IE♥HP
Inland Empire Health Plan

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

September 11, 2023 - 9:00 AM

Board Report #341

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/U3qdqreF7Vk?feature=share

AGENDA

I.   Call to Order

II.   Pledge of Allegiance

III.   Roll Call

IV.   Changes to the Agenda

V.   Public Comments on Matters on the Agenda

VI.   Conflict of Interest Disclosure:

VII.   Adopt and Approve of the Meeting Minutes from the August 14, 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.   2023 Second Quarter Review of the IEHP Compliance Program

2.   Approve the Memorandum of Understanding with Loma Linda University, School of Public Health

3.   Ratify and Approve the Memorandum of Understanding with Cal Baptist University

FINANCE DEPARTMENT (Keenan Freeman)

4.   Approve the Termination of the ezIQC Contract with Horizons Construction Co. Int'l, Inc. and Award the Public Works Contract to Mackone Development, Inc.

5.   Delegation of Authority to Approve the new Insurance Policy Procurement and Signatory Authority to execute the policy documents

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

6.   Approve the Subordination Agreement with Desert Haven Victorville, LP and the California Housing Finance Agency

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

7.   Approve the Statement of Work with Planview, Inc. and Delegation of Authority to Execute Subsequent Contractual Documents with Planview, Inc. and/or SHI International

8.   Delegation of Authority to Approve the Seventh Amendment to the Encoder Pro Suite License and Maintenance Agreement with Optum360, LLC.

9.   Delegation of Authority to Approve an Ordering Document with Oracle America Inc.

10.   Delegation of Authority to Approve Amendment 8 to the Master Subscription Agreement with MedHOK, Inc.

11.   Approve the Award of Request For Proposal #23-04999 For Medi-Cal And Dualchoice ID Card Print and Fulfillment Services to, and Delegation of Authority to Approve the Contractual Documents with, Zelis Healthcare, LLC.

QUALITY DEPARTMENT (Edward Juhn, M.D.)

12. Approve the 2023 Culturally and Linguistically Appropriate Services Program Description and Workplan

13. Approve the Award of Request for Proposal #23-04826 to, and Delegation of Authority to Approve a Professional Services Agreement with, Press Ganey, Associates, LLC.

PROVIDER NETWORK DEPARTMENT (Keenan Freeman)

14. Ratify and Approve the Twelfth Amendment to the Hospital Per Diem Agreement with Veritas Health Services, Inc. dba Chino Valley Medical Center – *Chino*

15. Ratify and Approve the Fortieth Amendment to the Hospital Per Diem Agreement with Riverside University Health System Medical Center – *Riverside*

16. Ratify and Approve the Ancillary Provider Agreement with Young Scholars for Academic Empowerment dba Truevolution Inc. – *Riverside*

17. Ratify and Approve the Funding Agreement with Ridgecrest Regional Hospital – *Ridgecrest*

18. Approval of the Standard Templates
    1) Master Enhancement Care Management Provider Agreement - All LOBs
    2) Master Transportation Agreement

19. Approval of the Evergreen Contracts
    1) Subhi Ghani Sharif dba Sharif Family Practice - Capitated Primary Care Provider Agreement (Medicare Only) – Hemet
    2) El Mirador Medical Plaza Pharmacy Inc dba Desert Hospital Outpatient Pharmacy- Ancillary Agreement – Palm Springs
    3) Inland Pharmacy Inc dba Inland Pharmacy- Ancillary Agreement – Hemet
    4) Seventh Day Adventists Loma Linda University Medical Center dba Loma Linda University Faculty Pharmacy - Ancillary Agreement – Beaumont
    5) Keck Medical Center of USC dba USC Kenneth Norris Jr Hospital - Hospital Per Diem Agreement – Los Angeles
    6) Keck Medical Center of USC dba Keck Hospital of USC - Hospital Per Diem Agreement - Los Angeles
    7) Galen Inpatient Physicians PC - Hospitalist Agreement – Modesto
    8) Jess Ranch Healthcare LLC dba Apple Valley Care Center - Skilled Nursing Facility Provider Agreement – Apple Valley
    9) Grand Terrace Health Inc dba Grand Terrace Care Center - Skilled Nursing Facility Provider Agreement – Grand Terrace
    10) Palm Springs Operating Company LP – dba Palm Springs Healthcare & Rehabilitation Center - Skilled Nursing Facility Provider Agreement – Palm Springs
    11) Chorng Lii Hwang- Admitter Agreement – Indio
    12) ProtoScript Pharmaceuticals Inc dba PSP Homecare - Ancillary Agreement Provider Agreement – Ontario

13) Corazon Counseling Service - Behavioral Health Participating Provider Agreement – Riverside
14) Hortencia Diaz dba Toltec Therapy Services - Behavioral Health Participating Provider Agreement – La Quinta
15) Karen Brown MacKenzie dba Haven Psychological Associates - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
16) Kathleen Duncan - Behavioral Health Participating Provider Agreement – Temecula
17) Kimberly A Gaines - Behavioral Health Participating Provider Agreement – Murrieta
18) Lorna Trinh - Behavioral Health Participating Provider Agreement – Redlands
19) Marsha Carol Porshin - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
20) Scott Donovan - Behavioral Health Participating Provider Agreement – Apple Valley
21) Susan Lynn Pavone - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
22) Tracie Yonkman dba Tracie Yonkman LMFT - Behavioral Health Participating Provider Agreement – Redlands
23) Aspen Pediatric Clinic Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – Victorville
24) Central Pediatrics Medical Group - Capitated Primary Care Provider Agreement (Excluding Medicare) – Chino
25) James J Wu MD dba James J Wu Medical Corporation - Capitated Primary Care Provider Agreement (Excluding Medicare) – Pomona
26) Syed F Azam Medical Associates Inc dba Indus Medical Associates - Fee-For-Service Primary Care Provider Agreement – Rancho Mirage
27) Aruna Gupta MD A Professional Corporation - Participating Provider Agreement - Specialist – Riverside
28) Jun R Chiong MD MPH Inc - Participating Provider Agreement - Specialist – Redlands
29) Kathleen K Jones MD dba Kathleen K Jones MD - Participating Provider Agreement - Specialist – Apple Valley
30) Neeru Agarwal DO dba Dr Neeru Agarwal DO LLC - Participating Provider Agreement - Specialist – Palm Springs
31) SCB Eye Inc Eye Consultants of Southern California - Participating Provider Agreement - Specialist – Redlands
32) West Coast Spine Restoration Center - Participating Provider Agreement - Specialist – Riverside
33) Jeannie Situ OD Inc - Participating Provider Agreement - Vision (Exam Only) – Corona
34) Karen Wu dba Dr Karen Wu OD - Participating Provider Agreement - Vision (Exam Only) – Riverside

POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

ADMINISTRATION (Jarrod McNaughton)

20.   Chief Executive Officer Update

FINANCE DEPARTMENT (Keenan Freeman)

21.   Review of the Monthly Financials

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.   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 of the Inland Empire Health Plan

XIII.   Adjournment

The next meeting of the IEHP Governing Board will be held on Tuesday, October, 10, 2023 at Inland Empire Health Plan.

ADMINISTRATION

1. **2023 SECOND QUARTER REVIEW OF THE IEHP COMPLIANCE PROGRAM**

    Recommended Action:
    Review and File

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

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

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

    Discussion:
    1. **Recent Activity Updates**
        a. **Centers for Medicare and Medicaid Services (CMS) Notice of Non-Compliance –
           Failure to Meet Calendar Year (CY) 2023 Posted Formulary Requirements**

        Notice of Non-Compliance History:
        - **October 25, 2022:** The CMS issued a Notice of Non-Compliance to IEHP (H5355) for failure to meet the call center standard interpreter availability measure for the prospective beneficiary customer service line. IEHP's Member Services Department identified an issue with the IVR that was not set to the appropriate hours of operation which led to the call center appearing closed during normal business hours. The IEHP Member Services Department and Community Health Department will continue to work on oversight activities to ensure the issue does not reoccur.
        - **January 11, 2023:** The CMS issued a Notice of Non-Compliance to IEHP (H8894) for failure to meet CY 2023 Formulary Requirements. The formulary issue identified was remediated during the 2023 Summer update and no further issues of non-compliance have been identified. Any additional corrective actions regarding this issue are on hold pending the outcome of the assessment conducted by the Health Management Associates (HMA), a consulting firm IEHP engaged to review the IEHP Pharmaceutical Services Department's Formulary processes. The results of the assessment are under leadership review and will be shared with the Compliance Department in the coming weeks.
        - **March 30, 2023:** the CMS issued a Notice of Non-Compliance to IEHP for errors identified during the Posted versus Approved (PvA) Analysis conducted in

October/November of 2022. IEHP failed to include the required Formulary ID and Version Number on the cover page of the formulary document posted on the IEHP website.

Remediation Status:

- **December 2022:** the IEHP Pharmaceutical Services Department updated the Formulary document to include the Formulary ID and Version Number. The Regulatory Affairs Unit – Medicare (RAU Medicare) worked with the teams involved in the development of model materials to ensure all required information is included for CY 2024.
- CMS takes into consideration Compliance Letter Types issued to a Plan when determining whether to allow an organization to expand their service area or enter a new contract with CMS. More information about CMS' Past Performance Methodology and Compliance Letter Types and Weight are available on the ecfr.gov website (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-K/section-422.502).

b. **Annual CMS Compliance Scoring Initiative FY 2022-2023:**
Background:
CMS requires the California Department of Healthcare Services (DHCS) to review and report Managed Care Plan (MCP) compliance with federal standards. CMS also requires states to develop a compliance scoring methodology to be able to draw comparisons across MCPs to their overall compliance status. To be in compliance with CMS' requirements, DHCS implemented a new scoring methodology for each federal standard required by CMS to begin July 1, 2023 – June 30, 2023.

Discussion:
On June 16, 2023, DHCS shared the scoring results for the Annual CMS Compliance Scoring Initiative for the Plan. The scores are based on DHCS' medical audit cycle from Fiscal Year (FY) 2022/2023 as well as Quality Improvement and Annual Network Certification (ANC). Overall, the Plan scored a 98% for FY 2022/2023. The areas for growth for the Plan are around availability of services, coverage and authorization of services and grievance and appeals system, where the Plan had findings in the 2022 DHCS audit.

c. **California Department of Healthcare Services (DHCS) 2023 Annual & Focused Audits**
Background:
DHCS audits MCPs annually. Year 1 of their 3-year cycle is a full medical audit that establishes a baseline to assess the Plan. During Years 2 & 3, DHCS reviews the Plan's core operations, any areas of concern, and the prior Corrective Action Plans (CAPs). The Plan is in Year 2 of the audit cycle.
In addition, in 2023, DHCS is conducting focused Behavioral Health and Transportation Audits of every MCP to assess performance in these high-risk areas.

Discussion:
On June 28, 2023, DHCS sent the Plan the official Entrance Letter for the Focused Audit. On July 7, 2023, DHCS sent the Plan the official Entrance Letter for the Annual Audit. The audit scope of both audits is August 1, 2022, through July 31, 2023.
The audit interviews will be held virtually September 18 – 29, 2023. The annual audit will consist of an evaluation of the Plan's compliance with its contract and regulations in the areas of utilization management, case management and coordination of care, availability and accessibility, member's rights, quality management, and administrative and organizational capacity.

2. **Q2 Compliance Program Updates**
   a. **Issues of Non-Compliance**
      Issues of non-compliance are instances that result or may result in non-compliance with operational, regulatory, and/or contractual requirements. These are outside of suspected Fraud, Waste, and Abuse (FWA), privacy incidents, and conduct and ethics reports. The Plan's Compliance Audit & Oversight (A&O) Unit has implemented a centralized and formalized process for tracking, investigating, and correcting issues of noncompliance. The purpose of this process is to prevent, detect, and correct any issues.

      During Q2 2023, a total of ten (10) issues required corrective action.

Issue	Description	Line of Business Impacted	Remediation	Status
Transition Logic	Non-formulary protected class drugs are expected to process as transitions which were not applied.	Medicare	Impacted Members were remediated, and system edits were implemented to ensure claims were processed appropriately at point-of-sale (POS).	Corrective action in progress.
Pharmacy Benefit Manager (PBM) Transition – Authorization Transfer	Authorizations transferred from IEHP's prior PBM to the current PBM (MedImpact) did not transfer appropriately resulting in inappropriate claim denials.	Medicare	A thorough review of the authorizations requiring transfer was completed. The necessary formulary and/or utilization management overrides were implemented to allow prescriptions to process at point-of-sale (POS).	Corrective action in progress.

Issue	Description	Line of Business Impacted	Remediation	Status
Part B Denial Letter Rationale	The Plan issued Member denial letters for specific physician-administered injections when Members had an approved authorization. The denial rationale on the denial letters did not accurately describe the reason for the denial.	Medicare	The process for impacted drugs were reviewed and corrected to ensure proper processing and the corrected denial letter rationale is applied going forward.	Closed.
Pharmacy Inappropriate Claim Rejections	Pharmacy claims were rejected for inappropriate reasons.	Medicare	Claim rejection scenarios were reviewed and multiple corrections were implemented in the PBM system to ensure appropriate processing.	Corrective action in progress.
Claim Denial Letter Timeliness	Claim denial letters for a one specific date were not mailed in a timely manner due to a mailroom issue.	Medicare	Mailroom Team Members were re-trained on the process and all impacted letters were mailed.	Closed.
Classification of Expedited Coverage Determination Requests	Coverage Determination requests are not appropriately classified when a priority change is requested from standard to expedited.	Medicare	A revised review process is being implemented to ensure appropriate system documentation.	Corrective action in progress.
Dual Special Needs Plan (D-SNP) Eligibility Accuracy	An update to the eligibility processing process resulted in inaccurate eligibility information to reflect in the Plan's systems.	Medicare	Development in progress.	Corrective action in progress.
Coverage Determination Denial Letter and Appeal Rights Notice	The Coverage Determination denial letter listed an incorrect fax number for submitting an appeal.	Medicare	Team Members were re-trained on the letter revision process and the letter was updated with the correct fax number.	Closed.
Pharmacy Claims	Pharmacies experienced challenges in submitting	Medicare	Education was sent to Pharmacies and	Closed.

Issue	Description	Line of Business Impacted	Remediation	Status
Coinsurance Billing	billing to Medi-Cal's Pharmacy benefit administrator.		outreach was made to impacted Members.	
New Delegate Exclusion Screening	Pre-contractual exclusion screening was not conducted for the Pharmacy Benefit Manager (PBM).	Medicare	The process was reviewed, and Team Members received education.	Closed.

b. **Compliance, Fraud, Waste and Abuse (FWA), and HIPAA Privacy Training Program Updates**
   During Q2 2023, a total of 261 individuals were due to complete New Hire Compliance Training. As of June 30, 2023, 182 individuals completed training. The remaining 79 individuals were escalated to their leadership teams for resolution. The Compliance Department will continue to monitor completion of training to ensure regulatory required timeframes are met.

3. **Q2 Audit Plan Updates**
   a. **Compliance Audit Plan Updates**
      The 2022/2023 Audit Plan year has closed, and remaining audits have been carried over to the 2023/2024 Audit Plan.

      The following 4 audits were completed during Q2 2023:
      - Altura Management Services Organization (MSO) Pre-Contractual Assessment
      - Regulatory Communications – Medi-Cal
      - Exclusion Screening – Workforce Corrective Action Plan Validation
      - Grievance Identification & Classification Corrective Action Plan Validation

      The following 2 audits are in progress:
      - Exclusion Screening – Credentialing
      - Open Grievance Process – Medi-Cal

      The following 3 audits have been carried over to the 2023/2024 Audit Plan:
      - Regulatory Communications – Medicare
      - Member Communication/Letters – Threshold Languages – Medi-Cal
      - Heath Risk Assessment (HRA)/Interdisciplinary Care Plan/Team (ICP/ICT) – Medicare

      Please see the attached 2022/2023 Compliance Audit Plan for further details.

4. **Annual Compliance Risk Assessment and Audit Plan**
   On an annual basis, the Compliance Audit & Oversight (A&O) Unit performs a risk assessment of IEHP operations to:

- Identify, prioritize, and evaluate the severity of risks that impede or may impede IEHP's compliance with laws, regulations, contractual obligations, and critical organizational policies, impacting all lines of business;
- Enhance risk awareness and dialogue throughout the organization;
- Refresh IEHP's risk profile; and
- Align oversight activities and ensure resources are attributed to the greatest risks posed to the organization.

The Compliance A&O Unit has concluded the 2023/2024 Compliance Annual Risk Assessment, utilizing a combination of questionnaires, interviews, regulatory trends, data from results of internal audits and corrective action plans, and applicable risks from the 2022/2023 risk universe. Risks are assessed for likelihood and impact to determine their risk level.

a. Likelihood of a risk is defined as the probability a risk will be realized in the next 12 months.
b. Impact of a risk is assessed by the result or effect the risk will have on the organization in terms of fines/penalties, sanctions, operations, reputation, IEHP Members, and ability to pursue strategic goals.

All risks identified were compiled in aggregate and collaboratively reviewed by the Compliance Department Leadership Team, including IEHP's Senior Director of Compliance/Compliance Officer. All the risks for both lines of business (Medi-Cal and Medicare) were plotted on a Heat Map to visually represent their risk levels based on likelihood and impact:

- Eleven (11) risks were deemed as High;
- Seven (7) risks were deemed as Medium-High; and
- Twenty-one (21) risks were deemed as Medium.

Utilizing the results of the Risk Assessment and Heat Map, the Annual Compliance Audit Plan for Fiscal Year 2023/2024 was developed. Three audits were carried over to the 2023/2024 Audit Plan from the 2022/2023 Audit Plan as, due to resources constraints and unanticipated competing priorities, these audits were not completed during the scheduled Audit Year.

The 2023/2024 Audit Plan and Heat Map were approved by Executive Compliance Committee (ECC) on August 1, 2023.

5. **Special Investigations Unit**
   a. **Privacy Incidents**
      Federal and state laws/regulations require that IEHP ensures that Member health information is properly protected while allowing for the flow of information needed to provide and promote high quality health care. The IEHP Compliance Special Investigations Unit (SIU) conducts intake and investigations involving privacy allegations and refers privacy breaches to appropriate regulatory agencies.
   In Q2 2023, 202 new privacy allegations were received; an increase of 46% from Q1 2023. At this time, there is no specific trend identified for the increase in reported allegations.

This quarter, 226 new or previously reported allegations were investigated and closed, including remediation, if needed. Of the 226 closed investigations, 89 incidents were substantiated, with 81 remediated via internal measures and 8 referred to the appropriate regulatory agency as privacy breaches. Only privacy incidents which meet the breach[1] criteria are reported to federal and state agencies. 48% of the substantiated investigations involved unauthorized access, use or disclosure via electronic means. Remediation and corrective action were taken, as appropriate, to help mitigate future occurrences.

