Management and Project Governance Services for complex projects, supporting health plans that have launched new lines of business (e.g., Covered California and Affordable Care Act plans in other states). Under the Agreement, Deloitte has a dedicated team of four (4) key consultants with relevant experience and expertise to perform the following duties:

1. 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.
2. Establishing a centralized Program Management function utilizing a team that will help teams identify, escalate risks, and develop plans to resolve these issues.
3. Developing processes to define/prioritize scope and monitor go-live deliverables to ensure requirements are met.

The consultants travel onsite to IEHP to engage directly with key IEHP stakeholders. Accordingly, IEHP is requesting an additional \$75,000 to cover Deloitte’s travel expenses for the onsite support.

Additionally, IEHP is seeking to utilize Deloitte’s resources in India and Mexico, to supplement the current United States-based resources with Program Management activities. These additional resources will increase the available production hours, allowing for work, such as status documentation and report out updates, to continue beyond the standard 8am -5pm business hours. It is important to note that Deloitte has no access to IEHP’s PHI or PII.

The additional cost of this First Amendment shall not exceed \$75,000. The total cost (including this request) of this agreement shall not exceed \$2,500,000.00 through December 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Tsu 07/17/23	M. Maury 7/14/2023	M. Popka 7/14/2023	J. Maass 7/13/2023	S. White 7/18/23

OPERATIONS DEPARTMENT

15. DELEGATION OF AUTHORITY TO APPROVE AND EXECUTE CONTRACTUAL DOCUMENTS WITH FIRSTSOURCE HEALTH PLANS AND HEALTHCARE SERVICES LLC RELATED TO BUSINESS PROCESS AS A SERVICE FOR COVERED CALIFORNIA.

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 contractual documents to amend and clarify the existing agreement with Firstsource (“Contractual Documents”) for the provision of Business Process as a Service (BPaaS) services for an amount not to exceed (NTE) \$1,900,000 through March 30, 2026.

Contact:

Susie White, Chief Operating Officer

Background:

In April 2023, the previously suspended Medi-Cal redetermination process resumed. It is estimated that up to 2 million Medi-Cal recipients statewide will lose eligibility over the next 15 months. It is anticipated that approximately 2,200 IEHP Medi-Cal Members will lose eligibility every month once redetermination is resumed. Many of these Members, however, will be eligible for Federal and/or California state premium subsidies for a Covered California (CCA) benefit plan. Covered California expects that 50% of redetermined individuals will be eligible for a \$0 premium plan and many will likely be eligible for monthly premiums of \$10 or less. In addition, many will also be eligible for a Cost-Share Reduction (CSR) Covered California plans, reducing out of pocket costs for health care services.

To enable IEHP Members who lose Medi-Cal eligibility to continue enrollment with IEHP and retain access to a similar network of doctors and hospitals and to IEHP’s member experience, IEHP is launching Covered California (CCA) plans for plan year 2024.

In December 2022, IEHP utilized the Request for Proposal procurement process to select a BPaaS vendor to provide proven IT platforms/solutions and operational subject matter expertise in administering CCA or Affordable Care Act (ACA) plans. Firstsource was chosen as the vendor as a result of the RFP (RFP #22-04471) and awarded the contract with IEHP to carry out and implement the following: 1) connectivity with Covered California’s eligibility system CalHEERS (California Healthcare Eligibility, Enrollment, and Retention System) 2) Enrollment and eligibility file processing/reconciliation; 3) premium billing, collection, and reconciliation; 4) CCA benefit administration and configuration 5) claims processing; 6) broker platform and commission payments; and 7) requirements for call-center operations in the provision of the Customer Relationship Management solution. The award and approval of the agreement with Firstsource was memorialized in Minute Order 23-018.

Specifically, the Governing Board had previously approved the Award, Delegation of Authority for Agreements, and Agreements as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
January 2023	23-018	<p>Approved the award of RFP #22-04471 Business as a Service (BPaaS) to Firstsource, and approved Delegation of Authority to execute an agreement with Firstsource for an amount NTE \$20,000,000</p> <p>Approved additional \$9,000,000 of budget allocation to support additional costs for program management (\$4,000,000), testing (\$3,000,000), integration development & implementation of CCA Capabilities into portals (\$2,000,000).</p>	March 30, 2026	\$29,000,000
March 2023	Under MO 23-018	Ratified MSA with Firstsource for BPaaS Services for CCA	March 30, 2026	\$0
March 2023	Under MO 23-018	Ratified SOW with Firstsource for BPaaS Services for CCA	March 30, 2026	\$18,100,000 of the previously approved \$20,000,000 NTE amount with Firstsource
Total Approved Delegation of Authority with Firstsource to date:				\$20,000,000
Total Executed Agreement Cost to date:				\$18,100,000
Remaining available approved funds for Firstsource – to be allocated to subsequent agreements				\$1,900,000
Total Cost				20,000,000

Discussion:

IEHP executed an agreement with Firstsource, effective March 31, 2023, for BPaaS services for the implementation and operations of the Covered California Line of Business. The Firstsource agreement provides IEHP with a software ecosystem and services that would enable IEHP to enter into the Covered California market. The implementation of the BPaaS Program has begun.

In the journey of the discovery, design, configuration and implementation of the system and services required, and the course to complete the required filings and responses to regulating entities such as DMHC, IEHP identified regulatory changes where time is of the essence and additions or modifications are needed to move IEHP forward to launch the CCA line of business with the Member enrollment process to begin in October of 2023. As IEHP continues to move through the phases of Program implementation, our request for delegation of authority to execute contractual documents with Firstsource for an additional not to exceed (NTE) amount of \$1,900,000 includes the expectation that additional changes will present themselves that will require the execution of subsequent contractual documents. The total approved Delegation of Authority awarded to Firstsource under Minute Order 23-018 is for an amount not to exceed \$20,000,000. The value of the current agreement with Firstsource is valued at \$18,100,000, the addition of \$1,900,000 will bring the contract value equal to the not to exceed total of \$20,000,000.

In summary, the requested and recommended revisions/amendments to the agreement are as follows:

1. **Revisions for Regulatory Compliance:** In response to the review of the BPaaS agreement with Firstsource, California Department of Managed Health Care (DMHC) provided a Comment Letter with the following requested contract changes:
 - a. Exhibit 1A, Row CC8 of the contract, language does not comply with 28 CCR § 1300.71.38(e)(1) – must specify that 15 days is acknowledgement for a paper dispute but 2 business days for an electronically submitted dispute.
 - b. The contract does not include terms requiring Firstsource comply with the provisions of the Knox-Keene Act listed in 29 CCR 1300.71(e)(1).
 - c. “Paragraph A of Attachment 5 includes restrictions on the inspection of books and records of Firstsource that are not contemplated in the Act and Rules. See Section 1381 and Rules 1300.81, 1300.82, and 1300.85.”

IEHP is in the process of making the necessary revisions to the agreement to comply with the regulatory provisions as noted by DMHC and will execute the appropriate contractual documents with FirstSource. There are no identified costs associated with these regulatory language changes.

2. **Inclusion of Customer Relationship Management System:** A Customer Relationship Management System (“CRM”) is a required piece of the software solution ecosystem for call center operations that enables communication, documentation and response with our partners and Members. The agreement with Firstsource currently includes Zipari as the integrated vendor to provide these call center operations capabilities. As IEHP engaged to understand the Zipari solution, it was discovered that Zipari was not able to provide the Covered California CRM services in accordance with the implementation timeline, and Zipari made the decision to remove themselves from the agreement with Firstsource.

Two solutions are currently available for IEHP to be able implement as the CRM for CCA: (i) the CRM solution that is part of the licensed HealthEdge suite of solutions; or (ii) IEHP's current Medi-Cal and D-SNP CRM solution, MediTrac. Based upon the reasoning provided below, it appears using HealthEdge's software is the only viable solution to be able to execute implementation of a CRM by October 2023, the Go-Live date of CCA enrollment.

- a. **Medi-Trac:** This CRM solution is dependent on Member and Provider records existing within Medi-Trac. Including CCA Membership in the MediTrac system was not previously needed since BPaaS services are occurring in the Firstsource provided systems. A reconfiguration of MediTrac would need to be completed to define a new line of business model within the system. Historically, Medi-Trac reconfigurations have taken a minimum of six months, which is beyond the timeline needed for CCA. There is also the risk of negatively impacting the current operations of Medi-Cal and D-SNP since all Members and Providers, Line of Business and benefit structures, pricing services, etc. would be housed in the same environments. End to end testing would need to occur prior to moving configurator into production, which would take time that we do not have. Lastly, services that are "on" for Medi-Cal and D-SNP such as correspondence triggers and claims processing will need to be turned "off".
- b. **HealthEdge:** The HealthEdge CRM Module is already included in the Firstsource agreement. Additionally, HealthEdge, as the Firstsource CCA Claims administration system, already contains CCA membership and providers, CCA benefit structures and other data such as claims that the CRM needs to present to our Call Center teams. This will save IEHP a significant amount of time in comparison to the above option. Importantly, configuration of the CRM solution can be completed within the required timeline.

The provision of CRM requirements and solution exists within the scope of the current agreement. With Zipari removing themselves from the agreement, and with a very limited time to implement the CRM solution, it is recommended that HealthEdge replace Zipari as the CRM solution provider through the Firstsource BPaaS agreement. The HealthEdge system already exists within the BPaaS agreement as the claims administration solution, and as such it will already house Member, Provider, and claims data that will integrate into the CRM. HealthEdge offers the solution that can be configured in time to support IEHP needs, without which the call centers will not be able to operate. As a result, IEHP is requesting authority to move forward with removal of Zipari from the Firstsource agreement and adding HealthEdge CRM solution as the CRM in place of Zipari. There is no cost associated with this change at this time.

3. **Addition of Encounter Data into the HE System:** This will provide availability of drug, dental and acupuncture data for call centers. As IEHP engaged to understand the CRM solution, data, and configuration needs, it was discovered that there was a gap in the area of data available to meet the call center operations requirements for the Member and Provider Services teams to have access to Pharmacy, Dental, and Acupuncture data. To remedy this gap, it is necessary to integrate the related encounter data into the HE claims administration system that is within the Firstsource CCA ecosystem. With the addition of Pharmacy, dental and acupuncture encounters, all Member Claims for Medical, Behavioral, Vision, Pharmacy, Dental and Acupuncture will be available in one Platform and accessible to the HE CRM

solution, enabling IEHP to have one application with access to view all Member health service records. This will fulfill our requirement to service callers and support the Covered California business.

Expanding the current integration of files into the HE system to include the additional Pharmacy, Dental, and Acupuncture encounter data sets is the only solution that will fulfill the requirement for accessibility of this data to our contact centers. The data is required to be in the claims administration system to be accessible in the CRM also. The additional estimated cost associated with the Encounter Data integration is approximately \$30,000.

4. **Addition of Cost Transparency Tool:** Effective January 1, 2024, through the Federal transparency in coverage regulations, codified in the Code of Federal Regulations (title 45, sections 147.210-147.212), applying to IEHP's Covered California products, health plans must make cost-sharing information available for all covered items and services. Health plans must disclose to Members, upon request, through a self-service tool made available by the plan on its internet website, cost-sharing information from a particular provider or providers. This information must also be made available in paper form, upon request.