The chart below depicts the general privacy incident inventory as of June 30, 2023.

b. FWA Incidents

To ensure compliance with federal and/or state laws and regulations, the IEHP Compliance SIU conducts intake and investigations of fraud, waste, and abuse allegations and refers suspected incidents to appropriate regulatory agencies.
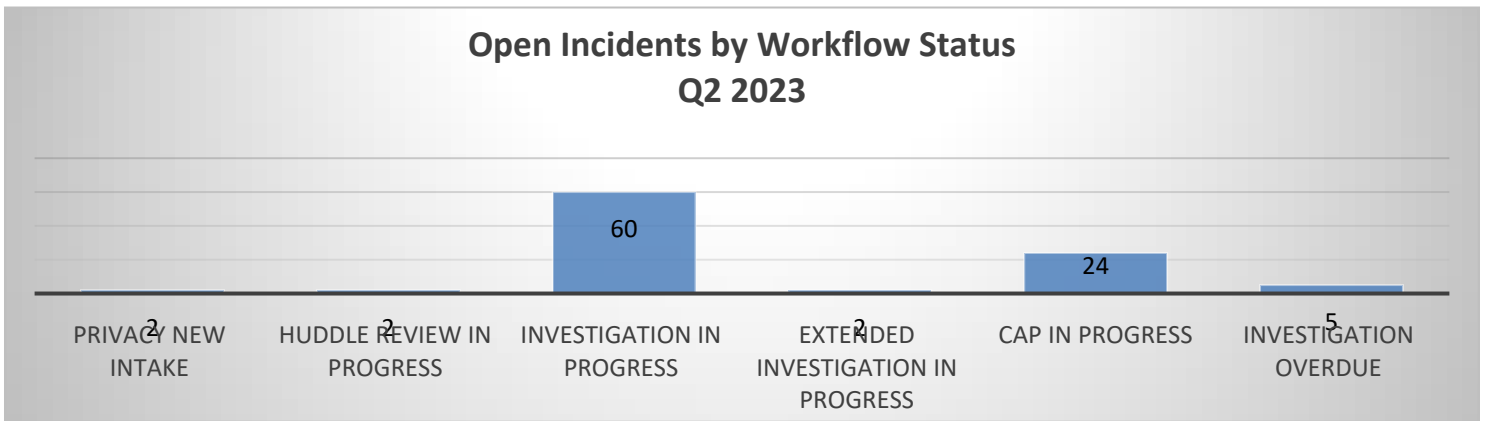
For Q2 2023, 252 new fraud, waste, and abuse allegations were received; an increase of 15% compared to Q1 2023. For this quarter, 244 new or previously reported allegations were investigated and closed, including remediation, if needed. Of the 244 closed investigations, 45 were timely reported to the California Department of Health Care Services (DHCS) as suspected/potential fraud, waste, or abuse, of which 17 were substantiated. Of the substantiated investigations, 47% involved fraudulent billing. Appropriate remediation efforts were taken including recovery of funds, cease and desist letters, and/or provider education.

The chart below depicts the general fraud, waste, and abuse incident inventory as of June 30, 2023.

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[1] A breach is, generally, an impermissible use or disclosure that compromises the security or privacy of protected health information. An impermissible use or disclosure of protected health information is presumed to be a breach unless there is a low probability that the information has been compromised based on a risk assessment.

Open Incidents by Workflow Status
Q2 2023
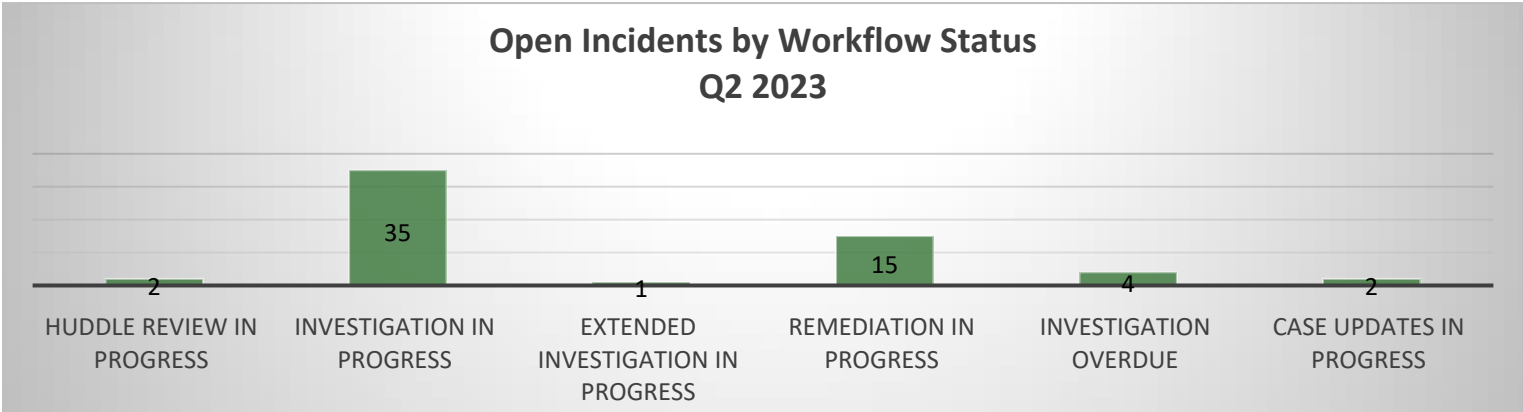
	Count
HUDDLE REVIEW IN PROGRESS	2
INVESTIGATION IN PROGRESS	35
EXTENDED INVESTIGATION IN PROGRESS	1
REMEDIATION IN PROGRESS	15
INVESTIGATION OVERDUE	4
CASE UPDATES IN PROGRESS	2

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	L. Nery 08/14/2023	S. White 08/29/23

Compliance KPIs
2nd Quarter 2023

COMPLIANCE
Doing what's right, together.
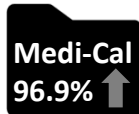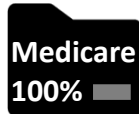
Regulatory Communications

Special Communications

- CY 2024 Medicare Advantage Final Rule
- Guidance on Medicaid Unwinding for Impacted Enrollees
- State Medicaid Agency Contracts Submission Requirements for Contract Year 2024
- DHCS APL 23-010 - Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21
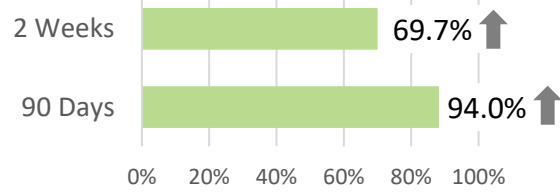
State Regulatory Reporting Timeliness

Medicare 100% **Medi-Cal 96.9%** ↑

Compliance Training
Team Member trainings due in Q2 2023

New Hire Training Timeliness

2 Weeks	69.7% ↑
90 Days	94.0% ↑
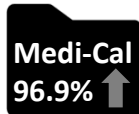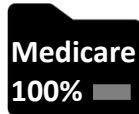
Actionable Communications
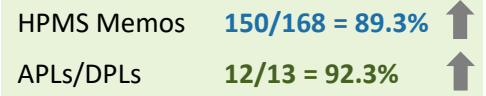
HPMS Memos	150/168 = 89.3%	↑
APLs/DPLs	12/13 = 92.3%	↑

Inquiries and Investigations

Inquiries Volume

A&O	27	↑
SIU	21	↑
RAU Medi-Cal	69	↑
RAU Medicare	50	↓

Investigations Volume

	Open	New	Closed
FWA	59 ↑	252 ↑	244 ↑
Privacy	96 ↓	202 ↑	226 ↑
Conduct	4 ↑	6 ▬	5 ↓
Noncompliance	15 ↑	10 ▬	8 ▬

Cases Past Due

10.3% ↓

Untimely	18
Open	174

Privacy Incidents YTD

DHCS Reported	16 ↑
OCR Reported	4* ↓

*4 were Reported to OCR by Network Provider
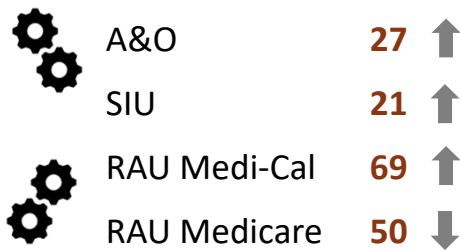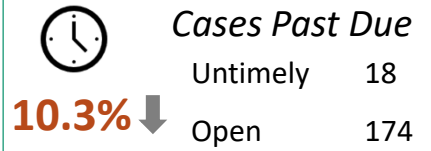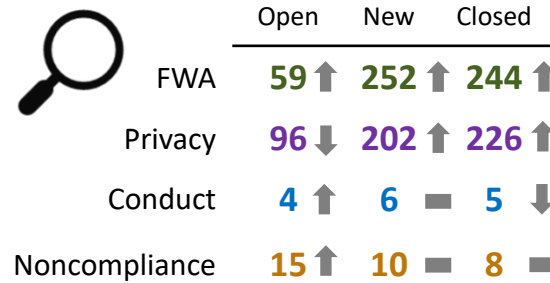
Audits and Oversight
Audits performed by the Compliance Department for FY 2022/2023 Audit Plan

Audit Plan Progress
Audits Completed = 72.4%
Audits Planned = 27.6%

72.4 %

Results of Completed Audits

Without Findings	With Findings	Observations Only
42.9% ↓	**47.6%** ↑	**9.5%** ↓
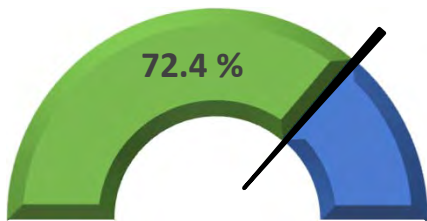
Audits Due to Begin 3rd Quarter 2023
Annual Delegation Oversight Audits
(Compliance and FWA & HIPAA Privacy)

Corrective Action Plans (CAPs)**
CAPs issued by the Compliance Department for Rolling CY July 2022 - June 2023

3.0% 6.1% 9.1%
21.2%
60.6%

- Audit
- Monitoring
- Noncompliance
- Regulatory Notice
- CAP Validation

92.9% ↓
CAPs Passed Validation

32.3 Days ↓
Average CAP Implementation
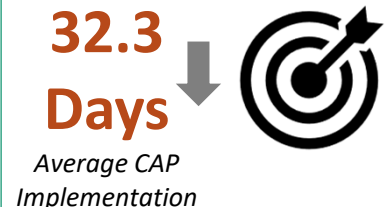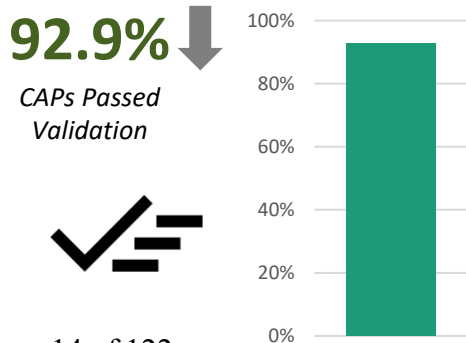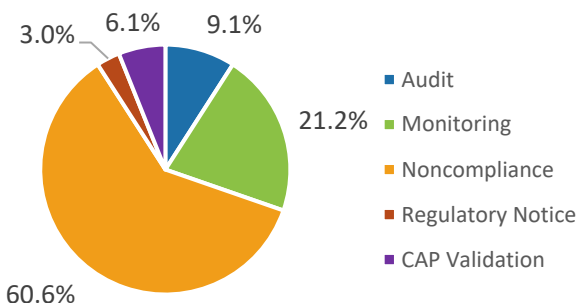
** SIU CAPs not included

Metric	Description
Regulatory Communications	
Special Communications	Bulleted list of special communications identified as active issues during the reporting period that potentially impact multiple business units and/or have large regulatory risk. This includes but is not limited to warning letters, notices of noncompliance, and special interest communications from regulatory agencies. *Internal Reference*
Communications Received - Actionable and Total Volume	Volume of regulatory communications received within the quarter delineated by type and broken down by total actionable and total volume. It is a regulatory and contractual requirement to ensure compliance with regulation changes communicated by memos and letters. *Regulatory and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS); California Department of Health Care Services (DHCS); California Department of Managed Health Care (DMHC)*
State Regulatory Reporting Timeliness	Percentage of state regulatory reports filed timely by the respective Regulatory Affairs Units (Medicare and Medi-Cal). It is a regulatory and contractual requirement to submit appropriate filings and reports to demonstrate compliance. *Regulatory and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Part C Reporting Requirements; California Department of Managed Health Care (DMHC) Health Plan Filings; Knox Keene Health Care Service Plan Act and Regulations*
Compliance Training	
New Hire Training Timeliness - 2 Weeks & 90 Days	Bar Graph of New Hire Compliance Training completed within 2 weeks and 90 days of Date of Hire. Metric is for Team Member trainings which were due in the quarter. It is internal policy procedure as well as an element of an effective compliance program to maintain effective training and education for new employees within 90 days of initial hiring and annually thereafter. *Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C); Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(iv)*
Annual Training Timeliness - Completion	Annual Compliance Training completed by Team Members and Contractors annually. Only to be included on Q4 KPI Dashboards. It is an internal policy procedure as well as an element of an effective compliance program to maintain effective training and education for new employees within 90 days of initial hiring and annually thereafter. *Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C); Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(iv)*
Inquiries and Investigations	
Inquiries Volume	Volume of inquiries from Business Units to Compliance Department. It is an internal policy and procedure to maintain a system for receiving and responding to inquiries from business units. *Internal Policy and Procedure*
Investigations Volume - Open	Volume of open investigations as of the end of the reporting quarter. It is an internal policy procedure as well as an element of an effective compliance program to conduct a timely and reasonable inquiry of detected offenses. *Internal Policy and Procedure* *Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)*
Investigations Volume - New	Volume of cases received during the reporting quarter. It is an internal policy and procedure as well as an element of an effective compliance program to have procedures for reporting potential FWA and Non Compliance. *Internal Policy and Procedure* *Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)*
Investigations Volume - Closed	Volume of cases closed during the reporting quarter. It is an internal policy procedure as well as an element of an effective compliance program to establish a procedure and system for prompt response to compliance issues. *Internal Policy and Procedure* *Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)*
Cases Past Due	Percentage of open cases with investigation days that are greater than 90 days or 120 calendar days as of the end of the reporting quarter. It is an internal policy procedure as well as an element of an effective compliance program to establish a procedure and system for prompt response to compliance issues. *Internal Policy and Procedure* *Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)*
Privacy Breaches YTD - DHCS and OCR Reported	Number of substantiated cases year to date reported to DHCS and OCR by IEHP and/or delegates. It is a regulatory and contractual requirement to report substantiated cases. *Regulatory and Contractual Requirement: California Department of Health Care Services (DHCS)*

Metric	Description
Audits and Oversight	
% of Audits Completed	Pie chart of % of completed audits of the audits planned for the fiscal year. It is an internal policy and procedure as well as an element of an effective compliance program to maintain an effective system for routine monitoring, auditing, and identification of compliance risks. *Internal Policy and Procedure* *Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)*
Results of Completed Audits	Percentage of completed audits within the Fiscal Year Audit Plan that are without findings, with findings, and observations only. It is an internal policy and procedure as well as an element of an effective compliance program to maintain a system to identify compliance risks. *Internal Policy and Procedure* *Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)*
Audits Due to Begin the following Quarter	Bulleted list of the upcoming audits for the next quarter as determined by the Compliance Audit & Oversight Unit. It is an internal policy and procedure as well as an element of an effective compliance program to develop a monitoring and auditing work plan that includes a schedule listing all the monitoring and auditing activities for the calendar year. *Internal Reference*
Corrective Action Plans (CAPs)	
% of CAPs by Issue Identified	Pie chart of CAPs issued by issue identified within the rolling calendar year. It is an internal policy and procedure as well as an element of an effective compliance program to confirm ongoing compliance and ensure that corrective actions are undertaken and effective. *Internal Policy and Procedure* *Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)*
% of CAPs Passed Validation	Bar graph of CAPs that passed validation within the rolling calendar year. It is an internal policy and procedure as well as an element of an effective compliance program to confirm ongoing compliance and ensure that corrective actions are undertaken and effective. *Internal Policy and Procedure* *Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)*
Average CAP Implementation	Average number of days from date CAP issued to date CAP implemented during rolling calendar year. It is an internal policy and procedure as well as an element of an effective compliance program to confirm ongoing compliance and ensure that corrective actions are undertaken and effective. *Internal Policy and Procedure* *Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)*

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Risk Assessment Section	Audit Scope	Line of Business	Regulation / Standard	Methodology	Frequency	Activity	Quarter	Auditor / Department
Compliance Program Effectiveness	External	Choice Physician Network (CPN)	IPA Compliance Program Effectiveness Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA Program policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q3	Jessica Lugo, Compliance Auditor I
Compliance Program Effectiveness	External	Horizon Valley Medical Group	IPA Compliance Program Effectiveness Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA Program policies and procedures and sample evidence.	Medi-Cal	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q3	Jose Vega, Compliance Auditor I
HIPAA Privacy	External	Dignity Health Medical Network	IPA HIPAA Privacy Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy Program policies and potential incidents.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the HIPAA Privacy Program requirements have been implemented and sample selection and testing of potential privacy incidents and/or breaches.	Annually	Audit	2022 Q3	Erin Archibeque, Compliance Auditor I
HIPAA Privacy	External	Dignity Health Medical Network	IPA HIPAA Privacy Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy Program policies and potential incidents.	Medi-Cal	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the HIPAA Privacy Program requirements have been implemented and sample selection and testing of potential privacy incidents and/or breaches.	Annually	Audit	2022 Q3	Erin Archibeque, Compliance Auditor I
Compliance Program Effectiveness	External	Inland Faculty Medical Group (MSO: MV Medical)	IPA Compliance Program Effectiveness Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA Program policies and procedures and sample evidence.	Medi-Cal	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q3	Jessica Lugo, Compliance Auditor I
HIPAA Privacy	External	PrimeCare Medical Network (MSO: NAMM)	IPA HIPAA Privacy Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy Program policies and potential incidents.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the HIPAA Privacy Program requirements have been implemented and sample selection and testing of potential privacy incidents and/or breaches.	Annually	Audit	2022 Q3	Jose Vega, Compliance Auditor I
Compliance Program Effectiveness	External	PrimeCare Medical Network (MSO: NAMM)	IPA Compliance Program Effectiveness Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA Program policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q3	Jose Vega, Compliance Auditor I

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Risk Assessment Section	Audit Scope	Line of Business	Regulation / Standard	Methodology	Frequency	Activity	Quarter	Auditor / Department
Compliance Program Effectiveness	External	Physicians Health Network (PHN)	IPA Compliance Program Effectiveness Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA Program policies and procedures and sample evidence.	Medi-Cal	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q3	Jessica Lugo, Compliance Auditor I
Exclusion Screening	Internal	Credentialing	Exclusion Screening - Credentialed Providers	The purpose of this audit is to determine if the Plan is conducting regulatory exclusion in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to credentialed providers.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) DHCS APL 17-019 42 U.S.C. 1320a–7	A sample of Credentialed Provider files will be reviewed to determine if exclusion screenings were conducted according to regulation.	Annually	Audit	2023 Q1	Erin Archibeque, Compliance Auditor I
Exclusion Screening	Internal	Procurement	Exclusion Screening - Vendor Delegates	The purpose of this audit is to determine if the plan is conducting regulatory exclusion and sanction screenings in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to active vendor contracts within the last 6 months.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) DHCS APL 17-019 42 U.S.C. 1320a–7	A sample of vendor files during the audit period will be reviewed to determine if exclusion and sanction screenings were conducted according to regulation.	Annually	Audit	2022 Q3	Elizabeth Cisneros, Compliance Analyst II
Open Grievance Process	Internal	Member Services/G&A/Provider Services/UM/BH CM/Pharmacy	Open Grievance Process	The purpose of this audit is to determine if Member calls that contain grievances are processed appropriately by the processing department.	2021/2022 & 2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to potential Member grievances received by the Medi-Cal Member Services Call Center and transferred to another department to process.	Medi-Cal	APL 21-011; DHCS Contract	A sample of cases will be reviewed to determine if Member calls containing potential grievances are classified correctly and processed in accordance with Medi-Cal regulations.	Annually	Audit	2022 Q3	Jose Vega, Compliance Auditor I
Pre-Contractual Assessment of PBM (MedImpact)	External	Pharmacy	Pre-Contractual Assessment of PBM (MedImpact)	The purpose of this audit is to determine if MedImpact has the capacity to perform the delegated functions in accordance with regulatory requirements.	Compliance Activity	N/A	The scope of this audit is limited to the delegated functions of the PBM.	Medicare	Medicare Pharmacy Benefit Manual	BluePeak will review and assess the PBM's policies, procedures, and systems to ensure that they are able to perform the delegated functions in accordance with regulatory requirements.	Annually	Audit	2022 Q3	BluePeak
Exclusion Screening	Internal	Claims System Configuration	Non-Contracted/Non-Credentialed Prepayment Exclusion Screening Audit	The purpose of this audit is to determine if the Plan is conducting regulatory exclusion screenings in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to Non-Contracted/Non-Credentialed Prepayment exclusion screenings.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) 42 U.S.C. 1320a–7	A sample of Providers (billing Providers and rendering Providers) will be reviewed to determine if exclusion screenings were conducted according to regulation.	Annually	Audit	Remove	Cassie Jordan, Compliance Auditor III
HIPAA Privacy	External	EPIC (MSO: EPIC Health)	IPA HIPAA Privacy Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy Program policies and potential incidents.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the HIPAA Privacy Program requirements have been implemented and sample selection and testing of potential privacy incidents and/or breaches.	Annually	Audit	2022 Q4	Jose Vega, Compliance Auditor I

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Risk Assessment Section	Audit Scope	Line of Business	Regulation / Standard	Methodology	Frequency	Activity	Quarter	Auditor / Department
Compliance Program Effectiveness	External	EPIC (MSO: EPIC Health)	IPA Compliance Program Effectiveness Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA Program policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q4	Jose Vega, Compliance Auditor I
Compliance Program Effectiveness	External	Regal Medical Group (MSO: Heritage Provider Network (HPN))	IPA Compliance Program Effectiveness Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA Program policies and procedures and sample evidence.	Medicare	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q4	Erin Archibeque, Compliance Auditor I
Compliance Program Effectiveness	External	Desert Oasis Healthcare (MSO: Heritage Provider Network (HPN))	IPA Compliance Program Effectiveness Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA Program policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q4	Erin Archibeque, Compliance Auditor I
Compliance Program Effectiveness	External	Riverside Medical Clinic	IPA Compliance Program Effectiveness Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA Program policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q4	Jessica Lugo, Compliance Auditor I
Compliance Program Effectiveness	External	Heritage Victor Valley (MSO: Heritage Provider Network (HPN))	IPA Compliance Program Effectiveness Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA Program policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q4	Erin Archibeque, Compliance Auditor I
Regulatory Communications & Implementation	Internal	Compliance Regulatory Affairs Unit - Medi-Cal	Regulatory Communications	The purpose of this audit is to determine if the coordination of regulatory communications (APLs, and PLs) is timely and follows regulatory requirements.	2021/2022 & 2022/2023 Risk Assessment	Zone 1	The scope of this audit will be limited to regulatory communications received within a three month time period.	Medi-Cal	42 C.F.R. §§ 438.608 (a)(1)(v)	A sample of communications will be reviewed to ensure regulatory communications were received and distributed timely and following regulatory requirements, including P&P updates, if needed.	Annually	Audit	2022 Q4	Cassie Jordan, Compliance Auditor III
Compliance Program Effectiveness	External	MD Live	IPA Compliance Program Effectiveness Validation Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA Program policies and procedures and sample evidence.	Medi-Cal	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2023 Q1	Erin Archibeque, Compliance Auditor I

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Risk Assessment Section	Audit Scope	Line of Business	Regulation / Standard	Methodology	Frequency	Activity	Quarter	Auditor / Department
Exclusion Screening	Internal	Human Resources	Exclusion Screening - Workforce Validation Audit	The purpose of this audit is to determine if the plan is conducting regulatory exclusion screenings in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to employees, temporary staff, interns, and contractors.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) DHCS APL 17-019 42 U.S.C. 1320a–7	A sample of workforce files (newly hired/started individuals and established individuals) will be reviewed to determine if exclusion screenings were conducted according to regulation.	Annually	Audit	2023 Q1	Cassie Jordan, Compliance Auditor III
Individualized Care Plan (ICP) & Interdisciplinary Care Team (ICT) Development	Internal	Care Management	ICP & ICT Development	The purpose of this audit is to determine if the Plan is in compliance with ICP & ICT timeliness, development, and completion requirements.	2022/2023 Risk Assessment	Zone 1	The scope of this audit will be limited to Members potentially needing ICPs and ICTs in the last three months for IEHP Direct.	Medicare	CCI Three-Way Contract 2.5 & 2.8.3	A sample of ICPs and ICT meetings will be reviewed to determine if they were implemented and completed within the required regulatory timeframes and according to regulatory requirements.	Annually	Audit	2023 Q2	Jessica Lugo, Compliance Auditor I
Exclusion Screening	Internal	Provider Contracts	Exclusion Screening - Contracted IPAs Providers and Entities	The purpose of this audit is to determine if the plan is conducting regulatory exclusion screenings in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to contracted entities and non-credentialed, contracted providers.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) DHCS APL 17-019 42 U.S.C. 1320a–7	A sample of files (newly contracted entities and non-credentialed, contracted providers and established contracted entities and non-credentialed/contracted providers) will be reviewed to determine if exclusion and sanction screenings were conducted according to regulation.	Annually	Audit	2023 Q2	Erin Archibeque, Compliance Auditor I
Health Risk Assessment (HRA) Reassessments	Internal	Care Management	HRA Completion Rate	The purpose of this audit is to determine if the Care Management Department is in compliance with HRA completion requirements for reassessments.	2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to HRAs completed in the last three months for IEHP Direct.	Medicare	CCI Three-Way Contract 2.8.2; DPL 17-001	A sample of HRA Reassessments will be reviewed to determine if they were completed within the required regulatory timeframes.	Annually	Audit	2023 Q2	Jessica Lugo, Compliance Auditor I
Grievance Identification & Classification	Internal	Member Services	Grievance Identification & Classification Validation Audit	The purpose of this audit is to determine if Member call inquiries are identified as grievances appropriately and the potential Member grievances are classified correctly.	Compliance Activity & 2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to potential Member grievances received by the Medi-Cal and Medicare Member Services Call Centers.	All LOB	CCI Three-Way Contract; APL 17-006	A sample of cases will be reviewed to determine if Member call inquiries are identified as grievances appropriately and the potential Member grievances are classified correctly in accordance with Medi-Cal and Medicare regulations.	Annually	Audit	2023 Q2	Erin Archibeque, Compliance Auditor I
Regulatory Communications & Implementation	Internal	Compliance Regulatory Affairs Unit - Medicare	Regulatory Communications	The purpose of this audit is to determine if the coordination of regulatory communications (HPMS memos, DPLs) is timely and follows regulatory requirements.	2021/2022 & 2022/2023 Risk Assessment	Zone 1	The scope of this audit will be limited to regulatory communications received within a three month time period.	Medicare	42 C.F.R. §§ 422.503(b)(4)(vi)(D), 423.504(b)(4)(vi)(D), Chapter 21 and 9 Section 50.4.1 of the Medicare Managed Care Manual, and the Prescription Drug Benefit Manual	A sample of communications will be reviewed to ensure regulatory communications were received and distributed timely and following regulatory requirements, including P&P updates, if needed.	Annually	Audit	2023 Q2	Cassie Jordan, Compliance Auditor III
Member Communication - Threshold Languages	Internal	G&A/UM/Marketing	Member Communication - Threshold Languages	The purpose of this audit is to determine if the Plan is meeting the threshold language requirements found in APL 21-004.	2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to Member letters within a six month time period.	Medi-Cal	APL 21-004	A sample of Member Letters will be reviewed to ensure that letter threshold requirements were followed.	Annually	Audit	2023 Q2	Jose Vega, Compliance Auditor I

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Risk Assessment Section	Audit Scope	Line of Business	Regulation / Standard	Methodology	Frequency	Activity	Quarter	Auditor / Department
Member Communication - Letters	Internal	Compliance	Member Letters	The purpose of this audit is to determine if the Plan is using the correct letter templates.	Compliance Activity & 2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to current Member letter templates on file.	Both	Medicare Marketing Guidelines; DHCS Contract; APL 21-011	A sample of Member Letters will be reviewed to ensure that letter requirements were followed and the current approved template is being used.	Annually	Audit	2023 Q2	Jessica Lugo, Compliance Auditor I
Exclusion Screening	Internal	Provider Contracts	Exclusion Screening - Contracted Providers and Entities	The purpose of this audit is to determine if the plan is conducting regulatory exclusion screenings in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to contracted entities and non-credentialed, contracted providers.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) DHCS APL 17-019 42 U.S.C. 1320a–7	A sample of files (newly contracted entities and non-credentialed, contracted providers and established contracted entities and non-credentialed/contracted providers) will be reviewed to determine if exclusion and sanction screenings were conducted according to regulation.	Annually	Audit	2022 Q3	Erin Archibeque, Compliance Auditor I

2023-2024 COMPLIANCE RISK ASSESSMENT

Risk Area (Identified By) - LOB

IMPACT (significance to the organization)

IMPACT \ LIKELIHOOD	Low (controls are strong)	Medium (controls are moderate)	High (controls are weak or non-existent)
High (sanctions, member harm, major breaches, beneficiary access)	• Risk Management (6) – Both • Call Center Service Level (15) – Medicare • Member Care Plans (2,8,14) – Both	• Enrollment & Disenrollment (1,22) – Medicare • Fraud, Waste, and Abuse Detection (6,9,16,24,25) – Both • Internal Process Quality Assurance (6,21) – Both • Regulatory Filings & Disclosures (6) – Medicare • Transportation-Benefit Requirements and Oversight (24) – Medi-Cal	• Continuity of Care (25) – Medi-Cal • Coordination of Part B Claims (16) – Medicare • Eligibility Data (1) – Medi-Cal • FDR/Subcontractor Oversight (5,6,8,9,11,13,18) – Both • Formulary Management (16) – Medicare • Medi-Cal Pharmacy Carve Out (16) – Medi-Cal • Member Care Coordination (2,12,14,21) – Both • Member Reimbursement (9,10) – Both • PBM System (10,16) – Medicare • Pharmacy Benefit Management (16) – Medicare • Timely Implementation of Regulatory Changes (6,7,9,10,11,20,21,25) – Both
Medium (fines, penalties, Regulatory CAPs, minor breaches, etc.)	• Screening and Transition of Care Tools (2) – Medi-Cal • Transportation-Call Center (24) – Medi-Cal • Transportation-Vendor Management (24) – Medi-Cal	• Appeal Processing (10) – Both • Behavioral Health Provider Screening (7) – Both • Community Supports (2) – Medi-Cal • Coordination of Member Benefits (25) – Medicare • FSR and MRR Requirements (20) – Medi-Cal • Hospital Network Support (11) – Both • Member Communications-Gender Identity (5) – Both • Member Communications-Materials (4,8) – Both • Member Communications-Threshold Languages & Alternative Formats (5,15) – Both • Organization Training (2,3,4,5,6,10,18,24,25) – Both • PHI Access and Storage (2,10,11,12,15,17,20,23) – Both • Prior Authorization Accuracy (10,25) – Both • Prior Authorization Turnaround Time (25) – Medicare • Provider Contract Terminations (7) – Both • Staffing Resources (2,6,12,16) – Both	• Grievance Processing (8,10,16,17,19) – Both • Post-Stabilization Care (12) – Medi-Cal
Low (policy violations, insignificant regulatory impact)	• Call Center Systems (15) – Both • Community Events (5) – Both • Encounter Data (23) – Medi-Cal • Fax Vendor (10) – Both • Home Health Billing (23) – Medi-Cal • Member Call Escalation Process (15) – Both • Member Confidentiality (15) – Medi-Cal • Member Incentives (5) – Both • STARS Metrics (20) – Medicare • WEX Benefit System (15) – Both	• Member Communications-Letters (23) – Both	• P&P Review and Updates (9,10,11,14,16,18,21) – Both • MCAS Measures (20) – Medi-Cal • MHK System Issues (13,21,22) – Both

LIKELIHOOD (probability that the risk will be realized in the next 12 months)

IEHP DEPARTMENTS

1. Business Systems & Transformation
2. Care Integration
3. Claims
4. Communications & Marketing
5. Community Health
6. Compliance
7. Credentialing
8. Delegation Oversight
9. Financial Compliance
10. Grievance & Appeals
11. Hospital Relations
12. Integrated Transitional Care
13. Medical Director
14. Medical Management
15. Member Services
16. Pharmacy
17. Provider Communications & Relations
18. Provider Contracts
19. Provider Operations
20. Quality Systems
21. Regulatory Oversight, Health Services
22. Strategy – Enrollment/Sales
23. Technology Production Support
24. Transportation
25. Utilization Management

Compliance Audit Plan
_FY 2022/2023_

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Line of Business	Quarter
Compliance Program Effectiveness	External	Alpha Care Medical Group	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3
HIPAA Privacy	External	Alpha Care Medical Group	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3
Compliance Program Effectiveness	External	American Specialty Health	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3
HIPAA Privacy	External	American Specialty Health	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3
Compliance Program Effectiveness	External	Dignity Health Medical Network	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Both	2023 Q3
HIPAA Privacy	External	Dignity Health Medical Network	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Both	2023 Q3

Compliance Audit Plan
FY 2022/2023

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Line of Business	Quarter
Compliance Program Effectiveness	External	Horizon Valley Medical Group	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3
HIPAA Privacy	External	Horizon Valley Medical Group	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3
Compliance Program Effectiveness	External	Inland Faculty Medical Group	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3
HIPAA Privacy	External	Inland Faculty Medical Group	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3
Compliance Program Effectiveness	External	LaSalle Medical Associates	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3
HIPAA Privacy	External	LaSalle Medical Associates	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3

Compliance Audit Plan
FY 2022/2023

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Line of Business	Quarter
Compliance Program Effectiveness	External	Physicians Health Network	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3
HIPAA Privacy	External	Physicians Health Network	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q3
Compliance Program Effectiveness	External	CPN-Horizon Valley Medical Group	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3
HIPAA Privacy	External	CPN-Horizon Valley Medical Group	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3
Compliance Program Effectiveness	External	EPIC	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3
HIPAA Privacy	External	EPIC	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Line of Business	Quarter
Compliance Program Effectiveness	External	HPN-Desert Oasis Healthcare	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3
HIPAA Privacy	External	HPN-Desert Oasis Healthcare	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3
Compliance Program Effectiveness	External	HPN-Regal Medical Group	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3
HIPAA Privacy	External	HPN-Regal Medical Group	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3
Compliance Program Effectiveness	External	PrimeCare	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3
HIPAA Privacy	External	PrimeCare	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3

Compliance Audit Plan
FY 2022/2023

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Line of Business	Quarter
Compliance Program Effectiveness	External	Riverside Medical Clinic	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3
HIPAA Privacy	External	Riverside Medical Clinic	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medicare	2023 Q3
Individualized Care Plan (ICP) & Interdisciplinary Care Team (ICT) Development	Internal	Care Management	ICP & ICT Development	The purpose of this audit is to determine if the Plan is in compliance with ICP & ICT timeliness, development, and completion requirements.	2022/2023 Risk Assessment	Medicare	2023 Q3
Health Risk Assessment (HRA) Reassessments	Internal	Care Management	HRA Completion Rate	The purpose of this audit is to determine if the Care Management Department is in compliance with HRA completion requirements for reassessments.	2022/2023 Risk Assessment	Medicare	2023 Q3
Altura MSO Precontractual Compliance Assessment	External	Altura Management Services, LLC	Altura MSO Precontractual Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Ad Hoc	Medi-Cal	2023 Q3

Compliance Audit Plan
FY 2022/2023

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Line of Business	Quarter
Member Enrollment Process	Internal	Strategy - Enrollment/Sales	Member Enrollment Process	The purpose of this audit is to determine if Members are being enrolled following D-SNP regulatory requirements.	2023/2024 Risk Assessment	Medicare	2023 Q3
Compliance Program Effectiveness	External	MD Live	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q4
HIPAA Privacy	External	MD Live	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medi-Cal	2023 Q4
Regulatory Communications & Implementation	Internal	Compliance Regulatory Affairs Unit - Medicare	Regulatory Communications- Medicare	The purpose of this audit is to determine if the coordination of regulatory communications (HPMS memos, DPLs) is timely and follows regulatory requirements.	2021/2022 & 2022/2023 Risk Assessment	Medicare	2023 Q4
Member Communication - Letters	Internal	Compliance	Member Letters	The purpose of this audit is to determine if the Plan is using the correct letter templates.	Compliance Activity & 2022/2023 Risk Assessment	Both	2023 Q4

Compliance Audit Plan
FY 2022/2023

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Line of Business	Quarter
Member Communication - Threshold Languages & Interpreter Services	Internal	G&A/UM/Member Services/Community Health	Member Communication - Threshold Languages & Interpreter Services	The purpose of this audit is to determine if the Plan is meeting threshold language and interpreter service requirements.	2022/2023 Risk Assessment	Medi-Cal	2023 Q4
Regulatory Communications & Implementation	Internal	Compliance Regulatory Affairs Unit - Medi-Cal	Regulatory Communications- Medi-Cal Validation Audit	The purpose of this audit is to determine if the coordination of regulatory communications (APLs, and PLs) is timely and follows regulatory requirements.	Compliance Audit	Medi-Cal	2023 Q4
Compliance Program Effectiveness	External	Kaiser	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	Medi-Cal	2024 Q1
HIPAA Privacy	External	Kaiser	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	Medi-Cal	2024 Q1
Exclusion Screening	Internal	Provider Contracts	Exclusion Screening - Contracted IPAs, Providers, and Entities	The purpose of this audit is to determine if the plan is conducting regulatory exclusion screenings in accordance with State and Federal requirements.	Compliance Activity	All LOB	2024 Q1

Compliance Audit Plan
FY 2022/2023

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Line of Business	Quarter
Exclusion Screening	Internal	Human Resources	Exclusion Screening - Workforce Validation Audit	The purpose of this audit is to determine if the plan is conducting regulatory exclusion screenings in accordance with State and Federal requirements.	Compliance Activity	All LOB	2024 Q1
Continuity of Care	Internal	Utilization Management	Continuity of Care	The purpose of this audit is to determine if Continuity of Care requests are processed according to regulatory requirements.	2023/2024 Risk Assessment	Medi-Cal	2024 Q1
Transportation	Internal	Transportation	Transportation Services	The purpose of this audit is to determine if the Plan is operating the transportation benefit in accordance with State requirements.	2023/2024 Risk Assessment	Medi-Cal	2024 Q1
Grievance Identification & Organization Determination Processing	Internal	Member Services	Call Log Audit	The purpose of this audit is to determine if Member call inquiries, grievances, and organization determination requests are appropriately identified and processed.	Compliance Activity	All LOB	2024 Q1
Interpreter Services- Language Line	External	Interpreter Service Vendors	Interpreter Services- Language Line	The purpose of this audit is to determine if the Plan is meeting interpreter service requirements.	Compliance Activity	Medi-Cal	2024 Q1

Compliance Audit Plan
FY 2022/2023

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Line of Business	Quarter
Exclusion Screening	Internal	Credentialing	Exclusion Screening - Credentialed Providers	The purpose of this audit is to determine if the Plan is conducting regulatory exclusion in accordance with State and Federal requirements.	Compliance Activity	All LOB	2024 Q2

ADMINISTRATION

2. APPROVE THE MEMORANDUM OF UNDERSTANDING WITH LOMA LINDA UNIVERSITY, SCHOOL OF PUBLIC HEALTH

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Memorandum of Understanding (MOU) with Loma Linda University, School of Public Health (University) for the provision of providing IEHP Team Members a 30% discount on tuition for bachelor's and master's degree programs, for a three (3) year term. There is no cost associated with this MOU.