To meet this requirement IEHP needs to acquire and implement a cost transparency tool to enable users to, among others:

- a) Search for cost-sharing information for a covered item or service by a specific in-network provider or by all in-network providers by inputting a billing code (i.e., CPT code) or descriptive term (e.g., rapid flu test) at the option of the user, name of the in-network provider, and other factors used by the health plan used to determine the applicable cost-sharing information (e.g., location of service, facility name, dosage)
- b) Search for out-of-network allowed amount, percentage of billed charges, or rate that provides a reasonably accurate estimate of the amount a health plan will pay for a covered item or service provided by an out-of-network provider; and
- c) Allow the user to refine and reorder search results based on geographic proximity of in-network providers and the amount of the estimated cost-sharing liability to the extent the search for cost-sharing information returns multiple results.

Other solutions for the provision of a cost transparency solution may be available for sourcing; however, with very limited time to implement by October 2023, it is requested that the selection of the cost transparency tool through Firstsource's BPaaS be allowed as the most viable and cost-effective solution. Firstsource was awarded the BPaaS agreement through an appropriate RFP process in compliance with IEHP's Procurement Policies and Procedures, and the RFP specifically provided for a wide range of services to implement IEHP's CCA Program. Although this cost transparency tool was not included in the current SOW of the agreement, it is within the scope of the BPaaS services for which Firstsource was contracted, as such a separate RFP or competition process is not required to procure said services. Firstsource is able to provision this tool through existing solutions (HealthTrio) that are providing enrollment and broker portal elements within the current ecosystem, and provide the necessary functionality and integration needed by October 2023. The

implementation and ongoing costs for the cost transparency tool and expansion of Broker Portal services can be found in the table below.

Fee	Effective Date	Comments
\$43,927 Monthly Fee	08/01/2023	Applicable for the first 6 months
\$15,714 Monthly Fee	02/01/2024	Applicable until the end of the SOW
\$0.2050 per member per month		Only for membership above 49,999
Not to exceed total through March 2026		\$813,552

Each of the four (4) pieces identified to date and presented above are critical required elements to deliver the CCA Program, the scope additions and changes presented for tools and services, as well as the regulatory language modifications, will be captured in appropriate contractual documents for approval and execution. It is not unusual as we step into the details of the implementation of a Program of this size to see such changes as those presented. The estimated value of the changes presented is \$850,000. An additional \$1,100,000 is being requested for delegation of authority to fund subsequent agreements with Firstsource to cover future unexpected changes through the March 30, 2026, term of the current Firstsource agreement, including but not limited to additional tools, configurations, and integrations, technical functionality, expanded training and service capabilities.

Hence, IEHP is requesting Delegation of Authority to approve and execute subsequent contractual documents with Firstsource, as necessary for the additions and changes needed to meet regulatory compliance and the implementation and provision of Program Services. The total additional cost (including the items identified in this request) of the requested revisions to be documented in contractual documents shall not exceed \$1,900,000 through March 30, 2026, which in conjunction with the current value of the SOW of 18,100,000, still places the total cost of the agreement with Firstsource at the NTE amount of \$20,000,000.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	Key Tsui 7/31/2023	S. Cox 7/28/2023	M. Popka 8/1/2024	J Maass 7/28/2023	S. White 8/1/2023

QUALITY DEPARTMENT

16. RATIFY AND APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH RIVERSIDE COUNTY FOUNDATION FOR MEDICAL CARE DBA INLAND EMPIRE FOUNDATION FOR MEDICAL CARE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Sixth Amendment to the Professional Services Agreement (Agreement) with Riverside County Foundation for Medical Care dba Inland Empire Foundation for Medical Care (RCFMC) for Care Coordination for an additional amount not to exceed \$2,400,000.00 and extend the term an additional year through June 30, 2024. The total amount payable under this Agreement shall not exceed \$8,740,000.00 through June 30, 2024.

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

IEHP is committed to ensuring the delivery of high-quality care to its Members by providing robust support to IEHP Providers. As part of this commitment, IEHP and RCFMC have partnered to actively assist Providers in improving their office workflows to enhance quality performance. This assistance is facilitated through a diverse range of comprehensive programs and activities that include:

1. Assisting/Training to close care gaps;
2. Reducing health care inequities;
3. Troubleshooting quality-related claims and billing errors;
4. Educating Providers on IEHP’s Global Pay For Performance (P4P) Program; and
5. Electronic Health Record optimization.

In addition, the services rendered by RCFMC assist IEHP in helping meet regulatory requirements concerning quality measures as noted in new Department of Healthcare Services (DHCS) Managed Care Accountability Set (MCAS) performance requirements.

The Governing Board had previously approved the Professional Services Agreement as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
5/2015	15-117	Professional Services Agreement (PSA) with IEFMC to improve clinical and financial outcomes for IEHP Medicare and Medicaid Dual Eligible Members.	5/31/2016	\$1,440,000.00

Date Approved	MO#	Purpose	Term Expiration	Cost
11/2016	16-157	First Amendment to extend Agreement term, update Scope of Work to include incentive program, and transition of payment method to capitation.	6/01/2021	N/A
8/2018	18-243	Second Amendment to update incentive program and update of Scope of Work.	06/01/2021	N/A
4/2021	21-103	Third Amendment to transition incentive program responsibility from IEFMC to IEHP and update to Schedule of Fees.	6/31/2022	\$2,500,000.00
7/2022	22-264	Fourth Amendment to modify the Dual Eligible Program and additional Scope of Work for Quality Improvement Program / Care IE.	6/30/2023	\$2,400,000.00
10/2022	22-333	Fifth Amendment to update entity name to RCFMC and include an additional tier of Providers for the Quality Improvement Program.	6/30/23	N/A
Total Cost to date:				\$6,340,000.00
New Cost				\$2,400,000.00
Total Cost				\$8,740,000.00

Discussion:

This Sixth Amendment modifies the current Dual Eligible Program Scope of Work and Schedule of Fees for outreach and oversight related to HEDIS quality measures and Medicare Risk Adjustment Factors (RAF) for selected IEHP Direct physicians.

In addition, the Sixth Amendment, modifies the current Scope of Work and Schedule of Fees related to the Quality Improvement Program for the Medi-Cal population. The Scope of Work outlines a one-year Quality Improvement Program project that includes a comprehensive strategy for boosting quality outcomes for selected IEHP Direct primary care practices in the Inland Empire. The SOW is designed to provide an interdisciplinary strategy for 1) Improving quality measure performance for the remainder of 2023; and 2) Facilitating sustainable improvements in quality outcomes on the primary care practice level in accordance with IEHP designated quality measures. Measures that are included in this agreement focus on administrative only and digital measures.

The additional cost of the Sixth Amendment shall not exceed \$2,400,000 effective July 1, 2023. The total cost of this Agreement shall not exceed \$8,740,000.00 through June 30, 2024. For the

additional Scope of Work and Schedule of Fees mentioned above; the amounts are listed below for reference:

Initiative	NTE Compensation
Dual Eligible Program: Quality Measure Improvement	\$1,200,000
Quality Improvement Program: Medi-Cal Measure Improvement	\$1,200,000
Total	\$2,400,000

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Moussa 7/13/2023	H. Clear 7/12/2023	M. Popka 07/14/2023	G. Fick 7/11/2023	E. Juhn 7/12/2023

QUALITY DEPARTMENT

17. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #22-04389 TO, AND DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH, CUSTOMER MOTIVATORS LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal #22-04389 (RFP #22-04389) and authorize the Chief Executive Officer or his designee to, after legal approval, execute the Professional Services Agreement (Agreement) with Customer Motivators for the provision of The Quality Improvement Member Incentive Program for an amount not-to-exceed \$10,500,000.00 for a term of three (3) years effective April 1, 2024, through March 31, 2027.

Contact:

Edward Juhn, Chief Quality Officer

Background:

The Quality Systems department monitors, tracks, and evaluates MCAS, HEDIS, and CMS Quality Score Performance for IEHP. One major quality improvement activity that supports IEHP’s quality performance is the Member Incentives Program. This program provides a gift card incentive to eligible Members for taking care of their health as evidenced by completing preventive care screenings, exams, immunizations, or management of chronic conditions.

IEHP recognizes the need for a vendor to manage the gift card distribution process for the Quality Improvement Member Incentive Program. The vendor provides IEHP Members with a reward certificate upon completion of key healthcare services. The reward certificate allows the Member to select a gift card of their choice.

On March 20, 2023 IEHP issued RFP #22-04389 on Bonfire, its public third-party bidding website. As a result, three bidders indicated interest with three submitting proposals. An RFP was posted to Bonfire where vendors were able to place a bidder proposal response. Below is a summary of key outcomes of the RFP process.

Company Profile and Evaluation Criteria Scoring:

Bidder	Score
Virgin Pulse	14.57
Icario	14.73
Customer Motivators	15.24

Second round Pricing Scoring:

Bidder	Score
Virgin Pulse	15.22
Icario	22.81
Customer Motivators	30

Member Incentive Program Criteria Scoring:

Bidder	Score
Virgin Pulse	29.02
Icario	31.95
Customer Motivators	30.93

Final Scoring:

Bidder	Score
Virgin Pulse	58.81
Icario	69.49
Customer Motivators	76.17

IEHP contacted the following vendors to provide an annual quote for the Member Incentive Program (gift cards) with the following results:

Vendor	Quote
Virgin Pulse	\$6,353,958.00
Icario	\$4,239,552.00 Plan A \$4,860,089.00 Plan B
Customer Motivators	\$3,223,349.00

Through the evaluation review process of the three bidders that posted a response, the RFP Evaluation Team awarded the bid to Customer Motivators.

It is not the intent that the actual spend may reach the full contract compensation amount. IEHP added a contingency amount of \$829,953.00 to cover any unforeseen program design requirements that may arise. The allotted contract compensation allows IEHP the opportunity to enhance program design which may include additional Member populations, launch of program earlier in year, and/or inclusion of new lines of business. The 2024 IEHP Member Incentive Program will launch in March and the timeline for Members to complete identified health care services and be eligible for the incentive reward is December 31, 2024.

Member Incentive Program 2018-2022 Contract Allotted Amount and Actual Amount Totals				
Member Incentive Program Fiscal Year	Member Incentive Program Contract Allotted Amount	Care Gap Member Incentive Programs Actual Amount	COVID Member Incentive Program Actual Amount	Member Incentive Programs Total Actual Amount
2018-2019	\$2,918,500	\$1,095,905		\$1,095,905
2019-2020	\$2,475,000	\$1,216,126		\$1,216,126
2020-2021	\$2,475,000	\$1,349,470		\$1,349,470
2021-2022	\$2,475,000	\$3,127,976	\$1,216,860	\$4,344,836
2022-2023	\$2,475,000	\$3,061,684	\$488,963	\$3,550,646
Total	\$12,818,500	\$9,851,161	\$1,705,823	\$11,556,983.75

Discussion:

Based on the extensive evaluation process the IEHP Quality Improvement Team will continue to partner with the incumbent Customer Motivators for gift card fulfillment services from April 1, 2024, until March 30, 2027. All funds are allocated to the cost of the reward certificate. The Customer Motivators model is structured in a manner so that IEHP does not incur ancillary costs such as administrative fees, postage fees, returned mail fees, or customer service support. IEHP's cost per reward certificate is the face value of the gift card amount minus a 15% discount.

IEHP continues to identify Member Incentive Program enhancements that support an optimal Member Experience. The IEHP Quality Improvement and Information Technology Teams will collaborate on streamlining the Member Incentive Program processes and expand the sources that can be leveraged to confirm Members gift card eligibility. Opportunities to improve overall program workflow include broader communication to Members regarding the Member Incentive Program and the reduction of Provider reporting delays. Examples of Program enhancements include the following:

1. Member notification that they are eligible for an incentive through methods such as the IEHP Member Portal.
2. Member self-attestation added as a data collection source to identify Members for gift card eligibility.