Contact:
Supriya Sood, Chief People Officer

Background:
With over 75 years of experience, graduates are prepared to be expert public health practitioners in the areas of Plant-based Nutrition, Epidemiology, Global Health, Healthcare Administration, Population Medicine and Health Education/Wellness Coaching. The University's programs and learning experiences will empower students to make a difference for the communities and individuals. In addition to a wide range of academic degrees, the University offers general education courses, professional certificates, continuing education courses and life support education.

IEHP and University have partnered to provide tuition discounts to IEHP Team Members since September 2017.

Discussion:
The current MOU for tuition discounts between IEHP and University expires on September 30, 2023, therefore, a new MOU is necessary to continue to offer this benefit to IEHP Team Members. Under this MOU, the University is offering a 30% discount on tuition for bachelor's and master's degree programs. This service will impact IEHP by helping Team Members interested in continuing their education to do so at a local university and with a 30% discount.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 8/28/2023	M. Palafox 8/17/2023	S. Sood 8/17/2023

ADMINISTRATION

3. RATIFY AND APPROVE THE MEMORANDUM OF UNDERSTANDING WITH CAL BAPTIST UNIVERSITY

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Memorandum of Understanding (MOU) with Cal Baptist University (University) for the provision of providing IEHP Team Members a discount on tuition for undergraduate and graduate degree programs, for a three (3) year term. There is no cost associated with this MOU.

Contact:
Supriya Sood, Chief People Officer

Background:
Since 1950, the University has provided an educational experience that integrates academics with spiritual and social development opportunities. With 108 bachelor's programs, 40 master's and 7 doctoral programs, the University seeks to provide academic programs that prepare students for professional careers, as well as co-curricular programs that foster an environment supporting the intellectual, physical, social and spiritual development of each student.

IEHP and University have partnered to provide tuition discounts to IEHP Team Members since April 2017.

Discussion:
The current MOU for tuition discounts between IEHP and University expires on August 26, 2023, therefore a new MOU is necessary to continues to offer this benefit to IEHP Team Members. Under this MOU, the University is offering a 10% tuition discount for undergraduate on-campus programs, 30% tuition discount for full-time online undergraduate degree programs and 20% tuition discount for graduate programs. This service will impact IEHP by helping Team Members interested in continuing their education to do so at a discounted rate with a local university.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 8/28/2023	M. Palafox 8/17/2023	S. Sood 8/17/2023

FINANCE DEPARTMENT

4. **APPROVE THE TERMINATION OF THE EZIQC CONTRACT WITH HORIZONS CONSTRUCTION CO. INT'L, INC. AND AWARD THE PUBLIC WORKS CONTRACT TO MACKONE DEVELOPMENT, INC.**

   Recommended Action:
   That the Governing Board of the Inland Empire Health Plan (IEHP) 1) approve the termination of the ezIQC contract with Horizons Construction Co. Int'l, Inc. (Horizons Construction) and 2) award the Public Works Contract to Mackone Development, Inc. (Mackone) for Asphalt Slurry Paving for an amount not to exceed $500,000 through December 31, 2023.

   Contact:
   Keenan Freeman, Chief Financial Officer

   Background:
   IEHP evaluated the need for asphalting, seal coat, and striping of seven (7) parking zones in the Atrium building parking lot. The scope of work includes approximately 425,000 square feet of asphalt replacement, application of rubberized seal to repair cracks, and re-striping after asphalt replacement.

   On November 14, 2022, under Minute Order 22-350, an ezIQC contract was executed with Horizons Construction for General Construction Services for IEHP's Parking Lot Asphalt Replacement and Restriping Project, for an amount not to exceed $1,388,670 through December 31, 2023. The breakdown of the costs associated to the project are as follows.

Original Parking Lot Project Quote	
Reimbursable Fees	$ 26,155.51
Parking Zone 1	$ 257,578.11
Parking Zone 2	$ 340,258.30
Parking Zone 3	$ 139,529.18
Parking Zone 4	$ 130,723.48
Parking Zone 5	$ 57,367.52
Parking Zone 6	$ 19,617.84
Parking Zone 7	$ 236,327.06
15% Contingency	$ 181,113.00
Project Total	$ 1,388,670.00

   Horizons Construction completed the work on Parking Zones 1, 2 and 7 on February 11, 2023]. Upon inspection of the work completed, IEHP requested Horizons Construction to stop work for the remainder of the project, effective February 13, 2023.

   Discussion:
   Due to the amount of time required to complete the work for Parking Zones 1, 2 and 7, and unsatisfactory performance level, IEHP is requesting approval to terminate the contract with

Horizons Construction after completion of Parking Zone 1, 2, and 7. The total amount paid to Horizon Construction for the project, to date, is $836,627.55.

Upon notice to Horizons Construction to stop work, IEHP engaged with Civil Engineering Contractor IMEG to develop specifications for Asphalt Paving and Seal Coat for the remaining Parking Zones. Based on these new specifications, IEHP determined to proceed to bid a new vendor to complete Parking Zone 3, 4, and 5.

IEHP procured the new project through The Gordian Group's competitive awarding contract process with Sourcewell, formerly known as the National Joint Powers Alliance (NJPA). IEHP continues to streamline the purchasing process by leveraging combined national purchasing power through cooperative efforts. When selecting a Contractor with ezIQC, IEHP received support from The Gordian Group Account Manager on selecting the best Contractor suited for the type of construction. After extensive review and Gordian Group's recommendations, Mackone was selected as the contractor to complete the Parking Lot Asphalt Replacement and Restriping Project. Mackone was awarded the cooperative contract CA-R8-GB07-123021-MDI. Upon selection of the vendor, IEHP drafted a Public Works Contract for these services.

Under the Public Works Contract, Mackone will conduct Asphalt Paving and Seal Coat services to the Northeast (Parking Zone 3), East (Parking Zone 4), and Southeast (Parking Zone 5) parking lots of the IEHP campus. Upon IEHP issuance of the Notice to Proceed, Mackone shall also complete all work required for the Asphalt Slurry Paving project within 15 calendars days.

The cost breakdown of the project is provided as follow.

Parking Lot Project Quote	
Parking Zone 3	$ 169,542.58
Parking Zone 4	$ 200,022.15
Parking Zone 5	$ 58,331.77
Contingency	$ 72,103.50
Project Total	$ 500,000.00

After final budget review, Mackone's final bid proposal is $427,896.51. For unforeseen field change orders, IEHP has incorporated a contingency of $72,103.50 to the construction budget. The cost of this Public Works Contract with Mackone shall not to exceed $500,000 through December 31, 2023.

Accordingly, IEHP is requesting approval to terminate the Agreement with Horizons Construction and approve the award of the Public Works Contract to Mackone, for completion of the Parking Lot Asphalt Replacement and Restriping Project.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	S. McCalley 7/20/23	C. Goss 7/18/23	M. Popka 08/29/23	Richard Fleig 07/14/23	K. Freeman 08/31/23

FINANCE DEPARTMENT

5. **DELEGATION OF AUTHORITY TO APPROVE THE NEW INSURANCE POLICY PROCUREMENT AND SIGNATORY AUTHORITY TO EXECUTE THE POLICY DOCUMENTS**

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 Primary Healthcare Facilities Professional Liability policy documents for Policy Period September 1, 2023 through August 31, 2024, for an estimated total cost not to exceed $60,000, which includes an estimate for applicable taxes and fees.

Contact:
Keenan Freeman, Chief Financial Officer

Background:
IEHP would like to procure sexual molestation/misconduct coverage for exposure primarily resulting from Enhanced Care Management supportive services and Health Navigators program as well as procure liability coverage for exposure resulting from the Narcan administration program that IEHP is considering. Primary Healthcare Facilities Professional Liability policy intends to provide coverage against such exposures.

Aon Risk Services (Aon) was contracted by IEHP to procure required insurance based on IEHP's insurance needs. The procurement process involved Aon identifying appropriate insurance companies who can provide the adequate insurance coverage at a reasonable cost based on IEHP's coverage requirements.

Discussion:
IEHP is diligently working with Aon to ensure adequate coverage for IEHP's risk exposure. Based on the information provided, IEHP proposes the following estimate of the policy premium with a not to exceed amount of $60,000.00:

		Proposed Premiums*		
Insurance Carrier	**Coverage**	**Deductible @ $10K**	**Deductible @ $25K**	**Deductible @ $50K**
Illinois Union Insurance Company	$1 million per incident/ $3 million aggregate	$50,000	$40,000	$30,000

*Premiums do not include taxes/fees.

This policy is expected to provide needed coverage for any potential sexual molestation/misconduct that may arise from various IEHP programs that are or will be implemented. This policy is also expected to provide Good Samaritan coverage for exposure resulting from the Narcan administration program that IEHP is considering.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Freeman	NA	A. Wang 8/31/23	C. Chio 09/01/23	K. Freeman 09/06/23

HEALTH SERVICES DEPARTMENT

6. APPROVE THE SUBORDINATION AGREEMENT WITH DESERT HAVEN VICTORVILLE, LP AND THE CALIFORNIA HOUSING FINANCE AGENCY

Recommended Action:
That the Governing Board of the Inland Empire Health Plan ("IEHP") approve the Subordination Agreement ("Agreement") with Desert Haven Victorville, LP ("Desert Haven") and the California Housing Finance Agency ("CHFA") related to the Desert Haven Apartment property, dated August 1, 2023. There are no costs associated with this Agreement.

Contact:
Takashi Wada, M.D., Chief Medical Officer

Background:
IEHP recognizes that stable housing is a significant social determinant of health. IEHP supports members in need of housing, and therefore, IEHP had partnered with Desert Haven to help address chronic homelessness in San Bernardino County. Desert Haven includes community spaces to support the on-site delivery of behavioral health. Services provided are sponsored by the County's Department of Behavioral Health (DBH) as well as supportive services to address mental health, substance use, physical health, employment, life skills and more. IEHP members residing at Desert Haven are provided with services that help people live more stable, productive lives.

Discussion:
CHFA is a public instrumentality and political subdivision of the State of California that is providing a loan in the amount of $2,173,669 to Desert Haven to finance the multifamily residential rental housing project that houses some of our IEHP members. IEHP and Desert Haven had previously entered into a Regulatory Agreement and Declaration of Restrictive Covenants, Conditions and Restrictions Restricting Use of Property for Affordable Housing (Desert Haven Apartment Complex) recorded on June 29, 2021, as Instrument No. 2021-0293810. As a condition for CHFA making the loan to Desert Haven, CHFA requires priority over IEHP's secured and unsecured interest in the housing project.

The parties to the Agreement find it beneficial that CHFA makes the loan with Desert Haven in order to finance the project and maintain low-income housing. IEHP members have priority to certain units and the Agreement will not affect that priority.

This Subordination Agreement is dated August 1, 2023, for informational purposes. There is no compensation for this Agreement.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 8/30/2023	A. Holmes 8/11/2023	T. Wada 8/16/2023

INFORMATION TECHNOLOGY

7. **APPROVE THE STATEMENT OF WORK WITH PLANVIEW, INC. AND DELEGATION OF AUTHORITY TO EXECUTE SUBSEQUENT CONTRACTUAL DOCUMENTS WITH PLANVIEW, INC. AND/OR SHI INTERNATIONAL**

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) 1) approve Statement of Work (SOW) IEHP-004 with Planview Inc. (Planview) for the provision of the connector tool needed to integrate Planview Portfolios and Project Place, and 2) authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign contractual documents with Planview Inc. and SHI International for the provision of the Planview Enterprise One Project and Portfolio Management (PPM) software platform. There are no additional costs and the total amount payable to SHI and Planview remains unchanged at an amount not to exceed $2,200,000.00 through December 31, 2026.

Contact:
Vinil Devabhaktuni, Chief Information Officer

Background:

As IEHP expands into new lines of business (D-SNP, Covered CA, etc.) and modernizes its current IT infrastructure, the need for an integrated solution to address all aspects of project and portfolio management became evident. As such, IEHP provisioned a Project and Portfolio Management (PPM) software platform to enable a timely visualization of strategy and portfolio management to improve prioritization and decision making, to allow for the level of integration or alignment required at an enterprise level.

IEHP was able to source the terms and pricing for Planview, Inc's Enterprise One PPM software platform via SHI's Co-Operative Agreement (Omnia Partners - IT Solutions Contract #2018011-02). Through Minute Order 22-301, the Governing Board provided Delegation of Authority to execute a Purchase Order with SHI International Corporation (SHI) and a Statement of Work with Planview Inc. for an amount not to exceed $2,200,000 (inclusive of a $200,000 contingency cost) for a three (3) year period.

The Governing Board had previously approved the following Agreements as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
09/12/2022	22-301	Purchase order executed with Software House International (SHI) Corp. the approved D of A	03/30/2026	$1,173,432

Date Approved	MO#	Purpose	Term Expiration	Cost
9/12/2022	22-301	Purchase Order with Planview for implementation and support under the approved D of A	12/31/2026	$317,832
		Approved Funds under MO 22-301:		$2,200,000
		Total Cost to Date:		$1,491,264
		Cost of SOW IEHP-004:		$9,600
		TOTAL REMAINING APPROVED FUNDS:		$699,136

Discussion:

As IEHP began its implementation of the PPM product with Planview, it was identified that there was a need for a tool where users performing project work could connect and communicate via a shared space. Most of the license types purchased do not provide for users to interact in this way with projects. As part of the Planview suite of products, an additional tool named "Project Place" was demonstrated by Planview that addresses the need for connected communication.

Project Place is included as part of the Planview suite of products purchased by IEHP. The only requirement needed is to purchase a connector to link Planview Portfolios (the project management product) with Project Place (a collaboration application that gives access to all users). Once this connection is established, the collaboration tools are automatically made available to users managing work in the system and the existing licenses are not restricted from using Project Place as they are in Planview Portfolios.

The connector is required to link Project Portfolios with Project Place so that IEHP may utilize both tools for project management. Planview provides the connector and the resources to install the connector. This service will impact IEHP by allowing for timely communication within project teams and allows all users in Planview Portfolios to access Project Place for progress updates. Additionally, the tool has user friendly lean tools making it easier to collaborate, communicate, and give updates.

There are multiple benefits for connecting Planview Portfolios to Project Place.
a. Project Place has better communication tools that will allow for team members to provide immediate updates rather than on a weekly report.
b. IEHP will spend less on licenses since all users may access Project Place regardless of the type of license that is issued whereas Planview Portfolios requires that users have a more robust license. Using Project Place will allow for all license types to use the tool.

c. Project Place has additional tools such as Lean Tools, Kanban Boards, and Project Timelines not available in Planview Portfolios. These tools will allow us to perform project management using agile methodologies.

IEHP is electing to pursue the purchase of the Project Place connector with Planview, through a single source procurement. IEHP has determined that a single source procurement is justified

because the professional services for this integration are provided directly through Planview, the software company and as such the costs of a direct agreement was determined to be less than co-operative agreement options. The SHI Solutions Cooperative Contract #2018011-02 with SHI had co-op pricing cost of $10,560 with no additional discounted savings or value-add. Therefore, contracting directly with Planview is the most cost-effective option for the provision of the Project Place Connector Enablement with a cost avoidance of $960.00.

Agreement Comparative Pricing:

Cost Direct with Planview	$9,600
Cost with Co-Op Pricing	$10,560
$ Cost Avoidance	($960.00)

The cost breakout is presented below for the Project Place connector with Planview:

Activity	Days	Rate	Payment Amount
Project Place Connector Enablement	4	$2,400.00	$9,600.00
Not to Exceed Total:			**$9,600.00**

IEHP is requesting approval to enter into SOW IEHP-004 with Planview for an amount of $9,600 for the Project Place connector. No additional funds are needed as IEHP will utilize the remaining approved funds set forth in MO 22-301, as noted above, to enter into this SOW with Planview. Additionally, IEHP is requesting authority to enter into future contractual documents with Planview and/or SHI, as necessary for project implementation, product updates, integrations, additional licensing, etc., that are necessary to ensure the successful utilization of the product for IEHP's PPM Program, at no additional cost. The total amount payable to Planview and/or SHI for the Planview PPM solution shall remain unchanged at an amount not to exceed $2,200,000 through December 31, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	S. Chiu 8/18/2023	D. Burnett 8/24/23	M. Popka 8/19/2023	J. Maass 8/18/2023	V. Devabhaktuni 8/24/2023

INFORMATION TECHNOLOGY DEPARTMENT

8. **DELEGATION OF AUTHORITY TO APPROVE THE SEVENTH AMENDMENT TO THE ENCODER PRO SUITE LICENSE AND MAINTENANCE AGREEMENT WITH OPTUM360, LLC.**

   Recommended Action:
   That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Seventh Amendment to the Encoder Pro Suite License and Maintenance Agreement (Agreement) with Optum360, LLC. for the provision of two additional codes sets add-ons: 1) American Hospital Association (AHA) Coding Clinic for Healthcare Common Procedure Coding System (HCPCS) and 2) American Medical Association (AMA) Content Module, for an additional amount not to exceed $662.50 through November 30, 2023. The total amount payable to Optum 360, LLC shall not exceed $3,814,851.19 through December 31, 2026.

   Contact:
   Vinil Devabhatuni, Chief Digital and Information Officer

   Background:
   Optum360, LLC has partnered with IEHP since 2010 for industry standard ASCII medical code set file use, including applicable CPT code sets from the American Medical Association (AMA). Optum's services and licensing have also been used through the proceeding years for coding software resources such as the Encoder Pro Suite and Revenue Cycle Pro. All of IEHP's main systems, including the claim processing system (Conduent/HSP) and medical management system (MedHOK) require current code set files in order to perform our standard business. These are updated on a yearly basis.

   IEHP uses licensed code sets for services in Claims, Utilization Management, and reporting and requires the purchase of two additional code modules to support the new Covered California (CCA) Line of Business.

   IEHP determined that a single source procurement through the Optum360, LLC is justified because the purchase of these additional code modules is an add-on of minimal cost and can be delivered through the same processes currently in place. Solicitation of a new vendor would be more costly than the add-on purchase to an already existing agreement.

   The Governing Board had previously approved the following with Optum360, LLC:

Date Approved	MO#	Purpose	Term Expiration	Cost
December 2010	10-304	Ratified and approved the Encoder Suite License and Maintenance Agreement with Ingenix for the provision of the Encoder Pro Coding Software for use by up to three hundred (300) named users.	November 30, 2013	$64,000.00

October 2013	13-342	Approved First Amendment to the Software License and Maintenance Agreement for Encoder Pro Coding Software for use by up to four hundred (400) named users.	November 30, 2016	$110,000.00
February 2016	16-64	Approved Second Amendment for Encoder Pro Suite License Agreement for Encoder Pro Coding Software for use by up to six hundred (600) named users.	November 30, 2016	$15,000.00
December 2016	16-64	Approved Third Amendment to amend Encoder Pro Suite License Agreement for use by up to seven hundred fifty (750) named users.	November 17, 2017	$72,000.00
October 2017	16-64	Approved Fourth Amendment to amend Encoder Pro Suite License Agreement for use by up to one thousand (1,000) named users.	November 30, 2020	$279,279.00
December 2019	16-65	Approved Fifth Amendment to amend Encoder Pro Suite License Agreement for use by up to one thousand (1,000) named users.	November 30, 2023	$306,000.00
January 2019	16-65	Approved Sales Order (SO) Agreement with Optum for CPT, ICD-10, and other associated electronic medical code set data files for a period of three (3) years.	January 30, 2022	$326,414.79
November 2020	16-65	Approved the Sixth Amendment to amend the fee schedule to add fifteen (15) licenses for the AHA Coding Clinic	November 30, 2023	$18,132.90
December 2021	21-383	IEHP attained approval for funding one (1) year of PMPY AMA CPT code set licensing and 5 years of Optum Code sets with 2349 IEHP Meditrac Core Claims System and MedHOK Medical Management system users	December 31, 2026	$1,064,950.00
December 2022	22-400	Approved the first amendment to the data files license product schedule as part of the MLSA and approve funding request for purchase of AMA licensing of CPT Code sets	December 31, 2026	$1,558,412.00
			Total Cost to Date:	$3,814,188.69
			New Cost:	$662.50
			Total Cost:	$3,814,851.19

Discussion:

The Seventh Amendment provides for the purchase of:

1. AHA Coding Clinics which are the source for HCPCS coding advice when the classification and guidelines do not provide direction. The AHA Coding Clinics for HCPCS add-on will provide IEHP with a complete archive of the HCPCS coding clinics to support in assigning the most appropriate code to avoid claim denials and various research projects.

2. AMA Content Module add-on which offers access to associated content delivered by the AMA to provide clarity and accuracy for code reporting. Both add-ons will allow the users to search using keywords, or code, this is a more efficient way to search the full library of AHA Coding Clinics content and AMA Code content.

As such IEHP is seeking Delegation of Authority to execute the Seventh Amendment to the Encoder Pro Suite License and Maintenance Agreement with Optum360, LLC. at an additional cost not to exceed $662.50 through November 30, 2023. The total amount payable to Optum360, LLC shall not exceed $3,814,851.19 through December 31, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	Key Tsui 08/22/2023	E. Mata 8/23/2023	M. Popka 8/28/2023	J. Maass 8/18/2023	V. Devabhaktuni 8/26/2023

INFORMATION TECHNOLOGY DEPARTMENT

9. **DELEGATION OF AUTHORITY TO APPROVE AN ORDERING DOCUMENT WITH ORACLE AMERICA INC.**

   Recommended Action:
   That the Governing Board of the Inland Empire Health Plan (IEHP) Authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, execute an ordering document with Oracle America Inc. (Oracle America) for a two (2) year term extension of the Oracle Fusion Enterprise Planning Financial System (Fusion) testing environment, for an amount not to exceed $44,939.52 through September 29, 2025. The total amount payable to Oracle America shall not exceed $4,062,705.60 through September 29, 2025.

   Contact:
   Vinil Devabhaktuni, Chief Information Officer

   Background:
   In April 2014, IEHP issued a request for proposal for a Financial Enterprise Resource Planning (ERP) solution to replace the Plan's existing legacy systems in order to more efficiently manage Great Plains (GP), General Ledger (GL), Accounts Payable (AP), budgeting, forecasting, financial reporting, and procurement operations. Oracle America was selected as the winning bidder.

   Since then, the Governing Board has previously approved the following with Oracle America:

Product/Service	Purpose	Term Expiration	Amount
Oracle Fusion ERP Financial System	MO 14-321 Approval of the Ordering Document to the SaaS Agreement with Oracle America Inc. for the Oracle Fusion ERP system	12/16/2015	$350,000
Oracle Fusion ERP Financial System	MO 15-93 Approval of the Ordering Document to the SaaS Agreement with Oracle America Inc. for an additional training environment for the Oracle Fusion ERP	12/22/2017	$60,000
Oracle Fusion ERP Financial System	MO 16-64 Ordering Document for time and materials services and Ordering Document Amendment One	12/22/2017	$77,264.00
Oracle Fusion ERP Financial System	MO 16-173 Ratify and approve the new ordering document to the Oracle Software as a Service Agreement with Oracle America Inc. for the provision of remediation services.	02/22/2017	$369,525.75

Product/Service	Purpose	Term Expiration	Amount
Oracle Fusion ERP Financial System	MO 16-64 Approved the First Amendment to the ordering document of the Oracle Software as a Service Agreement for remediation services for the Oracle ERP Financial System	03/13/2017	No Cost
Oracle Fusion ERP Financial System	MO 17-32 Ratify and Approve the Second Amendment to the Ordering Document of the Software as a Services Agreement with Oracle America Inc. for the provision of remediation services.	03/13/2017	No Cost
Oracle Fusion ERP Financial System	MO 17-232 Approval of the 3-year renewal with Oracle America Inc. for the Oracle Fusion ERP system	01/12/2021	$667,126.39
Oracle Fusion ERP Financial System	MO 20-273 Approval of the 5-year term extension to the SaaS agreement with Oracle America	09/29/2025	$1,605,330.00
Oracle Fusion ERP Financial System	MO 22-007 Approval of funding increase for the provision of additional licenses.	09/29/2025	$884,274.19
Oracle Fusion ERP Financial System	MO 23-015 Approve the Ordering Document for the EDU Cloud Applications Learning Subscription with Oracle America, Inc. For the provision of the annual EDU Cloud Applications Learning subscription for Oracle Fusion	03/08/2024	$4,245.75
Oracle Fusion ERP Financial System Total Cost to Date:			$4,017,766.08
New Cost:			$44,939.52
Total Cost:			$4,062,705.60

Discussion:

Under Minute Order 20-273 the Governing Board approved the Fourth Amendment for a five (5) year renewal of the Oracle Fusion Enterprise Resource Planning (ERP) system. However, the Fusion testing environment service therein was only renewed for three (3) years, and not for the entire five (5) year renewal term. The Fusion testing environment provides user training, testing of new functionalities, system changes, final user acceptance testing (UAT) and replicating issues

for troubleshooting. Therefore, IEHP is requesting delegation of authority to sign an ordering document with Oracle America, for a two-year extension for the continued provision of the Fusion testing environment service, for an amount not to exceed $44,939.52 through September 29, 2025, to coincide with the current term of the original five (5) year renewal.

The cost of this ordering document shall not exceed $44,939.52. The total amount payable to Oracle America (including this request) shall not exceed $4,062,705.60 through September 29, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	S. Chiu 8/24/2023	E. Mata 8/24/2023	M. Popka 8/28/2023	J. Maass 8/23/2023	V. Devabhaktuni 8/25/2023

INFORMATION TECHNOLOGY DEPARTMENT

10. DELEGATION OF AUTHORITY TO APPROVE AMENDMENT 8 TO THE MASTER SUBSCRIPTION AGREEMENT WITH MEDHOK, INC.

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign Amendment 8 to the Master Subscription Agreement (Agreement) with MedHOK, Inc. (MedHOK) for an additional user acceptance testing environment (UAT5) for data masking (de-identified) testing integrations and training, for an additional amount not to exceed $229,583.14. The total amount payable under this Agreement shall not exceed $52,659,977.64 through February 7, 2026.

Contact:
Vinil Devabhaktuni, Chief Information Officer

Background:
MedHOK has been IEHP's Medical Management System since December 2012, providing Authorizations, including Outpatient, Inpatient, Behavioral Health, Transportation and Vision Services, Grievances, Medical and Pharmacy Appeals and Care Management and related Member and Provider Communication services.

In December 2012, MedHOK was presented for approval as the selected vendor as a result of a Request for Proposal (RFP) for a Medical Management System to expand IEHP's medical management capabilities. Under Minute Order 12-350, the Governing Board (1) authorized the Agreement with MedHOK for the licensing of a medical management application and the statement of work for implementation services; and (2) approved the capital expenditure for the integrated medical management software and services, including consulting support, for a total cost not to exceed $5,800,000 for a five (5) year period.

On March 14, 2022, Market Prominence Software solution from MedHOK was presented for approval as the selected vendor as a result of a Request for Proposal (RFP) #21-03606 for an Eligibility Enrollment solution. Under Minute Order 22-055 the Governing Board authorized the Agreement with MedHOK for Dual Eligible Special Needs Plans (DSNP) supportive solution services for an amount not to exceed $3,385,000.

The following approvals have been effectuated with MedHOK:

Board Date	MO#	Purpose	Term Expiration	Cost
December 2012	12-350	Authorized the Agreement with MedHOK for the licensing of a medical management application and the statement of work for implementation services; and (2) approved the capital expenditure for the integrated medical management software and services, including consulting support, for a total cost not to exceed $5,800,000 for a five (5) year period.	December 31, 2017	$5,800,000

Board Date	MO#	Purpose	Term Expiration	Cost
March 2015	15-61	Approved an increase in spending authority of $750,000 to the Agreement for licensing and service costs. Total cost under the Agreement $6,550,000.	December 31, 2017	$750,000
June 2015	15-144	Approved an increase of $523,250 in spending authority to the Agreement for the release 1.9 Enhancements and CarePlan Rewrite Phase II. Total Cost under the Agreement $7,073,250.	December 31, 2017	$523,250
October 2015	15-239	Approved an increase of $600,000 in spending authority for professional services in support of IEHP implementation of the Global 3.1 Enhancements release: MedHOK Auto Effectuation with Argus, Member Eligibility Web Services Enhancements. Not to exceed $7,673,250.	December 31, 2017	$600,000
February 2016	16-22	Approved the first Amendment to the Subscription Agreement for Integrated Medical Management Software and Services for an additional amount of $12,500,000 for 5-year term. Total cost not to exceed $20,173,250.	December 31, 2017	$12,500,000
May 2017	N/A	IEHP entered into the Second Amendment to the Agreement to support IEHP's CORE Activity and Integration efforts for an additional amount of $159,324. Total cost under the Agreement $20,320,000.	December 31, 2017	$159,324
March 2019	19-47	Approved a funding increase to the agreement for an additional amount not to exceed $3,600,000. Total cost for under the agreement shall not exceed $23,773,250.	December 31, 2017	$3,600,000
February 2020	20-41	Approved a funding increase to the Agreement for an additional amount of $3,250,000 for software licensing, system development, maintenance, and support services. Total cost under the Agreement not to exceed $27,023,250.	December 31, 2020	$3,250,000
April 2020	20-82	Approved funding increase to the Agreement for an additional amount of $3,000,000 for the provision of a Medication Therapy Management (MTM) Solution. Total amount under the Agreement not to exceed $26,773,250.	December 31, 2021	$3,000,000
June 2020	N/A	IEHP entered into a Third Amendment to update provisions that accounted for a jurisdiction of, and venue change from Hillsborough County Florida to Riverside County or San Bernardino County, California.	May 31, 2018	$0

Board Date	MO#	Purpose	Term Expiration	Cost
January 2021	21-8	IEHP entered into a Fourth Amendment and approved a funding increase and term extension to the Agreement for an additional amount not to exceed $8,400,000. Total cost under the Agreement not to exceed $35,423,250.	February 7, 2026	$8,400,000
May 2021	21-115	IEHP approved funding increase of $1,710,000 for Statement of Work (SOW) #104 for the provision of project-specific professional support services. The total cost under the Agreement not to exceed $40,100,000.	December 31, 2022	$1,710,000
March 2022	22-053	IEHP ratified and approved the Fifth Amendment to the Agreement with MedHOK to add hosting infrastructure, maintenance, and support services. Approved funding for reconciliation of service not paid for an amount not to exceed $5,250,000. The total cost under the Agreement shall not exceed $45,383,250.	February 7, 2026	$5,250,000
March 2022	22-055	IEHP entered into the Sixth Amendment to the Agreement with MedHOK for the provision of Dual Eligible Special Needs (DSNP) supportive solution services (e.g., Market Prominence) for an amount not to exceed $3,835,000. Total cost under the agreement shall not exceed $49,200,000.	February 7, 2026	$3,835,000
December 2022	22-395	IEHP approved additional funding increase of $2,366,700 for Statement of Work (SOW) #105 for the provision of project-specific professional services. The Total Cost under the Agreement not to exceed $51,566,700.	December 31, 2024	$2,366,700
January 2023	23-010	IEHP entered into the Seventh Amendment to approve additional funding of $686,118.50, remove historical closed environments as of June 2022 and provided clarification of the environment and service fees payment methodology for QA, Messaging BUS, UAT3, and UAT4.	February 7, 2026	$686,119.50
			Total Cost to Date:	**$52,430,393.50**
			New Cost:	$229,584.14
			Total Cost:	**$52,659,977.64**

Discussion:

As part of IEHPs ongoing efforts to improve the protection of Member data, IEHP recently purchased Delphix, a Data Masking solution that identifies sensitive information and automates the de-identification of that data where it resides. IEHP is in the process of applying Delphix within the infrastructure of MedHOK, for the purposes of presenting de-identified data for testing and training. This application would allow IEHP to perform user acceptance testing on replicated production data that has been de-identified, as well as subsequent training of real system scenarios while not having access to sensitive Member information. To enable this, IEHP needs an additional user acceptance test (UAT) environment that will utilize de-identified (masked) data for testing integrations and training. Accordingly, Amendment 8 to the MedHOK Agreement provides a license for an additional UAT environment (UAT5), through the remainder of the Agreement term.

A cost breakout for the UAT5 is provided in the table below:

Agreement Term	Monthly Rate	Total
29 Months	$7,916.66	$229,584.14

Therefore, IEHP is requesting delegation of authority to approve and sign Amendment 8 to the Master Subscription Agreement with MedHOK, Inc. for an additional amount not to exceed $229,583.14. The total amount payable under this Agreement shall not exceed $52,659,977.64 through February 7, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Tsui 8/22/2023	D. Burnett 8/22/2023	M. Popka 8/25/2023	J. Maass 8/22/2023	V. Devabhaktuni 8/29/2023

CONSENT AGENDA

ADMINISTRATION

11. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-04999 FOR MEDI-CAL AND DUALCHOICE ID CARD PRINT AND FULFILLMENT SERVICES TO, AND DELEGATION OF AUTHORITY TO APPROVE THE CONTRACTUAL DOCUMENTS WITH, ZELIS HEALTHCARE, LLC.

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal (RFP) #23-04999 to, and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign contractual documents with Zelis Healthcare, LLC (Zelis) for Medi-Cal and DualChoice ID Card Print and Fulfillment services, for an amount not to exceed $3,044,805.00 for an initial term of three (3) years.

Contact:
Vinil Devabhaktuni, Chief Information Officer

Background:
IEHP requires Member ID Card print and fulfillment services from an experienced and capable vendor who will provide these services for Medi-Cal and DualChoice Member ID Cards within regulatory required timelines, including but not limited to; data extract acceptance and mapping to ID Card templates, inventory management and tracking, template file management solution, print and e-card capabilities, discounted mailing, address management and effective fulfillment and mailing delivery and date tracking processes.

IEHP has contracted with its current Medi-Cal and DualChoice ID card vendor, Clarity, since 2011. IEHP intended to extend its agreement with Clarity through July 31, 2024, to allow IEHP to focus on Covered California implementation services with the intent to issue an RFP for services in 2024. However, Clarity recently made significant changes to their pricing structure that has increased the cost of the ID Card services, and made changes to their contracting policies, which would require IEHP to enter into a longer-term agreement. As a result, IEHP and Clarity were unable to reach an agreement, and in response, IEHP made the decision to go to bid for a new Medi-Cal and DualChoice ID card vendor.

Accordingly, on August 2, 2023, IEHP issued RFP #23-04999 Medi-Cal and DualChoice ID Card Print and Fulfillment on Bonfire, its public third-party bidding website. IEHP broadcast the RFP to several hundred vendors using Bonfire's built-in features. The RFP closed on August 9, 2023, with two (2) bidders, MPX and Zelis, submitting proposals by the deadline. Each proposal was thoroughly reviewed by Evaluation Committee members, who scored the Technical Proposal consisting of (1) Company Profile (2) Scope of Services – Bidder Response Questions, and (3) IT Security capabilities, with the following results:

First Round – Technical Proposal Scoring (Out of 70):

Bidder	Score	Rank
Zelis	44.84	1
MPX	42.29	2

Thereafter, IEHP's Financial Planning and Analysis team conducted a review of each vendor's price proposal to determine the most cost-effective vendor. Based on the pricing scoring, as shown below, they determined that Zelis was substantially the most cost-effective vendor.

Second Round Pricing Scoring: (Out of 30)

Bidder	Score	Rank
Zelis	30.00	1
MPX	16.40	2

Combined Technical Proposal and Pricing Scoring. (Out of 100)

Bidder	Score	Rank
Zelis	74.84	1
MPX	58.69	2

After a thorough evaluation, the Evaluation Committee has recommended the award for RFP #23-04999 be made to Zelis Healthcare, LLC as the best value to IEHP in support of its MediCal and DualChoice ID Card Print and Fulfillment Service needs.

Zelis was selected as the most responsive and responsible bidder as they offered services and products that meet IEHP's needs, including compatible software support solutions, integrations with IEHP mailer of choice, e-card options, and additional features such as perforated paper options.

On June 5, 2023, the IEHP Governing Board approved the award of RFP #23-04796 to Zelis for CCA Print Fulfillment Services, under Minute Order 2-04796. IEHP and Zelis are currently completing contract negotiation with for these services.

Discussion:
The goal of RFP #23-04999 was to select a vendor who will provide Member ID Card Print and Fulfillment Services to IEHP within regulatory required timelines, enable a self-service template and file management solution, provide effective rates, and enable modern and proficient processes.

As noted above, the Evaluation Committee's overall solution ranking was comprised of the technical proposal response, company experience, and pricing scores. However, other key factors were considered in the decision to award RFP #23-04999 to Zelis, including:

1. Timeline- IEHP is sensitive to the timeline necessary to replace the current ID Card services within the RFP, it was required that ID Card services must be implemented by October 31, 2023, to ensure no interruption of this critical service to its Members. Zelis confirmed they could meet IEHP's critical timelines.

2. Security – as IEHP continues to focus on the security of its member data, it is critical that partners play a role in supporting a secure infrastructure. The results of the SOC2 security assessment presented Zelis with the security structure that met IEHP's needs.

The table below denotes the estimated not to exceed cost of ID Cards for the initial three (3) year term:

Line 1 denotes final RFP pricing, based upon annual volume estimates presented in the bid.
Line 2 represents an estimated volume overage contingency value based upon prior experience with changes that cause variations in ID Card print and fulfillment such as regulatory changes to data components on the ID Cards or changes in IPA/Provider Group that result in mass provider assignment changes and reissuing of ID Cards to IEHP Members.

		Annual ID Card Volume	Annual Cost	3 Year Cost
1	**Annual Volume**	747,095	$800,935	$2,402,805
2	**Estimated Overage Contingency**			$642,000
			Total	$3,044,805.00

As such, IEHP seeks approval to award RFP# 23-04999 to Zelis and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign contractual documents with Zelis for the provision of Medi-Cal and DualChoice Member ID Card Print Fulfillment Services for an amount not to exceed $3,904,805, for an initial term of three (3) years.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	S. Chiu 8/25/2023	W. Yanes 8/25/2023	M, Popka 8/28/2023	J. Maass 8/24/2023	V. Devabhaktuni 8/26/2023

QUALITY DEPARTMENT

12. APPROVE THE 2023 CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES PROGRAM DESCRIPTION AND WORKPLAN

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the 2023 Culturally and Linguistically Appropriate Services (CLAS) Program Description and the CLAS Workplan as presented.

Contact:
Edward Juhn, M.D., MBA, MPH, Chief Quality Officer

Background:
As required by Covered California, IEHP must obtain Health Equity Accreditation through the National Committee for Quality Assurance. IEHP is scheduled to undergo Health Equity Accreditation on October 24, 2023.