Current Member Incentive Program

The measurement year 2022 Member Incentive Program evaluation is pending as results are dependent on HEDIS performance data which was recently finalized. The below table illustrates the 2019 and 2021 Measurement Year (MY) rates for the Medi-Cal Adult Member incentive programs, and the 2019 and 2020 Measurement Year (MY) rates for Medi-Cal Child Member incentive programs. Due to impacts of the Public Health Emergency cause by COVID-19, measurement year 2020 is not being used for the Medi-Cal adult program performance comparison. The denominator represents Members that received notification that they were eligible for an incentive. The numerator represents Members that closed their gap in care, respectively by measure during the measure performance period. In the data comparison below for the Adult Member Incentive Members two out of the four measures demonstrate a positive substantial increase. For the Child Member Incentive Member measures two out of the three measures demonstrated a positive raw change rate.

The data indicates that the Member Incentive program remains a valuable quality improvement initiative. Although not all measures demonstrate a raw rate improvement, for all but one measure, the number of Members that engaged (numerator event) with the reward incentive program as a motivation to complete preventive care and other needed services to manage chronic conditions continues to increase.

Adult Medi-Cal Member Incentive Measures	2019 Rates Member Incentive (Pre Covid-19 Comparison)			2021 Rates Member Incentive			Raw Rate Change
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
Breast Cancer Screening (BCS)	4,530	23,169	19.6%	5,933	30,512	19.4%	-0.2%
Comprehensive Diabetes Care Diabetic Retinal Exam (CDC-DRE)	7,465	24,099	31%	10,202	38,530	26.5%	+4.5%
Cervical Cancer Screening (CCS ¹)	13,495	100,604	13.4%	23,837	143,912	16.6%	-3.2%
Comprehensive Diabetes Care Labs (CDC-LABS)	7,650	15,156	50.5%	11,741	21,100	55.6%	+5.2%

Child Medi-Cal Member Incentive Measures	2019 Rates Member Incentive (Pre Covid-19 Comparison)			2020 Rates Member Incentive			Raw Rate Change
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
CIS Flu	11,000	38,220	28.8%	10,732	24,469	43.9%	+15.1%
CIS Flu & Rotavirus	4,288	15,461	27.7%	1,244	7,172	17.3%	-10.4%
IMA - HPV	4,831	22,385	21.6%	586	2,013	29.1%	+7.5%

The tables below reflect preliminary 2022 Member Incentive program successes for both the Medi-Cal and Medicare line of business. Engagement rates represent the percentage of Members that participated in the incentive program. Of the overall number of Members that were identified as eligible to receive a gift card, this is the percentage of Members that completed the identified health care screening, lab test, or wellness visit and received the reward incentive.

Medi-Cal	
Measure	Engagement Rate
Breast Cancer Screening	11.88%
Cervical Cancer Screening	9.50%
EED: Diabetic Eye Exams	22.67%
Well -Child Visits in the First 1st 15 months of Life	29.79%
Well- Child Visits 15-30 months	17.56%
Adolescent Immunizations (HPV)	24.67%
Childhood Immunizations (Flu & Rotavirus)	29.66%
Childhood Immunizations (Flu only)	13.56%
Medicare	

¹ BCS and CCS require the Member to schedule an appointment for the screening, rather than a simple walk-in.

Measure	Engagement Rate
Breast Cancer Screening	24.13%
Colorectal Cancer Screening	21.98%
EED: Diabetic Eye Exams	43.83%
Annual Wellness Visit	22.70%

It is noted that the preliminary MY2022 engagement rates appear below the previous MY2021 performance results. The measurement year 2022 Member Incentive Program experienced significant challenges with obtaining Member communication mailing supplies. This barrier was caused by national supply chain issues and resulted in a later than projected program launch date. Member program notifications were sent beginning in quarter 4 of 2022 which created a narrower opportunity for Members to engage in the program and complete the needed health care screening, lab test, or wellness visit as compared to previous years.

The Member Incentive Program demonstrates positive effects by encouraging IEHP Members to complete needed care visits. IEHP projects that the planned Member Incentive program enhancements will continue to encourage Members to engage with Providers for needed care services and also enhance Member Experience with the program.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Moussa 07/18/23	T. Rankins 7/14/23	E. Hernandez 07/17/23	G. Fick 7/13/2023	E. Juhn 7/14/2023

PROVIDER NETWORK DEPARTMENT

18. RATIFY AND APPROVE THE TWENTY-FIRST AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH BARSTOW COMMUNITY HOSPITAL – BARSTOW

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Twenty-First Amendment to the Hospital Per Diem Agreement with Barstow Community Hospital, effective July 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Barstow Community Hospital is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment is to extend the term through June 30, 2026, amend Section 1.09 of the Agreement and replace the Attachment C-Compensation Rates.

In addition, the Attachment title C1- Managed Care Medi-Cal Non Capitated or Carve Out Drugs is now identified as C2-Managed Care Medi-Cal Non Capitated or Carve Out Drugs and the new Attachment C1-Compensation Rates-Medicare Advantage Program is added to the Agreement.

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

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

19. RATIFY AND APPROVE THE ENHANCEMENT CARE MANAGEMENT PROVIDER AGREEMENT WITH CHAPARRAL MEDICAL GROUP, INC – RANCHO CUCAMONGA

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Enhancement Care Management Provider Agreement with Chaparral Medical Group, Inc., effective July 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Chaparral Medical Group, Inc. would like to participate in the IEHP Network.

Discussion:

The new Agreement was tailored to reflect the enhancement care management services offered by Chaparral Medical Group, Inc.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

20. RATIFY AND APPROVE THE ELEVENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH DESERT REGIONAL MEDICAL CENTER – PALM SPRINGS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Eleventh Amendment to the Hospital Per Diem Agreement with Desert Regional Medical Center, effective July 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Desert Regional Medical Center is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment is to extend the term through December 31, 2027. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

21. RATIFY AND APPROVE THE FIFTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH HDMC HOLDINGS, LLC DBA HI-DESERT MEDICAL CENTER – JOSHUA TREE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fifth Amendment to the Hospital Per Diem Agreement with HDMC Holdings, LLC dba Hi-Desert Medical Center, effective July 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

HDMC Holdings, LLC dba Hi-Desert Medical Center is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment is to extend the term through December 31, 2027. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

22. RATIFY AND APPROVE THE TENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH JOHN F. KENNEDY MEMORIAL HOSPITAL – INDIO

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 John F. Kennedy Memorial Hospital, effective July 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

John F. Kennedy Memorial Hospital is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment is to extend the term through December 31, 2027. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

23. RATIFY AND APPROVE THE SEVENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH SAN ANTONIO REGIONAL HOSPITAL – UPLAND

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Seventh Amendment to the Hospital Per Diem Agreement with San Antonio Regional Hospital, effective July 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

San Antonio Regional Hospital is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment is to extend the term through December 31, 2024 and to replace the Attachment C-Compensation Rates, Attachment C1- Notes to Compensation Rates and the Attachment G-Managed Care Medi-Cal Noncapitated or Carve Out Drugs.

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

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

24. 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:

Keenan Freeman, Chief Financial Officer

Background:

IEHP contracts with physicians and other providers using Governing Board approved Standard Template Agreements. On a periodic basis, 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 July 1, 2023:

1. Master Enhancement Care Management Provider Agreement - All LOBs
2. Master Attachment A – Enhancement Care Management
3. Master Attachment B – Enhancement Care Management

The following standard template is being presented to the Governing Board for ratified approval, effective August 1, 2023:

1. Master Provider Agreement – Covered California only

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

25. 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 subject to the same conditions as the original agreement unless sooner terminated in accordance with the terms and conditions.

Discussion:

Renewal under the Evergreen Clause of the following Agreements effective, September 1, 2023:

Additional one (1) year term:

- 1) J Moss Foundation dba Skinny Gene Project - Ancillary Agreement – *San Diego*
- 2) The Regents of the University of California UC San Diego Medical Center - Hospital Per Diem Agreement – *San Diego*
- 3) Braswells Mediterranean Gardens LTD - Residential Care for the Elderly – *Yucaipa*
- 4) Watermark Carlotta LLC dba The Springs at the Carlotta - Skilled Nursing Facility Provider Agreement – *Palm Desert*

Additional two (2) year term:

- 5) St Mary Medical Center dba Providence St Mary Medical Center - Hospital Per Diem Agreement – *Apple Valley*

Additional five (5) year term:

- 6) Ari Avram Regar dba Ari Regar MA LMFT - Behavioral Health Participating Provider Agreement – *LA Quinta*
- 7) Cassy Marie Magee dba Cassy Magee LMFT - Behavioral Health Participating Provider Agreement – *Temecula*
- 8) Cindy Baracchini - Behavioral Health Participating Provider Agreement – *Claremont*
- 9) Collaborative Psychology Group APC - Behavioral Health Participating Provider Agreement – *Murrieta*
- 10) Dr Aurelio Enriquez Jr dba Professional Assessment and Treatment Services - Behavioral Health Participating Provider Agreement – *Rancho Cucamonga*
- 11) Graziano Mauriz - Behavioral Health Participating Provider Agreement – *Rancho Cucamonga*
- 12) Jeraleen M Peterson dba Wisdom Tree Counseling - Behavioral Health Participating Provider Agreement – *Rancho Cucamonga*
- 13) Lori A Vickers - Behavioral Health Participating Provider Agreement – *Temecula*
- 14) MarSell Consulting and MHS - Behavioral Health Participating Provider Agreement – *Ontario*

CONSENT AGENDA

- 15) Natasha Alejandra Revilla dba Wild Meadows Counseling Services - Behavioral Health Participating Provider Agreement – *Hemet*
- 16) Richard A Rowe dba Stellar Behavioral Health - Behavioral Health Participating Provider Agreement – *Riverside*
- 17) Rosemarie Wheeler LMFT - Behavioral Health Participating Provider Agreement – *Temecula*
- 18) Swanson Counseling Services Inc - Behavioral Health Participating Provider Agreement – *Riverside*
- 19) Abayomi A Odubela MD a Professional Corporation dba ADET Total - Capitated Primary Care Provider Agreement – *Murrieta*
- 20) Amiksha S Patel MD dba RPP Family and Elder Care Inc - Capitated Primary Care Provider Agreement – *Riverside*
- 21) Bipinchandra Bhagat MD Inc - Capitated Primary Care Provider Agreement – *Victorville*
- 22) Faculty Physicians and Surgeons of LLUSM - Capitated Primary Care Provider Agreement – *Loma Linda*
- 23) Living Waters Medical Clinic Inc - Capitated Primary Care Provider Agreement – *Murrieta*
- 24) Stanley H Schwartz MD dba Stanley H Schwartz MD Inc - Capitated Primary Care Provider Agreement – *Moreno Valley*
- 25) Azim U Azhand MD a Prof Corporation - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Temecula*
- 26) Becker Pediatric Medical Corp - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Murrieta*
- 27) Childrens Hospital of Orange County dba CHOC Children's Specialists - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Pomona*
- 28) Cresencia D Banzuela MD Inc dba Banzuela Pediatrics - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Corona*
- 29) Dr Sindu Pillai MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Murrieta*
- 30) Ernesto R Millan MD Inc dba Unique Pediatric Medical Center Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Rancho Mirage*
- 31) Filomena S Pascual MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Rancho Cucamonga*
- 32) Gary T Lai MD - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Chino*
- 33) Inland Pediatrics Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Riverside*
- 34) Inscriptions Childrens Clinic - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Wildomar*
- 35) Justina M Breseno dba Justina M Breseno MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Riverside*
- 36) Max V Soliguen MD Inc dba Kids First Pediatrics - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Upland*
- 37) Olusola A Oyemade MD FAAP Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Rancho Cucamonga*
- 38) Rolando A Atiga MD a Professional Corporation - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Murrieta*
- 39) Samaritan Counseling Center - Behavioral Health Participating Provider Agreement – *Upland*