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

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

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

Discussion:
The 2023 CLAS Program Description was developed to reflect new CLAS processes and initiatives. CLAS activities include, Diversity and Equity Inclusion, Language Assistance, Reducing Health Disparities, and Member Experience. Per accreditation standards, IEHP is required to have a workplan that tracks ongoing progress of CLAS activities throughout the year. The workplan must address annual planned CLAS activities and objectives for overall improvement. The CLAS Workplan also includes a timeframe for each activity's completion, the Team responsible, monitoring of previous identified issues and overall evaluation of the CLAS program. The CLAS Workplan is being shared with the Board as an attachment for review and approval.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka	G. Fick 8/29/23	E. Juhn 8/30/23

2023

Culturally and Linguistically Appropriate Services Programs (CLAS) Program Description

Prepared by Quality Systems

April 2023

I.   Culturally and Linguistically Appropriate Services Program Description

<u>Organizational Mission Statement & Commitment</u>

As the region's first Medi-Cal managed care plan, IEHP currently serves more than 1.6 million residents in California's San Bernardino and Riverside counties. For twenty-six years, we have worked to improve access to quality and equitable care for vulnerable populations including IEHP's Hispanic and Black Members (57% and 9% respectively). Our mission is why we exist, and we strive to heal and inspire the human spirit through our core values of placing our members at the center of our universe.

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

IEHP is committed to fostering, cultivating, and preserving a culture of diversity, equity and inclusion. IEHP believes that all persons are entitled to equal employment opportunities and does not discriminate against qualified Team Members or applicants because of race, color, religion, sex, gender, pregnancy, national origin, ancestry, citizenship, age, marital status, physical disability, mental disability, medical condition, sexual orientation, disabled veteran or veteran of the Vietnam era or any other characteristic protected by state or federal law.

IEHP applies this same commitment in the way Team Members interact with Members, Providers, and other members of the community. Culturally and Linguistically Appropriate Services (CLAS) are employed by all IEHP Team Members at every point of contact. CLAS helps ensure that the delivery of care is safe, effective, patient-centered, timely, efficient, and equitable.

<u>CLAS Program Goals</u>

The CLAS Program seeks to fulfill its mission by establishing a broad set of goals to ensure IEHP and its' Provider Network comply with Department of Health Care Services (DHCS) and Federal regulations on Cultural and Linguistic (C&L) services. These goals include:

1) Enhancements in Data Collection and Stratification by Race/Ethnicity, Language, Disability, Sexual Orientation and Gender Identity
2) Improvements in Workforce Diversity, Provider Network Adequacy & C&L Responsiveness
3) Identification and Reduction of Health Care Disparities

<u>CLAS Objectives & Activities</u>

The objectives of the CLAS program are to provide effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. To achieve these objectives, IEHP establishes methods that ensure and promote access and delivery

of medically necessary services in a culturally competent manner to all Members, including people with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity. IEHP has defined the following objectives:

Clinician-oriented:

- Provide training, support, technical assistance and resources to Providers and their office staff to assist them in the provision of culturally competent and linguistic services.
- Monitor the clinician credentialing and recredentialing processes for discriminatory practices, at each point of the process.

IEHP and Member oriented:

- Educate IEHP Team Members on cultural diversity in the membership and raise awareness of IEHP Cultural and Linguistic policies, procedures, and resources through annual mandatory training.
- Assess the characteristics of IEHP's membership to identify Member needs and review and updates its structure, operations, and resources accordingly.
- Evaluate areas such as social determinants of health, identification of subpopulations, needs of children/adolescents and individuals with disabilities and with serious and persistent mental illness (SPMI), Members of Limited English Proficiency (LEP), disparities in members of different ethnicity groups, and disparities in members with primary language other than English.
- Identify the threshold languages in the Member population of 200 or more Members and provide vital information in threshold languages and alternate formats upon request. The current threshold languages are English, Spanish, Mandarin, Cantonese, and Vietnamese.
- Use competent translators and evaluate the quality of translation.
- Review and approve externally and internally developed Member materials for readability, content, accuracy, cultural appropriateness, and non-discrimination using DHCS Readability and Suitability Checklist.
- Assess Member's experience with their utilization of language services to assist with improvements to organizational functions and healthcare encounters.
- Review Grievance and Appeals (G&A) Data by race/ethnicity and language to identify areas of opportunity for improvement.
- Support the development of new recruitment and hiring practices that promote diversity and inclusive policies including:

  o Inclusive job descriptions that use gender neutral language, indicate the job specific salary range, clarified minimum qualification requirements, all emphasizing our commitment to diversity and inclusion.
  o Require all applicants be reasonably considered for positions for which they meet all minimum qualifications.
  o Hold hiring leaders accountable to conducting fair and equitable interview and selection practices to support and sustain equal representation throughout the organization.
  o Deploy technology designed to help reduce the interference of unconscious bias in the selection and hiring process, including the use of resume redaction which removes

any information identifying a candidate's gender, age, economic status, and ethnicity to ensure a more equitable initial candidate consideration.

- Conduct ongoing assessment of IEHP' membership language profile.

- Commit to all IEHP Team Members to promote a work environment built on the premise of gender and diversity equity that encourages and enforces:
    - Respectful communication and cooperation between all Team Members.
    - Teamwork and Team Member participation permitting the representation of all groups and Team Member perspectives.

II.   Member Involvement

The Public Policy Participation Committee (PPPC) solicits recommendations for, and prioritization of, C&L improvement activities from Members. The composition of the PPPC reflects the unique diversity of the Member population through individual Members and representatives of community-based organizations. Meeting quarterly with IEHP leaders, health educators, and clinicians, the PPPC addresses challenging topics identified with input from committee members, the CEO, and other IEHP staff.

Persons with Disabilities Workgroup (PDW) comprised of IEHP leaders and health educators, Providers, Members, and community-based representatives with a variety of special needs, seeking input for services.

The Quality Management & Health Equity Transformation Committee (QMHETC) is responsible for continuously improving quality of care for IEHP Membership. The committee is composed of Network Providers, Specialists, IPA Medical Directors, practicing Pharmacists who are representative of network Practitioners; IEHP Medical Directors, IEHP Chief Health Equity Officer (CHEO); and Public Health Department representatives from Riverside and San Bernardino Counties. These individuals provide expertise and assistance in directing QMHETP activities.

Another way that IEHP is addressing health equity at the community level is through three Community Resource Centers (CRCs). The CRCs are available to Members as well as non-Members and offer activities, education and support designed to involve the culturally diverse community and their health improvement and overall wellness. The CRCs are a local resource with bilingual staff that are available to Members who want to learn about health care, health coverage programs, fitness, and wellness. IEHP's Community Health Department oversees the CRC operations. Programs offered at CRCs are Member-informed through various inputs including Community Needs assessments, Member surveys and focus groups.

III.   CLAS Measurable Goals

IEHP is committed to health equity as an essential part of quality improvement (IEHP produces reporting that includes various Member characteristics and leverages these findings to identify health disparities). IEHP's core data infrastructure includes functionality to define various Member characteristics such as race, ethnicity, language, gender, age, etc. This is a key resource utilized to generate disparity reporting.

4 | P a g e

Through various mechanisms, IEHP reporting identifies disparity gaps for priority preventive care services and chronic care management of chronic conditions through the Healthcare Effectiveness and Information Data Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measures and this information is used to drive quality improvement activities and initiatives. At a minimum, stratified disparity report results are reviewed by leadership and quality committees at least annually for recommendations and quality initiative resource allocation. Quality committees and subcommittees include internal stakeholders across multiple departments as well as external stakeholders. IEHP identifies at least one quality improvement opportunity to address identified health disparities using this data each year. Below is a summary of measures included in CLAS Reporting:

Clinical Measures

1. Stratify by race/ethnicity the following measures to identify areas of opportunity to act:
    a. Colorectal Cancer Screening (COL)
    b. Controlling High Blood Pressure (CBP)
    c. Hemoglobin A1c Control for Patients with Diabetes (HBD)
    d. Prenatal and Postpartum Care (PPC)
    e. Child and Adolescent Well Care Visits (WCV)
    f. Well-Child Visits in the First 30 Months of Life (W30)
    g. Breast Cancer Screening (BCS)

Clinical Measure Goals

1. Reduce the disparity among the Black population for the Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) measure.
2. Increase the rate of adequately controlled blood pressure (under 140/90 mm Hg) for Black adult IEHP Members with a diagnosis of hypertension.
3. Increase the rate of Well Child Visits among Vietnamese speaking Members.
4. Increase the rate of Breast Cancer Screening among Mandarin speaking Members.

Experience Measures

1. Stratify by race/ethnicity the following CAHPS® measures to identify areas of opportunity to act:
    a. Rating of Health Plan
    b. Rating of Health Care
    c. Getting Needed Care
    d. Getting Care Quickly
    e. Rating of Personal Doctor
    f. Customer Service
    g. How Well Doctors Communicate

2. Review Member experience and utilization with language services metrics to identify areas of opportunity to act.

Experience Measure Goals

1. Reduce the disparity among the White population for Rating of Health Plan measure.

   a. Current White population rate is 5% lower than the overall plan rate.

2. Reduce the disparity among the White population for the Getting Care Quickly measure.

   a. Current White population rate is 6% lower than the overall plan rate.

3. Improve Member experience with language services among Spanish speaking Members.

IV.   CLAS Work Plan

The CLAS Work plan is a dynamic document that covers a full year of planned activities and objectives. The CLAS Work plan is embedded in the QI/QM Work plan which includes deliverables due each year and is updated regularly to ensure overall compliance. IEHP identifies and includes activities in the work plan that address:

- Diversity and Equity Inclusion
- Language Assistance
- Reducing Health Disparities
- Member Experience

IEHP documents a timeframe for completion of each activity, the frequency for each activity and specifies the team responsible for each activity. The work plan includes periodic or ongoing monitoring of issues identified in prior years that is determined required follow-up.

V.   Process for Monitoring Goals

The table below describes the process and frequency for data collection, when and where data will be reported for the CLAS measurable goals.

Measure	Data Source	Frequency & Process	Owners
Clinical Measures	• HEDIS®	Annually Quality Management Health Equity Transformation Committee (QMHETC)	Chief Health Equity Officer, Vice President, Quality
Experience Measures	• CAHPS® • Language assistance program utilization data • Member surveys	Annually Quality Management Health Equity Transformation Committee (QMHETC)	Chief Health Equity Officer, Vice President, Quality

Review and Approval of Program Documents

On an annual basis, the CLAS Program Description and Work Plan, are presented to the Governing Board for review, approval, and assessment of health care rendered to Members, comments, direction for activities proposed for the coming year, and approval of changes. The Governing Board is responsible for the direction of the program and actively evaluates the annual plan to determine areas for improvement. Board comments, actions, and responsible parties assigned to changes are documented in the minutes.

Measurement Process

Quality measures are used to regularly monitor and evaluate the effectiveness of quality improvement initiatives, and compliance with internal and external requirements. IEHP reviews and evaluates on a quarterly basis, the information available to the plan regarding accessibility and availability. IEHP measures performance against community, national or internal baselines and benchmarks when available, and applicable, which are derived from peer-reviewed literature, national standards, regulatory guidelines, established clinical practice guidelines, and internal trend reviews.

Evaluation Process

There is an annual evaluation of the CLAS program which details completed and ongoing activities for culturally and linguistically appropriate services, trending of measures to assess the CLAS program performance, analysis of initiatives and barrier analysis. The CLAS annual evaluation is reviewed by the CHEO, the CLAS Program owners and community representatives for feedback on root causes of barriers and possible solutions. The overall effectiveness of the Program is presented to the Quality Management & Health Equity Transformation Committee (QMHETC) with key input obtained from the Chief Medical Officer, Chief Quality Officer and Chief Health Equity Officer.

Communication and Feedback

Ongoing education and communication regarding quality improvement initiatives is accomplished internally and externally through committees, staff meetings, mailings, and announcements.

- Providers are educated regarding quality improvement initiatives through on-site quality visits, Provider newsletters, specific mailings, and the IEHP website.
- Specific performance feedback regarding actions or data is communicated to Providers. General and measure-specific performance feedback is shared via special mailings, Provider newsletters, IEHP's Provider Portal, and the IEHP website.
- Feedback to Providers may include, but is not limited to, the following: Listings of Members who need specific services or interventions; Clinical Practice Guideline recommended interventions; HEDIS® and CAHPS® results.

Improvement Process

Performance indicators are used to identify quality issues. When identified, IEHP Quality staff investigates cases and determines the appropriate remediation activities including Corrective Action Plans (CAP). Providers or Practitioners that are significantly out of compliance with Quality requirements must submit a CAP.

VI.   Approval Process & Structure

The CLAS Program includes tiered levels of authority, accountability, and responsibility related to quality of care and services provided to Members. The line of authority originates from the Governing Board and extends to Practitioners through different subcommittees.

IEHP Governing Board

IEHP was created as a public entity with the initiation of a Joint Powers Agency (JPA) agreement between Riverside and San Bernardino Counties to serve Medi-Cal eligible residents of both counties. Two (2) members from each County Board of Supervisors (San Bernardino and Riverside counties) and three (3) public members selected from the two (2) counties sit on the Governing Board. The Governing Board is responsible for oversight of health care delivered by contracted Providers and Practitioners. The Board provides direction for the Program; evaluates Program effectiveness and progress; and approves the annual Program Description and Work Plan. The Quality Management & Health Equity Transformation Committee (QMHETC) reports delineating actions taken and improvements made to the Board through the Chief Medical Officer (CMO), Chief Quality Officer (CQO) and the Chief Health Equity Officer (CHEO). The QMHETC monitors quality & CLAS activities encompassing a progressive health care delivery system working in cooperation with Providers, members, and regulatory agencies.

CLAS and Health Equity topics are presented to the Board at least annually, and on an as-needed basis. Feedback from the Board is shared at the Quality Management & Health Equity Transformation Committee.

The Board delegates responsibility for monitoring the quality of health care delivered to Members to the Chief Health Equity Officer (CHEO), CMO, CQO, and the QMHETC with

administrative processes and direction for the overall Program initiated through the CMO and CQO, or Medical Director designee.

Role of the Chief Quality Officer (CQO)

The Chief Quality Officer is responsible for leading the quality strategy for IEHP. This includes the development of new and innovative solutions in preventive health to improve quality of care for Members. The CQO must possess a valid Physician's and Surgeon's Certificate issued by the State of California and certification by one of the American Specialty Boards. The CQO reports to the CEO and Governing Board. The CQO works with the CEO and Chief Officers to establish goals and priorities for the quality strategy as well as communicates those goals to the Governing Board and its key stakeholders — the IEHP Provider network, regulatory and accrediting bodies. The CQO initiates and leads initiatives for continuous quality improvement and evaluation of the effectiveness of interventions across the continuum of care to Members, Providers and internally. The CQO also collaborates with state/federal regulatory agencies, accrediting bodies, and internal Government Relations, Compliance, and Legal leadership staff to ensure all quality and regulatory compliance requirements are met.

The CQO provides leadership, develops strategies, and administers programs for accreditation, monitoring, HEDIS® operations, reporting, quality scorecards, and quality-related new business development.

Role of the Chief Health Equity Officer (CHEO)

The CHEO is responsible to plan, organize, direct, and coordinate the IEHP approach to health equity. The CHEO works closely with key internal and external stakeholders to design and oversee the implementation of strategies and programs to address health equity and reduce health disparities. The CHEO participates in strategy and program development across the organization and in the community to ensure that health equity is prioritized and addressed through internal health plan functions, operations, and external partnerships and initiatives. The CHEO engages and collaborates with cross-functional teams, subcontractors, contractors, network providers, community-based organizations, county departments, behavioral health, social services, child welfare systems and members in health equity efforts and initiatives to Implement strategies and identify root causes of health inequities. The CHEO, alongside IEHP's Quality team develops targeted interventions and quality improvement activities designed to eliminate health inequities.

2022-2024
Quality Management/Quality Improvement & CLAS Workplan

QMHETC Report Information & Schedule for 2022-2024
Subcommittee Report Information & Schedule for 2022-2024
IEHP Board Reporting Schedule 2022-2024
Appendix A - Report/Workplan Details

WORKPLAN LEGEND

Shading
- Scheduled to Present
- Presented on Time
- Presented Late
- Not Presented
- R — Retired Report

Font
- On Next Meeting Agenda
- **Presentation Date**
- *Presentation Date - late*

IE♥HP

Quality Management & Health Equity Transformation Committee (QMHETC) Schedule

	Report Details			2022				2023				2024			
Category	**Title**	**Owner**	**Strategic Priority**	February	June	August	December	February	May	August	December	February	May	August	December
	ANNUAL REPORTING														
Subcommittee Reports	Behaviorial Health Advisory Subcommittee Annual Assessment	Behaviorial Health		Feb-22				R				R			
	Coordinated Care Initiative Stakeholder Advisory Committee Annual Assessment	Network Development		Feb-22				Feb-23							
	Credentialing Subcommittee Annual Assessment	Credentialing		Feb-22				Feb-23							
	Peer Review Subcommittee Annual Assessment	Credentialing		Feb-22				Feb-23							
	Persons with Diabilities (PDW) Workgroup Annual Assessment	Community Health		Feb-22				Feb-23							
	Pharmacy & Therapeutics Subcommittee Annual Assessment	Pharmacy		Feb-22				Feb-23							
	PPPC Workgroup Annual Assessment	Marketing		N/A				Feb-23							
	Quality Improvement Subcommittee Annual Assessment	Quality Management		Feb-22				Feb-23							
	Quality Management Annual Evaluation	Quality Management			Jun-22				May-23						
	Quality Management Workplan	Quality Management		Feb-22				Feb-23							
	Quality Management Program Description	Quality Management			Jun-22			Feb-23							
	Culturally & Linguistically Appropriate Services (CLAS) Annual Evaluation^	Quality Management													
	Culturally & Linguistically Appropriate Services (CLAS) Program Description^	Quality Management								Aug-23					
	Culturally & Linguistically Appropriate Services (CLAS) Workplan^	Quality Management								Aug-23					
	Utilization Management Subcommittee Annual Assessment	Utilization Management		Feb-22				Feb-23							
	QUARTERLY REPORTING														
Subcommittee Reports	Coordinated Care Initiative Stakeholder Advisory Committee Executive Summary	Network Development		Feb-22	Jun-22	Aug-22	Dec-22	Feb-23	May-23						
	Credentialing Subcommittee Executive Summary	Credentialing		Feb-22	Jun-22	Aug-22	Dec-22	Feb-23	May-23						
	Peer Review Subcommittee Executive Summary	Credentialing		Feb-22	Jun-22	Aug-22	Dec-22	Feb-23	May-23						
	Persons with Diabilities (PDW) Workgroup Executive Summary	Community Health		Feb-22	Jun-22		Dec-22	Feb-23	May-23						
	Pharmacy & Therapeutics Subcommittee Executive Summary	Pharmacy		Feb-22	Jun-22	Aug-22	Dec-22	Feb-23	May-23						
	PPPC Executive Summary	Marketing		N/A	N/A	N/A	N/A	Feb-23	May-23						
	QIC Problem Solving Team's Minutes	Quality Management		N/A	N/A	N/A	N/A	N/A	N/A						
	Quality Management Workplan														
	Quality Improvement Subcommittee Executive Summary	Quality Management		Feb-22	Jun-22	Aug-22	Dec-22	Feb-23	May-23						
	Utilization Management Subcommittee Executive Summary	Utilization Management		Feb-22	Jun-22	Aug-22	Dec-22	Feb-23	May-23						