- 40) SpringHealth Behavioral Health and Integrated California LLC - Behavioral Health Participating Provider Agreement – *Anaheim*
- 41) Hendrick J De Jager MD - Specialist Participating Provider Agreement – *San Bernardino*
- 42) Hi-Desert Memorial Health Care District dba Morongo Basin Community Health Center - Specialist Participating Provider Agreement – *Yucca Valley*
- 43) Keisha L Baldeosingh MD - Specialist Participating Provider Agreement – *Redlands*
- 44) Magella Medical Group Inc dba Obstetrix Medical Group of Southern California PC - Specialist Participating Provider Agreement – *Palm Springs*
- 45) Walker Furman Inc dba Dayspring Pediatric Services - Specialist Participating Provider Agreement – *Upland*
- 46) Wonsik Yi Bollmann DPM dba High Desert Foot and Ankle Clinic Specialist Participating Provider Agreement – *Victorville*
- 47) Dr. Stefie Ribeiro OD Prof Corp dba Perspective Optometry - Participating Provider Agreement Vision – *La Quinta*
- 48) Orlando Camacho OD A Professional Corporation dba EyeDoc Optometry - Participating Provider Agreement Vision – *Rancho Cucamonga*
- 49) Shannon Klosak SKT THERAPY INC dba SKT THERAPY - Behavioral Health Participating Provider Agreement - *Corona*

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

N/A

ADMINISTRATION

26. APPROVE THE SEVENTH AMENDMENT TO THE EMPLOYMENT AGREEMENT FOR CHIEF EXECUTIVE OFFICER

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Seventh Amendment to the employment agreement for Chief Executive Officer between IEHP and Jarrod McNaughton (CEO) as follows:

- 1) CEO's base pay shall remain unchanged and shall be in the amount of \$703,518, which includes cost of living adjustments provided to every IEHP team member in 2022 and 2023;
- 2) A lump sum one-time employer contribution to the CEO's retirement account in the amount of \$21,000 shall be made within ninety (90) days from the effective date of the Seventh Amendment; and
- 3) Memorialize and approve the CEO's participation in the Leader Retirement Retention Program and Leadership Quality Achievement Program for all IEHP leaders, director level and above, for every year that the programs, funding and/or metrics are authorized and/or approved by the Board.

Contact:

Anna W. Wang, Vice President, General Counsel

Background:

The CEO of IEHP is responsible for the direction and oversight of all IEHP activities. The current employment agreement for Chief Executive Officer between IEHP and Mr. McNaughton has been effective since July 20, 2019 (Agreement).

On May 8, 2023, IEHP approved the Sixth Amendment to the Agreement to extend the term of the Agreement to July 19, 2029.

On June 5, 2023, the Board approved the Leader Retirement Retention Program and Leadership Quality Achievement Program for all IEHP leaders, director level and above, and expressly included the CEO as a participant in the programs.

On July 10, 2023, under the terms of the Agreement, the Governing Board conducted an annual review of Mr. McNaughton's performance for the period of July 2022 through July 2023.

Discussion:

Based on the CEO's annual performance review for the period of July 2022 through June 2023, the Board has determined that Mr. McNaughton has met or made satisfactory progress on previously approved goals and objectives. During the review period, Mr. McNaughton achieved remarkable success in advancing IEHP's strategic initiatives such as the launch of the Dual Eligible Special Needs Plan (D-SNP) and upcoming entry into Covered California. Other initiatives remain on

POLICY AGENDA

track to continue exploration of innovative healthcare solutions and strategies to promote health and wellness in the Inland Empire. Mr. McNaughton remains focused on IEHP’s members and providers, and under his leadership, achieved positive survey results and partnership opportunities to support quality member care and service. IEHP also earned the designation as a Great Place to Work for a second year in a row, a testament to the impressive positive engagement of the IEHP employee family and the CEO’s strong leadership.

The Board commends Mr. McNaughton’s performance over the past 12 months and appreciates the dedication that he brings to this position. At the CEO’s request, the Board will not award an increase to his base pay. Alternatively, the Board agrees to provide a one-time employer contribution to the CEO’s retirement account in the amount of \$21,000. The Board also includes in the amendment its prior approval of the CEO’s participation in the Leader Retirement Retention Program and Leadership Quality Achievement Program which all IEHP leaders, director level and above, are eligible to participate.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Freeman	N/A	A. Wang 07/19/23	A. Wang 07/19/23	A. Wang 07/19/23

ADMINISTRATION

27. CHIEF EXECUTIVE OFFICER UPDATE

Recommended Action:

Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

Chief Executive Officer update for the August 14, 2023, Governing Board Meeting.

Governing Board Meeting



CEO BOARD REPORT
Aug. 14, 2023

IEHP WELCOMES NEW CHIEF PEOPLE OFFICER

- Welcome Supriya Sood, MBA!
- Joining IEHP from Alignment Healthcare.
- Previously she worked at Elevance Health (Formerly Anthem, Inc.).
- Supriya has a strong connection to mission-driven work and brings more than 25 years of experience in the human resources field.

A Special Note
IEHP

FROM THE CEO

August 8, 2023

Greetings IEHP!

Please join me as we welcome Supriya Sood, MBA as our chief people officer. Supriya was identified after a nationwide search and her official first day will be August 14. She will report directly to me.

In this role, Supriya will lead our human resources functions by developing best practices and strategies to advance IEHP's efforts to continue being a high-performance organization fueled by a skilled, engaged and diverse workforce.

Some of her responsibilities will include supporting the HR leaders in overseeing all people programs including talent acquisition, compensation administration and benefits (total rewards), HR operations, and learning and development. Additionally, Supriya will lead efforts that support IEHP's Mission, Vision, Values, and strategic direction.

Supriya brings a wealth of experience to the executive leadership team and believes in the profound impact our team members have on driving our mission to improve the health of our communities. She has a passion for serving in mission-based companies with over 25 years in the industry.

A value-driven leader, Supriya most recently served as chief people officer for Alignment Health. Prior to joining Alignment Health, she was staff vice president of human resources at Elevance Health (formerly Anthem Inc.). Having worked in health care since 2008, she has held executive roles at multiple companies, including CareMore, VCA Antech, Molina Healthcare and TRISTAR Insurance Group.

Supriya is a member of the Society for Human Resources Management (SHRM) and Professionals in Human Resources Association (PIHRA), which she has previously served as a board member. She earned her Master of Business Administration from the University of California, Irvine.

Join me in welcoming Supriya to IEHP.

With gratitude,




IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
June 2023	1,668,626	1,691,033	22,407	8,086
July 2023	1,660,278	1,686,784	26,506	(4,249)
August 2023	1,651,929	1,689,399	37,470	2,615



MISSION MOMENT – CHW GRADUATION

- IEHP graduated its first class of Community Health Workers (CHWs) on July 27.
- The eight CHWs will act as liaisons, intermediaries and advocates for members.
- CHWs are frontline health workers who connect the underserved with culturally competent health and social services.

Congratulations!



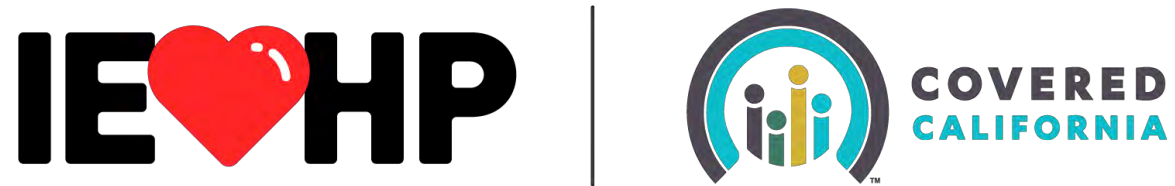
IEHP FOUNDATION UPDATE

- IEHP Foundation is pleased to announce the appointment of Lisa Wright as its new interim president.
- Wright brings a wealth of experience and expertise, having recently served as President and CEO of Inland So Cal United Way and Inland So Cal 211+.
- The search for the new president has begun using a national search firm, which is expected to take six months to complete.
- IEHP Foundation is on a mission to inspire and ignite the health of the Inland Empire. It was created by IEHP in 2021 as a separate 501c3 public charity.



COVERED CALIFORNIA UPDATE

- Awaiting final approval from DMHC to officially join the exchange for 2024.
- When approved, IEHP will offer the lowest-cost silver plan in the region.
- Special open enrollment kick-off event planned for Sept. 14 at IEHP.
- Open enrollment begins Oct. 1, 2023.



IEHP CEO APPOINTED TO DMHC BOARD

- Jarrod McNaughton appointed to DMHC's Financial Solvency Standards Board (FSSB).
- Appointed for a three-year term, which ends Aug. 2026.



PROVIDER DINNER SERIES

- 15 providers attended the **July 25** dinner at Avila's Historic 1929 in Riverside.
- Discussion topics included Medi-Cal Redetermination, Covered California, Medicare Advantage and Quality P4P programs.
- Representatives from local medical societies are now also invited to the dinners. Dolores Green from Riverside County Medical Association attended and shared what the organization is doing to support doctors.
- Next dinner is planned for **Aug. 23** at The Hilltop Collection Restaurant & Banquet Center in San Bernardino.



Provider Dinners



IEHP ATTENDS SRSWC

Southern Regional Student Wellness Conference (SRSWC) is a multi-day event designed to empower educational partners such as mental health professionals, administrators, educators, school counselors, school safety staff, health care providers and the community to address the needs of the whole child.



IEHP ABROAD

We love capturing you in IEHP gear!

Shown here:
IEHP Governing Board Chair
Karen Spiegel in Israel.



Governing Board Meeting

THANK YOU!

FINANCE DEPARTMENT

28. REVIEW OF THE MONTHLY FINANCIALS

Recommended Action:

Review and File

Contact:

Keenan Freeman, Chief Financial Officer

Discussion:

Monthly Financials for Period Ending June 30, 2023.