^ denotes an Health Equity (CLAS) Deliverable

Subcommittee Report Schedule

WORKPLAN LEGEND

Shading		Font
(light blue)	Scheduled to Present	On Next Meeting Agenda
(green)	Presented on Time	**Presentation Date**
(yellow)	Presented Late	*Presentation Date - late*
(red)	Not Presented	
R	Retired Report	

* denotes an NCQA Deliverable
^ denotes an Health Equity (CLAS) Deliverable

Category	Title	Owner	Subcommittee	Chair(s)	2022	2023	2024
			Annual Reporting		**ANNUAL**	**ANNUAL**	**ANNUAL**
Clinical Quality	Birthday Call Effectiveness Study	Quality Improvement	QI	Tara, Christine	7/22 (July)		(scheduled July)
	HEDIS® Results*^	Quality Systems	QI	Tara, Christine	9/22 (Sept)		(scheduled Sept)
	Member Texting Campaign study	Quality Improvement	QI	Tara, Christine			(scheduled Sept)
	MMP Quality Ratings Report	Quality Systems	MOC Monitoring & Oversight	Shelly, Andrea	5/22 (May)		(scheduled Aug)
	MMP Quality Withhold Measures Review	Quality Systems	MOC Monitoring & Oversight	Shelly, Andrea	3/22 (Mar)	4/23 (Apr)	(scheduled Mar)
	Osteoporosis Management in Women Who Had a Fracture (OMW) Study	Quality Improvement	MOC Monitoring & Oversight	Shelly, Andrea	9/22 (Sept)		(scheduled Sept)
	PHM Population Assessment*	Population Health	PHM	Genia, Jeanna	3/22 (Mar)	3/23 (Mar), 5/23 (May)	(scheduled Aug)
	Population Health Program Strategy Effectiveness Study*	Population Health	PHM	Genia, Jeanna	3/22 (Mar)	3/23 (Mar), 5/23 (May)	
	Population Needs Assessment (PNA)	Population Health	PHM	Genia, Jeanna	6/22 (June)	N/A	N/A
	Preventive Care Outreach Study	Quality Improvement	QI	Tara, Christine	N/A (June)		(scheduled Aug)
Continuity and Coordination of Care	CMC Care Coordination and Quality Improvement Program Effectiveness Annual Evaluation	Quality Systems	MOC Monitoring & Oversight	Shelly, Andrea	1/22 (Jan)	1/23 (Jan)	(scheduled Aug)
	BH Continuity and Coordination of Care (COC) Study	Behaviorial Health	PHM	Genia, Jeanna	5/22 (May)	3/23 (Mar), 5/23 (May)	(scheduled Aug)
	Effectiveness of Hospital P4P Measures in Improving Continuity and Coordination of Care*	Quality Systems	Hospital Relations	Sylvia, Nikole	9/22 (Sept)		(scheduled Sept)
	Management of Inpatient Discharge Transitions Study*	Utilization Management	PHM	Genia, Jeanna	9/22 (Sept)		(scheduled Aug)
	Measuring Care Transitions Effectiveness Study - (CMC)	Utilization Management	PHM	Genia, Jeanna	9/22 (Sept)		
	D-SNP Model of Care (MOC) Annual Evaluation	Quality Systems	MOC Monitoring & Oversight	Shelly, Andrea			(scheduled Aug)
	Reducing All Cause Hospital Readmission Study – Medi-Cal	Quality Systems	UMSC	Dr. E. Kim	9/22 (Sept)		(scheduled Aug)
Data Validation	Encounter Data Validation Study	Quality Systems	Provider Network Access	Debbie, Kirk	5/22 (May)	6/23 (June)	(scheduled Aug)

WORKPLAN LEGEND

Shading		Font
▢	Scheduled to Present	On Next Meeting Agenda
▢	Presented on Time	**Presentation Date**
▢	Presented Late	*Presentation Date - late*
▢	Not Presented	
R	Retired Report	

IEHP

* denotes an NCQA Deliverable
^ denotes an Health Equity (CLAS) Deliverable

Category	Title	Owner	Subcommittee	Chair(s)	2022 Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2023 Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2024 Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Incentive Program	Global Quality P4P Programs Evaluation - NEW	Provider Quality	QI	Tara, Christine							7/22																														
	Member Incentive Effectiveness Study (Child & Adult)	Quality Improvement	QI	Tara, Christine											11/22																											
	Hospital P4P Program Evaluation	Provider Quality	Hospital Relations	Sylvia, Nikole												N/A																										
	Medicare IEHP Direct P4P Program Evaluation	Provider Quality	QI	Tara, Christine									N/A								N/A																				
	OB P4P Program Evaluation	Provider Quality	QI	Tara, Christine									N/A																												
	Standing Orders Effectiveness Study	Quality Improvement	QI	Tara, Christine											*1/23*																											
	Value Based Payment Arrangements Report*	Quality Systems	QI	Tara, Christine			3/22												3/23																						
Member Experience	Assessment of Member Experience*	Quality Systems	Member Experience	Mike Grant, Dan Gomez			3/22										1/23																								
	Behavioral Health Member Experience Study Medi-Cal*	Behavioral Health	PHM	Genia, Jeanna			3/22												3/23		5/23																				
	Behavioral Health Treatment (BHT) Member Experience Survey	Behavioral Health	PHM	Genia, Jeanna			3/22												3/23		5/23																				
	Benefit Training Analysis	Member Services	Member Experience	Mike Grant, Dan Gomez			3/22												3/23																						
	CAHPS® Medi-Cal*^	Quality Improvement	Member Experience	Mike Grant, Dan Gomez									9/22																												
	CAHPS® Medicare^	Quality Improvement	Member Experience	Mike Grant, Dan Gomez											11/22																											
	Grievance and Appeals Annual Assessment*	Grievance and Appeals	Member Experience	Mike Grant, Dan Gomez	1/22												1/23																									
	Grievance and Appeals Medicare Study	Grievance and Appeals	N/A	N/A																																						
	Medicare Cohort Health Outcome Survey (HOS) Baseline and Re-measurement Report	Quality Systems	MOC Monitoring & Oversight	Shelly, Andrea		N/A												2/23																								
	Member Services Annual QA Report*	Member Services	Member Experience	Mike Grant, Dan Gomez											11/22				3/23																							
	Monthly Member Satisfaction Survey Study	Quality Improvement	Member Experience	Mike Grant, Dan Gomez						7/22																															
	Quality and Accuracy Testing of IEHP's Member Portal*	Healthcare Informatics	Member Experience	Mike Grant, Dan Gomez					5/22												5/23																				

WORKPLAN LEGEND

Shading
- (light blue) Scheduled to Present
- (green) Presented on Time
- (yellow) Presented Late
- (red) Not Presented
- **R** Retired Report

Font
- On Next Meeting Agenda
- **Presentation Date**
- *Presentation Date - late*

Subcommittee Report Schedule
IE♥HP

* denotes an NCQA Deliverable
^ denotes an Health Equity (CLAS) Deliverable

Category	Title	Owner	Subcommittee	Chair(s)	Jan'22	Feb'22	Mar'22	Apr'22	May'22	Jun'22	Jul'22	Aug'22	Sep'22	Oct'22	Nov'22	Dec'22	Jan'23	Feb'23	Mar'23	Apr'23	May'23	Jun'23	Jul'23	Aug'23	Sep'23	Oct'23	Nov'23	Dec'23	Jan'24	Feb'24	Mar'24	Apr'24	May'24	Jun'24	Jul'24	Aug'24	Sep'24	Oct'24	Nov'24	Dec'24
Network/Access	After Hours Access Study*	Provider Services	Provider Network Access	Kirk, Debbie					5/22													6/23																		
	After Hours Access Study Nurse Advice Line (NAL)	Health Education	Provider Network Access	Kirk, Debbie			3/22												3/23																					
	Appointment Availability Study*	Provider Services	Provider Network Access	Kirk, Debbie					5/22													6/23																		
	Assessment of Ethnic and Linguistics Needs*	Quality Systems	PHM	Genia, Jeanna											11/22																									
	Assessment of Network Adequacy*	Provider Services	Provider Network Access	Kirk, Debbie							7/22																													
	Assessment of Provider Office Wait Times	Provider Services	Provider Network Access	Kirk, Debbie					5/22													6/23																		
	Delegation Oversight Audit Report -NEW	Delegation Oversight	Delegation Oversight	Juan Ortega											N/A																									
	Emergency Telephone Instructions	Quality Systems	Provider Network Access	Kirk, Debbie							7/22																													
	Physician and Hospital Web Directory Usability Survey Report	Quality Management	Provider Network Access	Kirk, Debbie													1/23																							
	Provider Directory Accuracy Study*	Provider Services	Provider Network Access	Kirk, Debbie											11/22																									
	Appointment Availability - Expanded Appointment set Study	Quality Systems	Provider Network Access	Kirk, Debbie						N/A												6/23																		
	Provider Language Competency Study	Health Education	Provider Network Access	Kirk, Debbie	1/22												1/23																							
	Provider Network Status Study*	Provider Services	Provider Network Access	Kirk, Debbie	1/22												1/23																							
Pharmacy	Pharmaceutical Services Quality Assurance*	Pharmacy	P&T	Dr. Blatt			3/22												R												R									
Provider Experience	Provider Experience Survey	Provider Services	Provider Network Access	Kirk, Debbie													1/23																							
Safety	CMC FSR-PAR Methodology	Quality Management	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce											11/22																									
	Encounter Provider Preventable Conditions (PPC)	Provider Services	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce											1/23																									
	Medical Records Review Study	Quality Systems	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce			3/22												3/23																					
	Annual PARS Report	Quality Systems	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce	*1/22*						3/23																													
	Potential Quality of Care (PQI) Report*	Quality Management	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce			3/22														6/23																			
	Annual Patient Safety Assessment - NEW	Quality Management	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce																																				
	Review of Grievance and Appeals written logs to board and PPC?	Grievance and Appeals	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce																																				

Subcommittee Report Schedule

IE♥HP

Shading		Font
(light blue)	Scheduled to Present	On Next Meeting Agenda
(green)	Presented on Time	**Presentation Date**
(yellow)	Presented Late	*Presentation Date - late*
(red)	Not Presented	
R	Retired Report	

* denotes an NCQA Deliverable
^ denotes an Health Equity (CLAS) Deliverable

Category	Title	Owner	Subcommittee	Chair(s)	Jan22	Feb22	Mar22	Apr22	May22	June22	July22	Aug22	Sept22	Oct22	Nov22	Dec22	Jan23	Feb23	Mar23	Apr23	May23	June23	July23	Aug23	Sept23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	June24	July24	Aug24	Sept24	Oct24	Nov24	Dec24
Subcommittee Reports	CCM Program Description*	Care Management	PHM	Genia, Jeanna			3/22												3/22																					
	PHM Program Description and Appendices*	Population Health	PHM	Genia, Jeanna	1/22												2/23																							
	Annual Assessment of IEHP Membership Threshold Languages^	Quality Systems	QI	Tara, Christine														2/23																						
	Quality Management Annual Evaluation	Quality Management	QI	Tara, Christine					5/22														5/23																	
QUARTERLY Reporting																																						
Coordination of Care	BH Continuity and Coordination (COC) between Medical Care and BH	Behavioral Health	UMSC	Dr. E. Kim			3/22		5/22				R		R		R		R					R		R		R		R						R		R
Clinical Quality	Initial Health Assessment Monitoring	Quality Systems	PHM	Genia, Jeanna			3/22				7/22		9/22		11/22				3/23		5/23																			
	CCM Member Participation Reports	Care Management	PHM	Genia, Jeanna			3/22		5/22				9/22		11/22				3/23		5/23																			
Member Experience	Sensitive Member Grievances Report	Grievance and Appeals	Member Experience	Mike Grant, Dan Gomez				N/A		N/A					11/22				3/23																					
	Grievance & Appeals Summary Reports - NEW	Grievance and Appeals	Member Experience	Mike Grant, Dan Gomez																																				
Network/Access	Analysis of IPA and IPA/Plan Performance Related to Care Management - NEW	Delegation Oversight	Delegation Oversight	Juan Ortega	N/A					N/A			N/A		N/A		N/A																							
	Delegation Oversight Executive Summary - NEW	Delegation Oversight	Delegation Oversight	Juan Ortega	N/A			N/A		N/A		N/A		N/A			N/A			5/23																			
	Face to Face Interpreter Services Report*	Independent Living	Member Experience	Mike Grant, Dan Gomez			3/22		5/22				9/22		11/22				3/23		(Not Presented)																			
	Member Services Service Level Results	Member Services	Member Experience	Mike Grant, Dan Gomez			3/22		5/22				9/22		11/22				3/23		(Not Presented)																			
	Telephonic Language Interpreter Report*	Community Health	Member Experience	Mike Grant, Dan Gomez			3/22		5/22				9/22		11/22				3/23		(Not Presented)																			
	Regional Profiles	Quality Management	Provider Network Access	Kirk, Debbie			N/A			N/A			N/A			N/A			3/23		(Not Presented)																			
Provider Experience	Practitioner Office Site Quality Report*	Quality Management	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce			3/22		5/22				9/22		R				R		R				R		R		R		R						R		R
Pharmacy	Medicare STARS (Pharmacy Measures)	Pharmacy	MOC Monitoring & Oversight	Shelly, Andrea	1/22				5/22		7/22				11/22		1/23				(Not Presented)																			
	Medicare STARS Report (Part C & Part D) - NEW	Quality Improvement	MOC Monitoring & Oversight	Shelly, Andrea		N/A		N/A				N/A		N/A				N/A																						
	Physician Narcotic Summary Report	Pharmacy	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce	1/22				5/22		7/22				11/22		1/23					6/23																		

WORKPLAN LEGEND

Shading		Font
▦	Scheduled to Present	On Next Meeting Agenda
🟩	Presented on Time	**Presentation Date**
🟨	Presented Late	*Presentation Date - late*
🟥	Not Presented	
R	Retired Report	

Subcommittee Report Schedule

IE♥HP

* denotes an NCQA Deliverable
^ denotes an Health Equity (CLAS) Deliverable

Report Details					2022												2023												2024											
Category	Title	Owner	Subcommittee	Chair(s)	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Safety	FSR/MRR Quarterly Summary Report	Quality Management	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce	*3/22*				5/22		7/22				11/22		1/23				*6/23*																				
Safety	Potential Quality Incidents (PQI) Report*	Quality Management	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce	*3/22*				5/22		7/22				11/22		*3/23*				*6/23*																				
Safety	Patient Safety Executive Summary	Quality Management	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce																																				
Safety	Pharmacy Patient Safety Report(s) Now Known as (MTM Activity Report)	Pharmacy	Pt. Safety Subcommittee	Dr. Bengiamin, Dulce	1/22				5/22		7/22				11/22		1/23				5/23																				
Subcommittee Reports	Care Management Work Plan*	Care Management	PHM	Genia, Jeanna			3/22		5/22				🟥		🟥				🟥		🟥																				
Subcommittee Reports	Enhanced Care Management (ECM) Membership Report	Utilization Management	QI	Tara, Christine		N/A			N/A					N/A	11/22				3/23		5/23																				
Subcommittee Reports	IPA Under/Over Utilization Review Report	Utilization Management	UMSC	Dr. E. Kim		N/A			N/A			N/A			N/A			2/23			5/23																				
Monthly Reporting					**MONTHLY**												**MONTHLY**												**MONTHLY**											
Subcommittee Reports	Problem Solving Team 1 - Status Report - PCP Referrals to Specialist	Quality Improvement	QIC	Dr. Wesp, Genia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1/23	2/23	3/23	4/23																				
Subcommittee Reports	Problem Solving Team 2 - Status Report	Quality Improvement	QIC	Dr. Wesp, Genia																																				
Subcommittee Reports	Problem Solving Team 3 - Status Report	Quality Improvement	QIC	Dr. Wesp, Genia																																				
Subcommittee Reports	Problem Solving Team 4 - Status Report	Quality Improvement	QIC	Dr. Wesp, Genia																																				
Subcommittee Reports	D-SNP Model of Care Data Validation Reports	Quality Management	MOC Monitoring & Oversight	Shelly, Andrea	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A																	
Network/Access	Delegation Oversight Executive Summary	Delegation Oversight	Delegation Oversight	Juan																																				

Shading		Font
	Scheduled to Present	On Next Meeting Agenda
	Presented on Time	**Presentation Date**
	Presented Late	*Presentation Date - late*
	Not Presented	
R	Retired Report	

	Board Report Schedule					
Category	**Area of Focus**	**Presenter**	**Scheduled for Board**	**2022 Status**	**2023 Status**	**2024 Status**
	Annual Reporting					
Incentive Program	P4P Update	Genia Fick	January	*Jan-22*	*Jan-23*	
Provider Experience	Provider Experience	Susie White	February	*Apr-22*	*Apr-23*	
Member Experience	Grievance & Appeals Trends & Log Review	Susie White	April	*Apr-22*	*Mar-23*	
Subcommittee Reports	QM Program Description & Work Plan	Dr. Ed Juhn, Genia Fick	April	*Jan-22*	*Apr-23*	
Clinical Quality	Quality Transformation	Dr. Ed Juhn	April	*Feb-22*	*Jun-23*	
Safety	Patient Safety Executive Summary	Genia Fick	May	*May-22*	*Mar-23*	
Network/Access	Assessment of Network Adequacy	Genia Fick	June	*Aug-22*	*Nov-23*	
Subcommittee Reports	QM Program Evaluation Executive Summary	Genia Fick	July	*Jul-22*	*Jul-23*	
Clinical Quality	Quality Transformation	Dr. Ed Juhn	August	*Jun-22*		
Coordination of Care	Transitions of Care Executive Summary	Genia Fick	September	*Jan-23*	R	
Member Experience	Member Experience	Genia Fick	October	*Dec-22*	*Nov-23*	
Clinical Quality	HEDIS Report	Genia Fick	November	*Nov-22*	*Nov-23*	
Clinical Quality	Quality Transformation	Dr. Ed Juhn	December	N/A		

Clinical Quality	Regulator	Reporting Subcomiittee and Timeframe for Completion	Goals/Objectives	Responsible Department
Birthday Call Effectiveness Study	Internal	QI Subcommittee: Yearly - July	To improve HEDIS rates for Breast Cancer Screening, Comprehensive Diabetes Care (HbA1c Testing) and Cervical Cancer Screening.	Quality Improvement Leadership
HEDIS® Results*	CMS, DHCS, NCQA	QI Subcommittee: Yearly - September	IEHP set the HEDIS® 2017 Medi-Cal and Medicare goals as the NCQA 75th percentile utilizing NCQA's HEDIS® audit means percentiles. If IEHP was at, or above the 75th percentile, then the goal was sent to the NCQA 90th percentile.	Quality Systems Leadership
Member Texting Campaign study	Internal	QI Subcommittee: Yearly - November	To improve HEDIS compliance rates for identified measures for Members receiving texts regarding care gaps	Quality Improvement Leadership
MMP Quality Ratings Report	Internal	MOC Monitoring & Oversight: Yearly - April	The goal is to examine plan performance and the quality of care provided to enrollees, which include certain Medicare Parts C and D quality measures and select CMS core and state-specific measures that IEHP is required to report. The objective is to provide an overall assessment of IEHP's performance and compare with state and national MMP averages.	Quality Systems Leadership
MMP Quality Withhold Measures Review	CMS	MOC Monitoring & Oversight: Yearly - February	Annually, IEHP's performance on Quality Withhold measures are summarized and presented to IEHP's D-SNP MOC Monitoring and Oversight Subcommittee (was presented previously to Quality Improvement Subcommittee). This measure review includes the Quality Withhold measure descriptions, measure rates, benchmark goals, and whether the measure goal was met or not met and provides opportunity to discuss any improvement strategies.	Quality Systems Leadership
Osteoporosis Management in Women Who Had a Fracture (OMW) Study	CMS	MOC Monitoring & Oversight: Yearly - August	To improve the HEDIS rate of Osteoporosis Management in Women who had a fracture (OMW).	Quality Improvement Leadership
PHM Population Assessment*	DHCS, NCQA	Population Health Management: Yearly - March	The goal is to assess the characteristics and needs of IEHP's Membership and subpopulations and update the PHM Structure, strategy, and resources/activities based on the findings in accordance with NCQA PHM 2.	Population Health Leadesrhip
PHM Program Effectiveness Study*	DHCS, NCQA	Population Health Management: Yearly - March	Measuring the effectiveness of the PHM strategy outlined by the health plan, for meeting care needs of members, and designs a cohesive plan of action to address member's needs.	Population Health Leadesrhip