FINANCE DIVISION

June 2023

MONTHLY FINANCIALS

Presented
August 14, 2023



Actual vs Budget - Consolidated

	June Month-to-Date			June Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 578,911,268	\$ 616,999,493	\$ (38,088,225)	\$ 3,528,673,309	\$ 3,525,665,305	\$ 3,008,004
Total Medical Costs	\$ 513,466,379	\$ 564,751,412	\$ 51,285,033	\$ 3,107,038,812	\$ 3,212,684,002	\$ 105,645,190
Total Operating Expenses	\$ 38,458,289	\$ 47,258,521	\$ 8,800,232	\$ 202,780,597	\$ 232,995,877	\$ 30,215,280
Total Non Operating Income (Expense)	\$ 10,447,158	\$ 3,338,061	\$ 7,109,097	\$ 43,862,166	\$ 20,152,724	\$ 23,709,442
Non-Medi-Cal/Medicare Expenses	\$ 738,980	\$ 666,667	\$ (72,313)	\$ 4,516,070	\$ 4,000,000	\$ (516,070)
Net Surplus (Deficit)	\$ 36,694,778	\$ 7,660,953	\$ 29,033,824	\$ 258,199,995	\$ 96,138,151	\$ 162,061,846

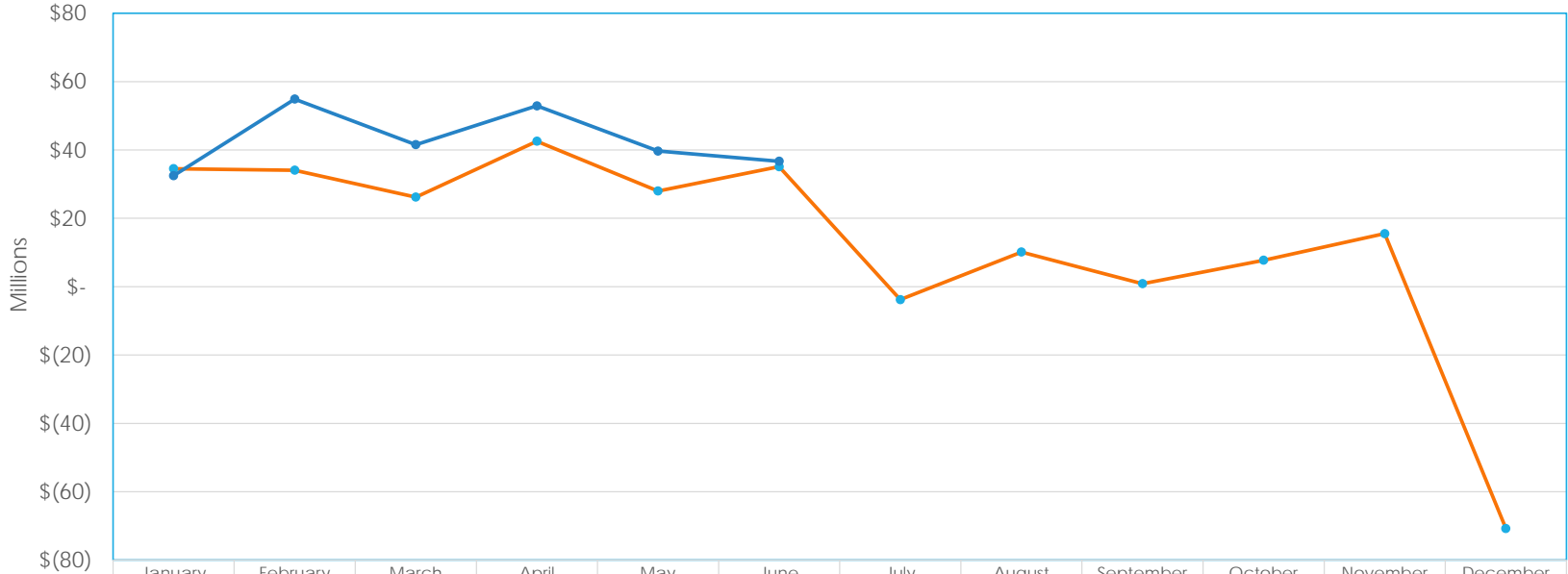
Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to unfavorable CalAIM Incentives revenue recorded in prior month and budgeted in current month, Prop 56 MLR quarterly reserve adjustment, and lower-than-expected maternity revenue and Adult member months partially offset by higher-than-expected SPD Full Dual, MCE Non-Dual, and other member months, and favorable D-SNP Part A/B revenue adjustment for the mid-year adjustment.
- The favorable medical cost variance compared to budget is primarily due to favorable CalAIM Incentives expense recorded in prior month and budgeted in current month, Prop 56 MLR quarterly expense adjustment, CMC CY 2022 pharmacy rebate adjustment, capitation expense, and lower-than-expected medical G&A partially offset by unfavorable Medi-Cal other claims and D-SNP facility claims.
- The favorable operating expense variance compared to budget is primarily due to IT project delays, and Marketing and IT underutilization.
- The favorable non-operating income (expense) variance compared to budget is primarily due to CY 2023 Q1 interest adjustment and higher-than-expected interest income.



Net Surplus Year-Over-Year - Consolidated

Consolidated
Net Surplus by Month (Actuals)



	January	February	March	April	May	June	July	August	September	October	November	December
— CY 2022	34,514,158	34,071,643	26,205,224	42,547,572	27,986,001	35,108,715	(3,784,423)	10,139,343	870,424	7,744,485	15,524,213	(70,757,110)
— CY 2023	32,473,283	54,889,579	41,558,775	52,907,554	39,676,025	36,694,778						



Actual vs Budget: Medi-Cal

	June Month-to-Date			June Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 514,630,512	\$ 559,446,806	\$ (44,816,294)	\$ 3,163,803,428	\$ 3,178,104,308	\$ (14,300,880)
Total Medical Costs	\$ 464,271,732	\$ 512,962,385	\$ 48,690,653	\$ 2,793,294,980	\$ 2,906,678,582	\$ 113,383,602
Total Operating Expenses	\$ 33,240,328	\$ 40,925,757	\$ 7,685,429	\$ 176,795,698	\$ 203,789,845	\$ 26,994,147
Total Non Operating Income (Expense)	\$ 2,953,860	\$ 2,899,061	\$ 54,799	\$ 17,346,343	\$ 17,166,434	\$ 179,909
Net Surplus (Deficit)	\$ 20,072,312	\$ 8,457,725	\$ 11,614,587	\$ 211,059,093	\$ 84,802,314	\$ 126,256,779

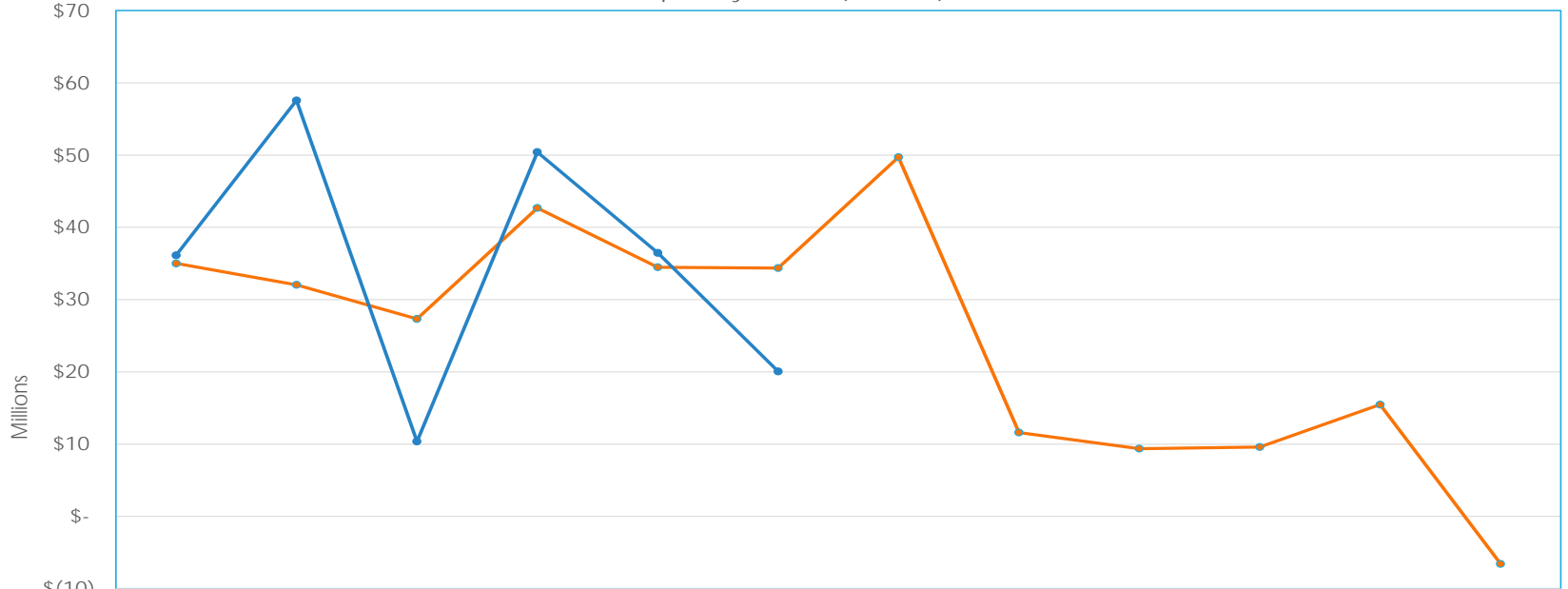
Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to unfavorable CalAIM Incentives revenue recorded in prior month and budgeted in current month, Prop 56 MLR quarterly reserve adjustment, and lower-than-expected maternity revenue and Adult member months partially offset by higher-than-expected SPD Full Dual, MCE Non-Dual, and other member months.
- The favorable medical cost variance compared to budget is primarily due to favorable CalAIM Incentives expense recorded in prior month and budgeted in current month, Prop 56 MLR quarterly expense adjustment, capitation expense, and lower-than-expected medical G&A partially offset by unfavorable other claims.
- The favorable operating expense variance compared to budget is primarily due to IT project delays, and Marketing and IT underutilization.



Net Surplus Year-Over-Year: Medi-Cal

Medi-Cal
Net Surplus by Month (Actuals)



	January	February	March	April	May	June	July	August	September	October	November	December
— CY 2022	35,015,218	32,050,633	27,326,166	42,688,965	34,478,870	34,369,644	49,722,516	11,607,211	9,373,891	9,607,594	15,474,724	(6,562,707)
— CY 2023	36,140,304	57,576,188	10,370,825	50,420,718	36,478,746	20,072,312						



Actual vs Budget: D-SNP

	June Month-to-Date			June Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 63,754,966	\$ 57,552,687	\$ 6,202,279	\$ 357,376,544	\$ 347,560,998	\$ 9,815,546
Total Medical Costs	\$ 57,843,670	\$ 51,789,027	\$ (6,054,643)	\$ 327,054,509	\$ 306,005,420	\$ (21,049,089)
Total Operating Expenses	\$ 5,217,961	\$ 6,332,765	\$ 1,114,804	\$ 25,984,899	\$ 29,206,031	\$ 3,221,132
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ 693,335	\$ (569,105)	\$ 1,262,440	\$ 4,337,135	\$ 12,349,547	\$ (8,012,412)

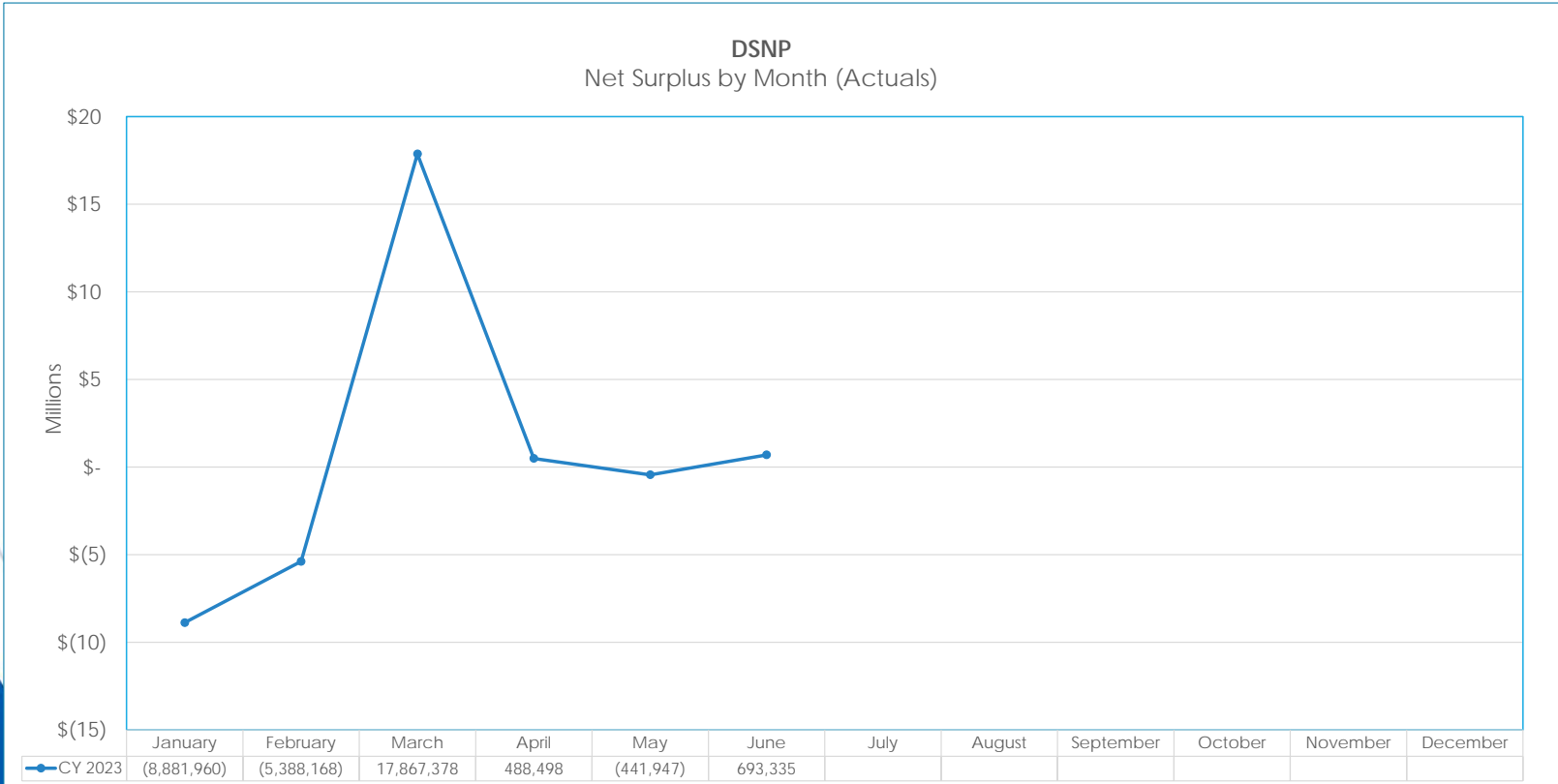
Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to favorable Part A/B revenue mid-year adjustment and higher-than-expected risk scores and member months.
- The unfavorable medical cost variance compared to budget is primarily due to higher-than-expected facility and specialist claims primarily due to claims costs and IBNR restatements.



Net Surplus Year-Over-Year: D-SNP

DSNP
Net Surplus by Month (Actuals)



Actual vs Budget: CMC

	June Month-to-Date			June Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 525,790	\$ -	\$ 525,790	\$ 7,493,337	\$ -	\$ 7,493,337
Total Medical Costs	\$ (8,649,024)	\$ -	\$ 8,649,024	\$ (13,310,677)	\$ -	\$ 13,310,677
Total Operating Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ 9,174,813	\$ -	\$ 9,174,813	\$ 20,804,014	\$ -	\$ 20,804,014

Highlights for the Month:

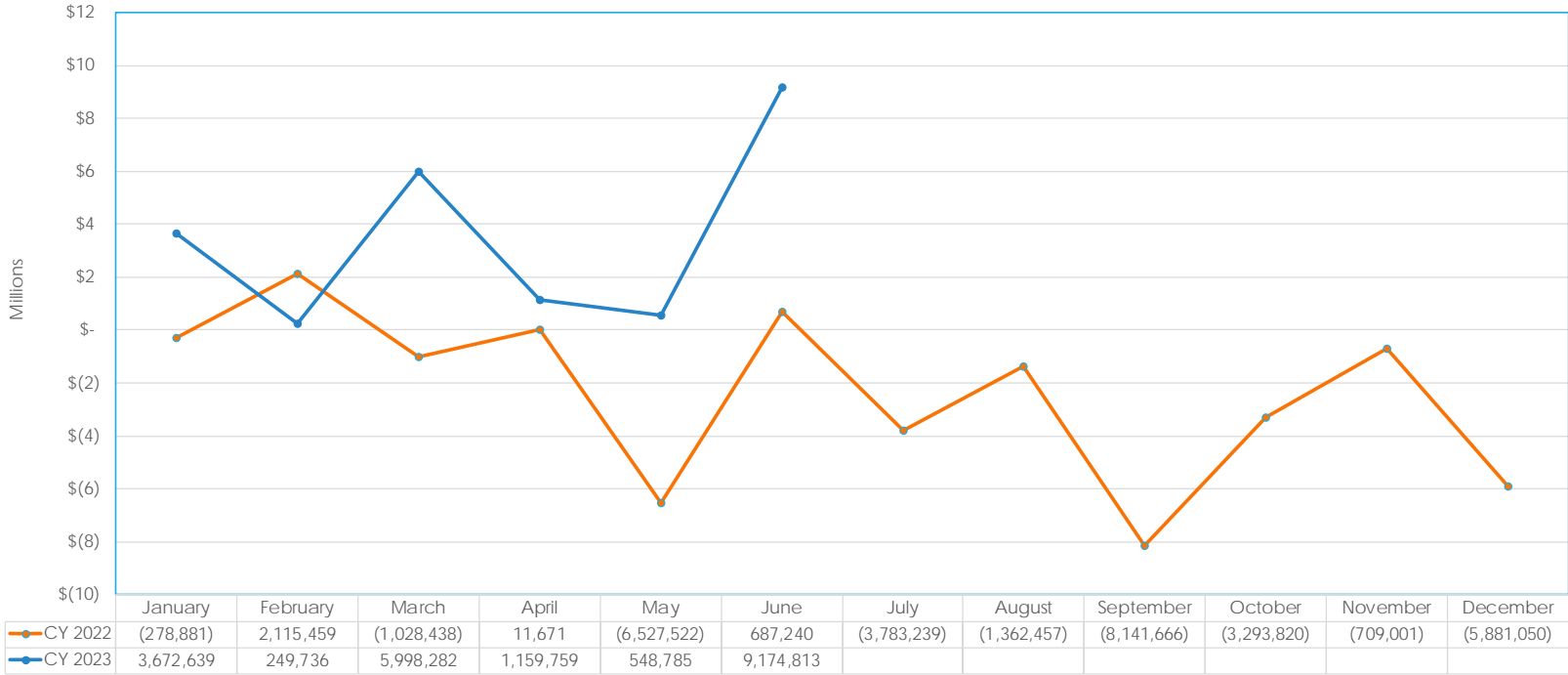
- The favorable medical cost variance compared to budget is primarily due to favorable CY 2022 pharmacy rebate adjustment.

Note: The CMC line of business ended December 31, 2022 and all subsequent activity pertains to prior period dates of service.



Net Surplus Year-Over-Year: CMC

CMC
Net Surplus by Month (Actuals)



Balance Sheet – Current Month vs Prior Month

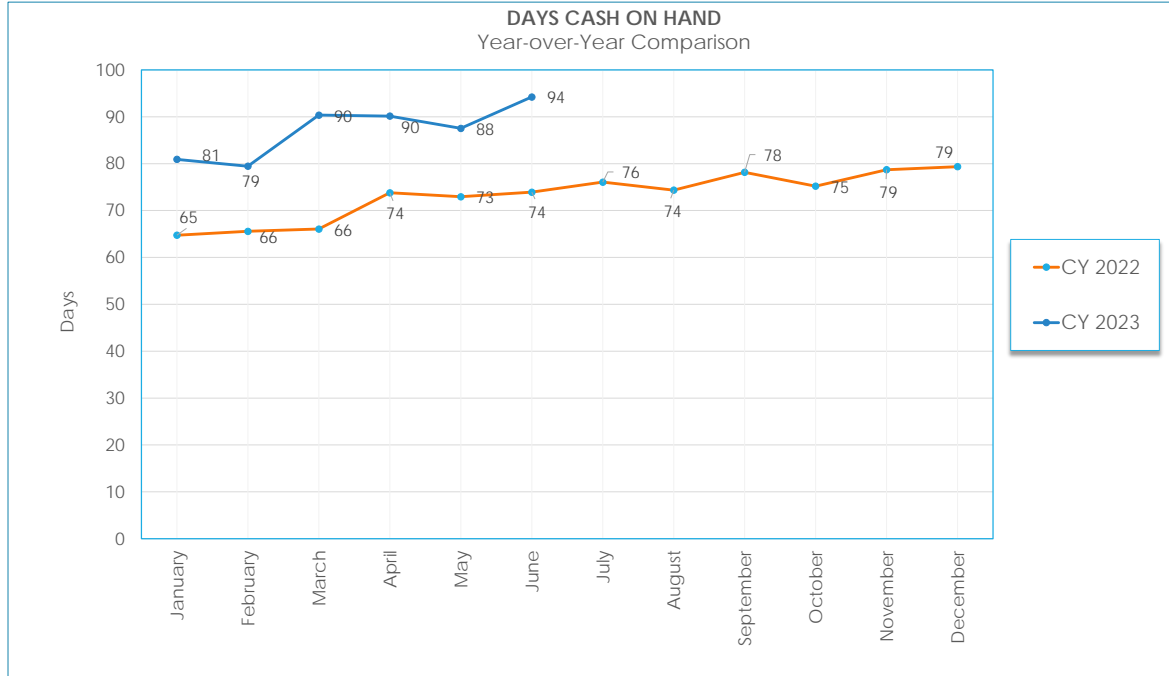
	Jun-23	May-23	Variance
<u>Assets and Deferred Outflows</u>			
Current Assets	\$ 2,535,372,425	\$ 2,361,819,777	\$ 173,552,648
Long Term Receivables	\$ 57,109	\$ 59,986	\$ (2,878)
Capital Assets	\$ 248,711,706	\$ 233,918,863	\$ 14,792,843
Deferred Outflows of Resources	\$ 70,903,506	\$ 70,903,506	\$ -
Net Other Assets	\$ -	\$ -	\$ -
Total Assets and Deferred Outflows	\$ 2,855,044,745	\$ 2,666,702,132	\$ 188,342,613
<u>Liabilities, Deferred Inflows, and Net Position</u>			
Current Liabilities	\$ 1,232,481,657	\$ 1,085,787,658	\$ 146,693,999
Long-Term Liabilities	\$ 53,534,082	\$ 47,115,242	\$ 6,418,840
Deferred Inflows	\$ 579,829	\$ 582,751	\$ (2,922)
Net Position	\$ 1,568,449,178	\$ 1,533,216,481	\$ 35,232,697
Total Liabilities, Deferred Inflows, and Net Position	\$ 2,855,044,745	\$ 2,666,702,132	\$ 188,342,613

Highlights for the Month:

- Increase in Current Assets and Current Liabilities is primarily due to D-SNP July payment received in June and reclasses between receivables and liabilities partially offset by HQAF advance payment made.



Days Cash on Hand



Highlights for the Month:

- \$91M D-SNP July payment received in June.

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



Acronyms & Definitions

- BHT – Behavioral Health Treatment for members under the age of 21
- CalAIM – California Advancing and Innovating Medi-Cal
- CMC – Cal MediConnect (part of the Duals Demo Pilot)
- CMS – Centers for Medicare & Medicaid Services
- CY– Calendar Year
- DHCS – Department of Health Care Services
- D-SNP – Dual Eligible Special Needs Plan (Medicare and Medi-Cal)
- ECM – Enhanced Care Management
- FTEs – Full Time Employees
- G&A – General & Administrative
- HHIP – Housing and Homelessness Incentive Program
- HQAF – Hospital Quality Assurance Fee
- IBNR – Incurred But Not Reported
- IT – Information Technology
- LTC – Long Term Care
- MCE – Adult Medi-Cal Expansion population
- MLR – Medical Loss Ratio
- MOT – Major Organ Transplant
- P4P – Pay for Performance
- SBHIP – Student Behavioral Health Incentive Program
- SPD – Seniors and Persons with Disabilities



OPERATIONS DEPARTMENT

29. OVERVIEW OF THE 2022 ANNUAL DELEGATION OVERSIGHT AUDIT

Recommended Action:

Review and File

Contact:

Susie White, Chief Operating Officer

Background:

The annual Delegation Oversight Audit (DOA) evaluates delegates' performance in the areas of Quality Improvement (QI), Utilization Management (UM), Care Management (CM), Credentialing, and Compliance.

IEHP uses audit tools, which are based upon current National Committee on Quality Assurance (NCQA), the California Department of Health Care Services (DHCS), Centers for Medicare and Medicaid Services (CMS), and IEHP standards.

Delegates with a score of 90% or greater pass that audit section. However, delegates with a score less than 90% must submit a Corrective Action Plan (CAP) within thirty (30) days following DOA to remedy any deficiencies noted. A CAP may be issued at the discretion of IEHP regardless of the score, even if the score is 90% or above.

Discussion:

IEHP provides ongoing oversight of its delegates in CM, UM, QI, Credentialing and Compliance. Oversight of delegates is conducted by way of monthly, quarterly, semi-annual, and annual reporting, annual delegation oversight audits, quality management referrals, grievances, and focused studies.

In 2022, IEHP performed the annual DOA for IPAs with the following results:

Audit Section	Average Score		Total Delegates Received CAP
QI Policies	100%	N/A	0 of 19
UM Policies	98%	↓1.8%	0 of 19
UM Denial File Review	94%	↓2.3%	3 of 19
UM Approval File Review	96%	↓3.6%	3 of 19
CM Policies	99%	↑2.18%	0 of 19
CM File Review	99%	↑0.4%	0 of 19
CCS File Review	90%	↓10.0%	2 of 19
CCM File Audit: PHM 5D (Kaiser)	Met	N/A	0 of 19
CCM File Audit: PHM 5E (Kaiser)	Not Met	N/A	0 of 19
Waiver Program File Audit	100%	N/A	0 of 19
Credentialing	97%	↑4.1	17 of 19
HIPAA Security	99%	↑2.1	0 of 19

In 2022, the Compliance & FWA and HIPAA Privacy sections of the DOA were changed from a scored element to Pass/Fail. The 2022 results are as follows:

Audit Section	Total Pass	Total Fail	Total Delegates Received CAP
Compliance & FWA	7	4	3
HIPAA Privacy	2	2	2

Nineteen (19) of the delegates audited were required to submit a CAP. Overall delegate findings include the following: (individual delegate findings can be viewed on the following page)

- Zero (0) delegates received a CAP for QI Policy Review.
- Zero (0) delegates received a CAP for UM Policy Review.
- Three (3) delegates received a CAP for UM Denial File Review.
- Three (3) delegates received a CAP for UM Approval File Review.
- Zero (0) delegates received a CAP for CM File Review.
- Zero (0) delegates received a CAP for CM Policy Review.
- Two (2) delegates received a CAP for the CCS File Review.
- Zero (0) delegates received a CAP for CCM File Audit: PHM 5D (Kaiser)
- Zero (0) delegates received a CAP for CCM File Audit: PHM 5E (Kaiser)
- Zero (0) delegates received a CAP for Waiver Program File Audit
- Seventeen (17) delegates received a CAP for Credentialing. Of the seventeen (17) delegates to receive the CAP, twelve (12) delegates had a passing score of 90% or higher.
- Zero (0) delegates received a CAP for HIPAA Security.
- Three (3) delegates received a CAP for Compliance & FWA.
- Two (2) delegates received a CAP for HIPAA Privacy.

IEHP performs monthly CM file reviews, denial file reviews, approval file reviews and provides ongoing education to the delegates that require assistance. Providing monthly oversight/monitoring has allowed IEHP to identify any challenges the delegates may have encountered throughout the year, ensuring timely mitigation for a sustainable resolution.

Most delegated functions audited in 2022 showed year-over-year improvement in average scores.

For 2022, IEHP implemented Validation Audits to provide more emphasis on validating remediation efforts.

IEHP’s monthly oversight and monitoring activities also helped identify deficiencies sooner to ensure that remediation efforts are implemented timely. IEHP will continue to stringently monitor each area within the Delegation Oversight Audit tool and provide on-going training as deemed necessary and/or as requested by the delegates.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	J. Ortega	S. White [enter date]

CONSENT AGENDA

IEHP 2021-2022 Delegation Oversight Audit (DOA) Comparison Results																				
	QI Policies	UM Policies	Approval File Review	Denial File Audit	Care Management (Policy Review)	CM File Audit	CCM File Audit: PHMSD	CCM File Audit: PHM SE	CCS File Audit	Member Experience	Population Health Management	Waiver Program File Audit	Credentialing Policy & Procedure	Cred File Review	HDO Review	Total Credentialing Score	HIPAA Security	HIPAA Privacy	Compliance & FWA	Total Avg %
Medi-Cal																				
Alpha Care Medical Group	100%	99%	100%	99%	99%	100%	N/A	N/A	73%	N/A	N/A	100%	100%	75%	100%	96%	97%	N/A	N/A	95.23%
American Specialty Health	100%	100%	100%	95%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	89%	100%	100%	96%	100%	N/A	N/A	97.78%
Dignity Health Medical Network	100%	90%	85%	90%	100%	100%	N/A	N/A	78%	N/A	N/A	N/A	100%	100%	100%	100%	100%	No Pass	N/A	95.25%
Horizon Valley Medical Group	100%	100%	97%	98%	98%	100%	N/A	N/A	100%	N/A	N/A	100%	89%	100%	100%	93%	100%	N/A	Pass	98.08%
Optum Care Network- Inland Faculty Medical Group	100%	100%	100%	99%	100%	96%	N/A	N/A	100%	N/A	N/A	N/A	83%	100%	100%	91%	100%	N/A	No Pass	97.42%
Kaiser	100%	100%	N/A	72%	98%	N/A	Met	Not Met	100%	100%	97%	100%	100%	100%	100%	100%	100%	N/A	N/A	97%
La Salle Medical Associates	100%	100%	94%	84%	99%	100%	N/A	N/A	79%	N/A	N/A	100%	100%	75%	100%	96%	97%	N/A	N/A	94.15%
Loma Linda University Medical Center	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	96%	N/A	N/A	N/A	99%
MD LIVE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	N/A	No Pass	100%
Physician's Health Network	100%	100%	100%	95%	100%	100%	N/A	N/A	100%	N/A	N/A	100%	100%	100%	100%	100%	100%	N/A	Pass	99.62%
Rady Children's Specialist of San Diego	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	89%	100%	100%	96%	N/A	N/A	N/A	96.25%
Total Average	100%	99%	97%	92%	99%	99%	Met	Not Met	90%	100%	97%	100%	95%	95%	100%	97%	99%	No Pass	No Pass	97.23%
Medicare																				
Choice Physicians Network	100%	100%	100%	100%	100%	97%							89%	100%	100%	97%	100%	N/A	Pass	98.45%
Dignity Health Medical Network	100%	96%	67%	85%	97%	100%							100%	100%	100%	100%	100%	No Pass	N/A	95%
EPIC	100%	97%	97%	89%	100%	93%							100%	100%	100%	100%	100%	Pass	Pass	97.82%
Heritage: Desert Oasis Healthcare	100%	100%	99%	95%	98%	100%							100%	100%	100%	97%	98%	N/A	Pass	98.82%
Heritage: Regal Medical Group	100%	100%	100%	97%	98%	100%							100%	100%	100%	97%	98%	N/A	Pass	99.09%
Heritage: Victor Valley Medical Group	100%	100%	100%	100%	100%	99%							100%	100%	100%	97%	100%	N/A	No Pass	99.64%
PrimeCare	100%	100%	100%	100%	97%	99%							100%	100%	100%	100%	100%	Pass	No Pass	99.64%
Riverside Medical Group	100%	100%	91%	92%	100%	97%							100%	100%	100%	100%	100%	N/A	Pass	98.18%
Total Average	100%	99.13%	94.25%	94.75%	98.75%	98.13%							98.63%	100%	100%	100%	99.50%			
2021 IPA AVERAGES	100%	99.78%	99.88%	96.50%	97.00%	98.85%			100%			100%				93.33%	97.40%			95.71%
2022 IPA AVERAGES	100%	98%	96%	94%	99%	99%			90%			100%	98%	97%	100%	97%	99%			98%
2020-2021 2021-2022 Difference	0.0%	-1.8%	-3.6%	-2.3%	2.1%	0.4%			-10.0%			0.0%				4.1%	2.1%			-0.91%
Total CAPs required below 90%	0	0	3	3	0	0			2				5	2	0	0	0	0	0	15
Total CAPs required above 90%	0	0	0	0	0	0							12	6	0	0	0	0	0	18
Total	0	0	3	3	0	0			2				17	8	0	0	0	0	0	33

This chart shows the comparison between the 2020-2021 DOA results and the 2021-2022 DOA results
 -Scores in red denote those that were below the 90% threshold.
 -Scores in blue denote those above the threshold but still received a CAP to remediate a targeted deficiency.



IE  **HP**

Inland Empire Health Plan

Live Wholeheartedly.

Annual Delegation Oversight Audit 2022 Activities

Governing Board Meeting August 14, 2023

Background

- **Evaluates Delegates Performance in:**
 - Quality Improvement
 - Utilization Management
 - Care Management
 - Credentialing
 - Compliance & Fraud Waste and Abuse
 - HIPAA Security, and
 - HIPAA Privacy
- **Oversight is conducted by way of:**
 - Monthly, quarterly, semi-annual, and annual reporting
 - Monthly File Review Audits for UM and CM
 - Annual Delegation Oversight Audit
 - Grievance & Appeals
 - Focused Audits



2022 RESULTS & FINDINGS

2022 Results Highlights

- Four (4) out of the Seven (7) areas audited maintained or showed improvement over last years Delegation Oversight Audits.
 - Quality Improvement
 - HIPAA Security
 - Credentialing
 - Care Management File Review & Policy Review
- The areas that showed a decline over last years Delegation Oversight Audits.
 - Utilization Management:
 - Dignity Health Medical Network declined in Approval File Review for both LOBs.
 - Kaiser, La Salle Medical Associates, Dignity Health Medical Network and EPIC declined in Denial File audit.
 - Care Management:
 - Alpha Care Medical Group, La Salle Medical Associates and Dignity Health Medical Network declined in California Children's Services (CCS) File Audit.



Barriers and Targeted Improvements

- **Barriers Identified**

- Challenges with MDLIVE providing accurate universes timely, leading to delays in selecting audit samples and rescheduling their audits due to untimely submissions of Pre- Audit documents.
- Inconsistencies with how the IPAs map their policies on the audit tool.
- Delegates CM File Review sample size were not at the minimum requirement due to low membership.

- **Targeted Improvements**

- Medi-Cal universe development to be inclusive of all Medi-Cal members for SPD and Care Coordination. CCS cases will be included and based on IPA CCS Monthly logs submitted.
- Work to enhance the sharing of information between business units conducting the annual audit to allow for cross validation of information submitted for delegated staff, trainings, access and OIG and other regulatory exclusion screenings.
- Distribution of correct Medi-Cal Universe template. This would help minimize the emails between internal business units and IPAs by not having to request revised universes.



Audit Section	Average Score		Total Delegates Received CAP
QI Policies	100%	N/A	0
UM Policies	98%	↓1.8%	0
UM Denial File Review	94%	↓2.3%	3
UM Approval File Review	96%	↓3.6%	3
CM Policies	99%	↑2.18%	0
CM File Review	99%	↑0.4%	0
CCS File Review	90%	↓10.0%	2
CCM File Audit: PHM 5D (Kaiser)	Met	N/A	0
CCM File Audit: PHM 5E (Kaiser)	Not Met	N/A	0
Waiver Program File Audit	100%	N/A	0
Credentialing	97%	↑4.1	17
HIPAA Security	99%	↑2.1	0

Audit Section	Total Pass	Total Fail	Total Delegates Received CAP
Compliance & FWA	7	4	3
HIPAA Privacy	2	2	2



IEHP 2021-2022 Delegation Oversight Audit (DOA) Comparison Results

	QI Policies	UM Policies	Approval File Review	Denial File Audit	Care Management (Policy Review)	CM File Audit	CCM File Audit: PHM SD	CCM File Audit: PHM SE	CCS File Audit	Member Experience	Population Health Management	Waiver Program File Audit	Credentialing Policy & Procedure	Cred File Review	HCO Review	Total Credentialing Score	HIPAA Security	HIPAA Privacy	Compliance & FWA	Total Avg %	
Medi-Cal																					
Alpha Care Medical Group	100%	99%	100%	99%	99%	100%	N/A	N/A	73%	N/A	N/A	100%	100%	75%	100%	96%	97%	N/A	N/A	95.23%	
American Specialty Health	100%	100%	100%	95%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	89%	100%	100%	96%	100%	N/A	N/A	97.78%	
Dignity Health Medical Network	100%	90%	85%	90%	100%	100%	N/A	N/A	78%	N/A	N/A	N/A	100%	100%	100%	100%	100%	No Pass	N/A	95.25%	
Dignity Health Medical Network	100%	100%	97%	98%	98%	100%	N/A	N/A	100%	N/A	N/A	100%	89%	100%	100%	93%	100%	N/A	Pass	98.08%	
Horizon Valley Medical Group	100%	100%	100%	99%	100%	96%	N/A	N/A	100%	N/A	N/A	N/A	83%	100%	100%	91%	100%	N/A	No Pass	97.42%	
Optum Care Network- Inland Faculty Medical Group	100%	100%	N/A	72%	98%	N/A	Met	Not Met	100%	100%	97%	100%	100%	100%	100%	100%	100%	N/A	N/A	97%	
Kaiser	100%	100%	94%	84%	99%	100%	N/A	N/A	79%	N/A	N/A	100%	100%	75%	100%	96%	97%	N/A	N/A	94.15%	
La Salle Medical Associates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	96%	N/A	N/A	N/A	99%	
Loma Linda University Medical Center	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	N/A	No Pass	100%	
MD LIVE	100%	100%	100%	95%	100%	100%	N/A	N/A	100%	N/A	N/A	100%	100%	100%	100%	100%	100%	N/A	Pass	99.62%	
Physician's Health Network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	89%	100%	100%	96%	N/A	N/A	N/A	96.25%	
Rady Children's Specialist of San Diego	100%	99%	97%	92%	99%	99%	Met	Not Met	90%	100%	97%	100%	95%	95%	100%	97%	99%	No Pass	No Pass	97.23%	
Total Average																					
Medicare																					
Choice Physicians Network	100%	100%	100%	100%	100%	97%							89%	100%	100%	97%	100%	N/A	Pass	98.45%	
Dignity Health Medical Network	100%	96%	67%	85%	97%	100%							100%	100%	100%	100%	100%	No Pass	N/A	95%	
EPIC	100%	97%	97%	89%	100%	93%							100%	100%	100%	100%	100%	Pass	Pass	97.82%	
Heritage: Desert Oasis Healthcare	100%	100%	99%	95%	98%	100%							100%	100%	100%	97%	98%	N/A	Pass	98.82%	
Heritage: Regal Medical Group	100%	100%	100%	97%	98%	100%							100%	100%	100%	97%	98%	N/A	Pass	99.09%	
Heritage: Victor Valley Medical Group	100%	100%	100%	100%	100%	99%							100%	100%	100%	97%	100%	N/A	No Pass	99.64%	
PrimeCare	100%	100%	100%	100%	97%	99%							100%	100%	100%	100%	100%	Pass	No Pass	99.64%	
Riverside Medical Group	100%	100%	91%	92%	100%	97%							100%	100%	100%	100%	100%	N/A	Pass	98.18%	
Total Average	100%	99.13%	94.25%	94.75%	98.75%	98.13%							98.63%	100%	100%	100%	99.50%				
2021 IPA AVERAGES	100%	99.78%	99.88%	96.50%	97.00%	98.85%			100%			100%				93.33%	97.40%			95.71%	
2022 IPA AVERAGES	100%	98%	96%	94%	99%	99%			90%			100%	98%	97%	100%	97%	99%			98%	
2020-2021/ 2021-2022 Difference	0.0%	-1.8%	-3.6%	-2.3%	2.1%	0.4%			-10.0%			0.0%				4.1%	2.1%			-0.91%	
Total CAPs required below 90%	0	0	3	3	0	0			2				5	2	0	0	0	0	0	0	15
Total CAPs required above 90%	0	0	0	0	0	0							12	6	0	0	0	0	0	0	18
Total	0	0	3	3	0	0			2				17	8	0	0	0	0	0	0	33

This chart shows the comparison between the 2020-2021 DOA results and the 2021-2022 DOA results

-Scores in red denote those that were below the 90% threshold.

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QUESTIONS

**THE GOVERNING BOARD
OF THE
INLAND EMPIRE HEALTH PLAN AND IEHP HEALTH ACCESS**

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 JULY 10, 2023, REGULAR MEETING

Governing Board Members Present:

Supervisor Karen Spiegel	Dan Anderson
Supervisor Curt Hagman	Drew Williams
Supervisor Yxstian Gutierrez	Eileen Zorn
Supervisor Dawn Rowe	

Governing Board Members Absent: None

Governing Board Member Vacancy: None

Inland Empire Health Plan Employees and Legal Counsel Present:

Jarrold McNaughton, Chief Executive Officer	Raymond Mistica, Esq. Deputy County Counsel
Keenan Freeman, Chief Financial Officer	Anna Wang, Esq., General Counsel
Vinil Devabhaktuni, Chief Digital and Information Officer	Victoria Ostermann, Director of Government Affairs
Edward Juhn, Chief Quality Officer	Annette Taylor, Secretary to the Governing Board
Takashi Wada, Interim Chief Medical Officer	Stefanie Stubblefield, Board Specialist
Susie White, Chief Operations Officer	Mandi Popka, Manager, Paralegal

IEHP Staff Absent: Michelle Rai, Chief Communications & Marketing Officer

Guests: None

- I. Call to Order:
Chair Spiegel called the July 10, 2023, regular meeting of the Inland Empire Health Plan and the IEHP Health Access Governing Board to order at 9:01 a.m.
- II. Pledge of Allegiance
- III. Roll Call
- IV. Agenda Changes: None
- V. Public Comment: None
- VI. Conflict of Interest Disclosure: Supervisor Rowe abstained on item 21 of the consent agenda

**Chair Spiegel combined the vote of the June 5, 2023, IEHP and IEHP Health Access Meeting Minutes and May 8, 2023, IEHP Consent Items 1 – 27.*

**Prior to the combined vote, Member Zorn commented on Item 7 of the consent agenda requesting that periodic updates on IEHP Foundation activity and strategic planning be presented to the IEHP Governing Board.*

- VII. Adopt and Approve the Meeting Minutes from June 5, 2023, Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access.

Action: On motion of Member Gutierrez and seconded by Member Williams, the Meeting Minutes from June 5, 2023, Regular Meetings of the Governing Board of the Inland Empire Health Plan and IEHP Health Access were approved as presented. (Gutierrez/Williams)

- VIII. IEHP:

Consent Agenda:

Action: On motion of Member Gutierrez and seconded by Member Williams, Items 1 - 27 on the IEHP Consent Agenda were approved as presented. (Gutierrez/Williams)

Policy Agenda and Status Report on Agency Operations (Board Report #339)

ADMINISTRATION:

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

Item 28: Chief Executive Officer Update

Mr. McNaughton presented the CEO Update for July 2023.

**Member Hagman commented on update*

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

FINANCE DEPARTMENT (Keenan Freeman):

Keenan Freeman, Chief Financial Officer, presented the following Finance Department section of the Status Report:

Item 29: Review of the Monthly Finances

Mr. Freeman presented the Monthly Financials for the period ending April 30, 2023

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

- IX. IHEP Health Access: *No Business*

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

XI. Board Comments:

Chair Spiegel commented on Item 12 of the consent agenda and requested additional information be provided on how/when parental notifications are determined.

XII. Closed Session:

Since no reportable action was expected as a result of Closed Session, Chair Spiegel adjourned the July 10, 2023, IEHP and IEHP Health Access Governing Board Meeting at 9:52 a.m.

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

A. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

Title: Chief Executive Officer, Inland Empire Health Plan

2. With respect to every item of business to be discussed in closed session pursuant to Government Code Section 54957.6:

Conference with labor negotiator: Agency Negotiator Anna Wang, Vice President & General Counsel, Re: unrepresented employee (Chief Executive Officer).

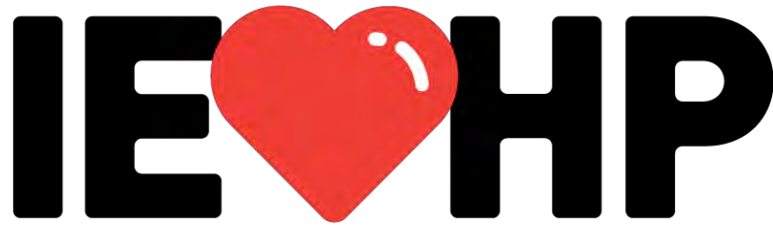
XIII. Adjournment

Chair Spiegel adjourned the July 10, 2023, IEHP and IEHP Health Access Governing Board meeting at 9:52 a.m.

The Approved Governing Board Minutes for July 10, 2023, will have a copy of the IEHP Board Report #339 attached

These Meeting Minutes were duly adopted and approved on August 14, 2023.

Mandi Popka
Acting 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**

August 14, 2023

Governing Board Meeting



*Under \$200k Summary Report
as of August 14, 2023*

	Vendor	Purpose	Contract Amount	Budget	Effective Date	Department
1	CenturyLink Communications, LLC dba Lumen Technologies	A Perpetual MSA for Dedicated Internet Access for the Riverside CRC.	\$0	NA	07/20/23	Information Technology
2	Progress Software Corporation	A quote for Gateway License for the MOVEit Upgrade	\$6,142	New	07/05/23	Information Technology
3	Radio Network Inc. dba Eagle Communications	PSA for Two-Way Radio Support and Service	\$18,500	Included in CY2023	08/01/23	Finance
4	T-Base Communications USA, Inc. First Amendment	PSA for Alternative Format Transcription Services	\$0	None	07/12/23	Health Services



*Tangible Goods Summary Report
as of August 14, 2023*

No Items to Report