Quality Management/Quality Improvement & CLAS Workplan   9

	Regulator	Reporting Subcommittee and Timeframe for Completion	Goals/Objectives	Responsible Department
Population Needs Assessment (PNA)	DHCS	QI Subcommittee or Health Equity: Every 3 Years - June	The goal of the PNA is to improve health outcomes for members and ensure that managed care plans are meeting the needs of all Medi-Cal Members by: identifying member health needs and health disparities, evaluating health education, C&L, quality improvement activities, available resources to address identified concerns, and Implementing targeted strategies for health education, C&L, and quality improvement programs and services.	Health Education Leadership
Preventive Care Outreach Study	Internal	QI Subcommittee: Yearly - July	To evaluate effectiveness of call and mailing outreach communications with regard to Members completing Childhood Preventive Care Services	Quality Systems Leadership
Initial Health Assessment Monitoring	DHCS	Population Health Management: Quarterly - March, July, September, November	Achieve an IHA rate of 50% or higher.	Quality Systems Leadership
CCM Member Participation Reports*	NCQA	Population Health Management: Quarterly - March, May, September, November	To review the various avenues Members are being identified regarding referrals to the CCM Program.	Care Management Leadership
Continuity and Coordination of Care	**Regulator**	**Reporting Subcomiittee and Timeframe for Completion**	**Goals/Objectives**	**Responsible Department**
CMC Care Coordination and Quality Improvement Program Effectiveness Annual Evaluation	CMS	MOC Monitoring & Oversight: Yearly - January	This assessment reviews the quality and effectiveness of all studies performed and implemented by various departments at IEHP, including areas of success and needed improvements in services rendered within the quality improvement program. This annual evaluation reviews various committee structures and minutes and reports submitted both internally and externally and data to review all program outcomes.	Quality Systems Leadership
BH Continuity and Coordination of Care (COC) Study Report*	NCQA	Population Health Management: Yearly - May	The purpose of this study is to assess the effectiveness of the exchange and collaboration of information between medical care and behavioral healthcare.	Behavioral Health Leadership
Effectiveness of Hospital P4P Measures in Improving Continuity and Coordination of Care*	NCQA	Hospital Relations: Yearly - September	The purpose of this study is to monitor Member movement across practitioners and settings by looking at Hospital P4P measures (i.e., Post discharge, Manifest, and POLST Registry).	Quality Systems Leadership
Management of Inpatient Discharge Transitions Study*	NCQA	UMSC: Yearly - September	The goal of this study is to monitor and improve continuity and coordination of care across the health care network.	Utilization Management Leadership
Measuring Care Transitions Effectiveness Study - (CMC)	CMS	UMSC: Yearly - September	Measuring Care Transitions: The goal is to measure the effectiveness of the CMC Plan in managing care transitions for the CMC Population. Specifically, the study addresses the following objectives: (1) effective sharing of care plans between settings during each stage of the transition process, (2) effective communication with the Member's PCP regarding all transitions within specified timeframes, and (3) effective communication with the Member during the transition process.	Utilization Management Leadership

	Regulator	Reporting Subcommittee and Timeframe for Completion	Goals/Objectives	Responsible Department
D-SNP Model of Care (MOC) Annual Evaluation	CMS, NCQA	MOC Monitoring & Oversight: Yearly - June (2024)	The purpose of this study is to assess IEHP's D-DNP MOC Program. This assessment reviews the quality and effectiveness of all metrics and trends from studies and reports performed and implemented by various departments within IEHP.	Quality Systems Leadership
Reducing All Cause Hospital Readmission Study – Medi-Cal*	CMS, DHCS, NCQA	UMSC Yearly - September	The study is a state-wide collaboration and conducted in accordance with CMS, to perform targeted interventions among CMC Members to improve ICP performance rates.	Quality Systems Leadership
BH Continuity and Coordination (COC) between Medical Care and BH Report*	NCQA	UMSC: Quarterly - March, May **Retired**	To monitor the coordination between Medical Care and Behavioral using the COC treatment plan and picking up the COC treatment plan from the IEHP Website.	Behavioral Health Leadership
Data Validation	**Regulator**	**Reporting Subcomiittee and Timeframe for Completion**	**Goals/Objectives**	**Responsible Department**
Encounter Data Validation Study	Internal	Provider Network Access: Yearly - June	To assess the Encounter Data Completeness and Encounter Data Accuracy using a random sample of IEHP medical records.	Quality Systems Leadership
Incentive Programs	**Regulator**	**Reporting Subcomiittee and Timeframe for Completion**	**Goals/Objectives**	**Responsible Department**
Global Quality P4P Programs Evaluation	Internal	QI Subcommittee: Yearly - August	To assess the Global Quality P4P Programs and determine effectiveness of participation and overall rates.	Provider Quality
Member Incentive Effectiveness Study (Child and Adult)	Internal	QI Subcommittee: Yearly - November	To improve HEDIS rates for Breast Cancer Screening, Comprehensive Diabetes Care (Retinal Exam) and Cervical Cancer Screening.	Quality Improvement Leadership
Hospital P4P Program Evaluations	Internal	Hospital Relations: Yearly - December	To assess the Hospital P4P Programs and determine effectiveness of participation and overall rates.	Provider Quality
Medicare IEHP Direct P4P Program Evaluation	Internal	QI Subcommittee: Yearly - August (2024)	To assess the Medicare IEHP Direct P4P Program Programs and determine effectiveness of participation and overall rates.	Provider Quality
OB P4P Program Evaluation	Internal	QI Subcommittee: Yearly - August	To assess the OB P4P Program and determine effectiveness of participation and overall rates.	Provider Quality
Standing Orders Effectiveness Study	Internal	QI Subcommittee: Yearly - November	To improve HEDIS rates for Comprehensive Diabetes Care (HbA1c Testing and Nephropathy), Breast Cancer Screening, and Colorectal Cancer Screening.	Quality Improvement Leadership

Value Based Payment Arrangements Report*	DHCS, NCQA	QI Subcommitte: Yearly - March	Annually assess the percentage of dollars spent by the health plan in Value Based Payment Arrangements compared to total medical cost.	Quality Systems Leadership
Member Experience	**Regulator**	**Reporting Subcomiittee and Timeframe for Completion**	**Goals/Objectives**	**Responsible Department**
Assessment of Member Experience	NCQA	Member Experience: Yearly - January	IEHP annually identifies opportunities for improvement based on analysis of grievance and appeals and CAHPS® survey results.	Quality Systems Leadership
Behavioral Health Member Experience Study - Medi-Cal*	NCQA	Population Health Management: Yearly - March	The goal of this study is to reach a satisfaction level of at least 80% on all satisfaction questions. In addition, to evaluate Member experience with IEHP's Behavioral Health Program in accordance with NCQA standards.	Behavioral Health Leadership
Behavioral Health Treatment (BHT) Member Experience Survey	DHCS	Population Health Management: Yearly - March	The goal is to assess Member Experience with IEHP's BHT Services and identify areas of strength and opportunities.	Behavioral Health Leadership
Benefit Training Analysis	NCQA	Member Experience: Yearly - March	IEHP Member Services performs annual evaluation of trainings on the following topics: Referrals, Claims, Benefit Information, how to find in network pharmacy's online.	Member Services Leadership
CAHPS® Medi-Cal*	CMS, DHCS, DMHC, NCQA	Member Experience: Yearly - September	The goal of the Medicaid CAHPS® Survey is to exceed the 75th national percentile reported rates.	Quality Improvement Leadership
CAHPS® Medicare	CMS	Member Experience: Yearly - November	The goal of Medicare CAHPS® Survey is to exceed the 75th national percentile reported rates	Quality Improvement Leadership
Grievance and Appeals Annual Assessment*	NCQA	Member Experience: Yearly - January	The objective is to identify trends, barriers, and improvements opportunities, develop interventions to address the opportunities, and evaluate outcomes of actions taken.	Grievance and Appeals Leadership
Medicare Cohort Health Outcome Survey (HOS) Baseline and Re-measurement Report	CMS	MOC Monitoring & Oversight: Yearly - February	The HOS Baseline and Re-measurement Report presents aggregate results for Medicare Advantage Organizations (MAOs), identified in this report as the "HOS Total", as well as specific results for IEHP. The baseline results are intended to assist Medicare Advantage Organization (MAOs) in identifying areas for potential improvement and to identify areas where MAOs are doing well.	Quality Systems Leadership
Member Services Annual QA Report*	NCQA	Member Experience: Yearly - March	Member Services to provide the evaluation of the quality and accuracy of the information it provides to its members via the web and telephone.	Member Services Leadership

	Regulator	Reporting Subcomittee and Timeframe for Completion	Goals/Objectives	Responsible Department
Monthly Member Satisfaction Survey Study*	Internal	Member Experience: Yearly - July	This survey tool closely mirrors the CAHPS tool. By conducting monthly surveys, IEHP has the ability to track real time results and reach out to Members that need assistance. This gives IEHP the opportunity to provide great service and care to Members that report dissatisfaction.	Quality Improvement Leadership
Quality and Accuracy Testing of IEHP's Member Portal*	NCQA	Member Experience: Yearly - May	The objective is to conduct an annual quality and accuracy assessment of Member information and functionality available on IEHP's Member Portal in compliance with NCQA.	Healthcare Informatics Leadership
Sensitive Member Grievances Report - NEW	DHCS	Member Experience: Quartely - TBD	The purpose of this study is to assess and evaluate sensitive member grievances.	Grievance and Appeals Leadership
Grievance & Appeals Summary Reports	NCQA	Member Experience: Quartely - TBD	Pending more details to come.	Grievance and Appeals Leadership
Network and Access	**Regulator**	**Reporting Subcomiittee and Timeframe for Completion**	**Goals/Objectives**	**Responsible Department**
After Hours Access Study*	CMS, DHCS	Provider Network Access: Yearly - June	IEHP's objective for the Provider After-Hours Access study is to meet a 90% compliance rate in each of the three areas assessed, where specific protocols must be met: (1) Ability to connect to an on-call physician (2) Appropriate protocol for life-threatening emergency calls Acceptable call-handling protocols are listed: (1) On-call Physician Access: - Protocol instructions provided on how to connect to a doctor, on-call physician or covering nurse after hours or connected directly to doctor, on-call physician or covering nurse. (2) Life-Threatening Emergency Calls: - Protocol instructed to dial 9-1-1 or go to nearest Emergency Room.	Provider Services Leadership
After Hours Access Study Nurse Advice Line (NAL)*	CMS, DHCS, DMHC, NCQA	Provider Network Access: Yearly - May	The After-Hours Service Provider quality indicator objectives are as follows: - Average Incoming Call Answer Time = 30 seconds or less - Call Abandonment Rate = 5.0% or less	Health Education Leadership
Appointment Availability Study*	CMS, DHCS, DMHC, NCQA	Provider Network Access: Yearly - June	For all appointment types assessed, it is the goal of this study that it reaches 90% compliance rates or higher.	Provider Services Leadership
Assessment of Ethnic and Linguistics Needs^	NCQA	Population Health Management: Triennially - November	The goal of the study is to have the ratio of English-speaking PCPs to members and the ratio of Spanish-speaking PCPs to members were set at the IEHP minimum of 1 PCP for every 2,000 members. In addition, the ratio of Hispanic, White, and Black identified PCPs to members were also set to the IEHP minimum standard of 1 PCP for every 2,000 members.	Quality Systems Leadership

Quality Management/Quality Improvement & CLAS Workplan 13

Study	Regulatory	Timeframe	Purpose	Responsible Party
Assessment of Network Adequacy*	CMS, DHCS, NCQA	Provider Network Access: Yearly - September	The purpose of the study is to verify that the information listed in the Provider Directory is correct. The factors under consideration are the Provider's office location, phone numbers, hospital affiliations, acceptance of new Members, and their participation in IEHP's IPA networks.	Provider Services Leadership
Assessment of Provider Office Wait Times	DHCS	Provider Network Access: Yearly - June	The goal is to assess IEHP's network in key areas and identify areas of opportunities to improve access to Non-BH and Behavioral Access in accordance with NCQA Standard NET 3 Elements A-C. Specifically, the study assesses the Provider Network, Access and Availability, and Complaints and Appeals for both Medical services and BH Services.	Provider Services Leadership
Delegation Oversight Audit Report - NEW	Internal	Delegation Oversight: Yearly - July	The purpose of this report is to assess and evaluate the annual Delegation Oversight audits that are conducted for all IPAs and IEHP Direct.	Delegation Oversight Leadership
Emergency Telephone Instructions	Internal	Provider Network Access: Yearly - September	Assess the life-threatening emergency instructions given PCPs, Specialists, and BH Providers and assess non-life-threatening emergency instructions given by Psychiatrists and Non-Physician BH Providers when a Member calls the provider during business hours.	Quality Systems Leadership
Physician and Hospital Web Directory Usability Survey Report*	NCQA	Provider Network Access: Yearly - September	This report Captures the results of understandability and usefulness for members and prospective members when using the Physician and Hospital Web Directory. Results of the survey provide opportunities for improvement	Quality Management Leadership
Provider Directory Accuracy Study*	NCQA	Provider Network Access: Yearly - December	The purpose of the study is to verify that the information listed in the Provider Directory is correct. The factors under consideration are the Provider's office location, phone numbers, hospital affiliations, acceptance of new Members, and their participation in IEHP's IPA networks.	Provider Services Leadership
Appointment Availability - Expanded Appointment Set Study	DHCS	Provider Network Access: Yearly - June	The Appointment Availability Survey assessed Primary Care Provider (PCP) appointment availability for: (1) Initial Health Assessments (IHA) for members under and over the age of 18 months, (2) Annual physical exams; and (3) Well woman preventive visits; and (4) OB/GYN Providers for Prenatal Care Visits	Quality Systems Leadership
Provider Language Competency Study	CMS, DHCS, DMHC, NCQA	Provider Network Access: Yearly - January	The objective of the Provider Language Competency Study is to verify that PCP, OB/GYN, and Vision providers that they have Spanish speaking office staff available to Members. IEHP's objective is to be at least 85% or higher for compliance.	Health Education Leadership
Provider Network Status Study*	CMS, DHCS, DMHC, NCQA	Provider Network Access Yearly - January	The objective of the study us to ensure IEHP is compliant with CMS, DMHC, DHCS, and NCQA regulatory standards for time, distance, and Provider to Member ratios.	Provider Services Leadership

Analysis of IPA and IPA/Plan Performance Related to CM - NEW	Internal	Delegation Oversight: Quarterly - January, May, September, November	The purpose of this study is to provide both a qualitative and quantative analysis of both IPA and plan performance related to Case Management measures.	Delegation Oversight Leadership
Delegation Oversight Executive Summary - NEW	Internal	Delegation Oversight: Quarterly January, April, July, October	The purpose of this summary is to highlight the monthly Delegation Oversight Committee meetings and discuss any trends or corrective action plans that have been issued.	Delegation Oversight Leadership
Face to Face Interpreter Services Report*	NCQA	Member Experience: Quarterly - March, May, September, November	IEHP monitors the use of face-to-face interpreter services to identify Member's linguistic needs.	Independent Living and Diversity Services Leadership
Member Services Service Level Results	NCQA	Member Experience: Quarterly - March, May, September, November	IEHP Member services call abandonment rate goal less than 5%. Call answer rate goal 80% will be answered within 30 seconds or less.	Member Services Leadership
Telephonic Language Interpreter Report*	NCQA	Member Experience: Quarterly - March, May, September, November	IEHP monitors the use of telephonic language interpreter services to identify Member's linguistic needs.	Community Health Leadership
Regional Profiles - NEW	Internal	Provider Network Access: Quarterly - March, June, September, December	To provide a tool to appropriate departments to use to identify gaps and opportunities for improvement in all regions of the Inland Empire. Obejctive: To increase awareness of each regions landscape.	Quality Systems Leadership
Pharmacy	**Regulator**	**Reporting Subcomiittee and Timeframe for Completion**	**Goals/Objectives**	**Responsible Department**
Pharmaceutical Services Quality Assurance*	NCQA	P&T: Yearly - March **Retired**	The purpose of this report is to audit IEHP website's pharmacy content in the Member Portal for accuracy of information. Also to evaluate the quality and accuracy of information given to Members about the pharmacy benefit information via the telephone.	Pharmacy Leadership
Medicare STARS Report (Pharmacy Measures)	CMS	MOC Monitoring & Oversight: Quarterly - February, May, August, November	To remain in good standings with the Medicare STARS ratings.	Pharmacy Leadership
Medicare STARS Report (Part C & Part D) - NEW	CMS	MOC Monitoring & Oversight: Quarterly - February, April, August, October	The purpose of this report is to assess and evaluate the Part C and Part D Medicare STARS metrics.	Pharmacy Leadership
Physician Narcotic Summary Report	NCQA	Pt. Safety Subcommittee: Quarterly - January, May, July, November	Evaluates physicians' narcotic prescribing behavior every quarter. This report identifies trend and prescribing patterns of our top narcotic prescribers.	Pharmacy Leadership

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Provider Experience	Regulator	Reporting Subcomiittee and Timeframe for Completion	Goals/Objectives	Responsible Department
Provider Experience Survey*	CMS, DHCS, DMHC, NCQA	Provider Network Access: Yearly - December	The objectives for the Provider Satisfaction are: - Overall Health Plan Satisfaction >90% All other composites: IEHP rated "significantly higher than other health plans".	Provider Services Leadership
Practitioner Office Site Quality Report*	NCQA	Pt. Safety Subcommittee: March, May, September, November. **Retired**	100% of all Member complaints that are related to one of the CR5 components will be investigated through a site review or focused audit by a QPN within 60 days of the complaint and every six months until deficiencies are corrected.	Quality Management Leadership
Safety	**Regulator**	**Reporting Subcomiittee and Timeframe for Completion**	**Goals/Objectives**	**Responsible Department**
CMC FSR-PAR Methodology	CMS	Pt. Safety Subcommittee: Yearly - November	To determine the methodology and selection of high-volume Specialist and Ancillary Provider sites for the Cal MediConnect (CMC) population in order to conduct Facility Site Reviews (FSR) and Physical-Accessibility Reviews (PARs) by Inland Empire Health Plan (IEHP).	Quality Management Leadership
Encounter Provider Preventable Conditions (PPC)	DHCS	Pt. Safety Subcommittee: Yearly - November	The purpose of this study is to annually assess the compliance of hospitals and facilities in their submission of PPCs as outlines in All Plan Letter (APL) 16-011, 'Reporting Requirement Related to Provider Preventable Conditions'.	Provider Services Leadership
Medical Records Review Study	DHCS	Pt. Safety Subcommittee: Yearly - March	The study assesses IEHP's overall network compliance rates for Medical Records Review (MRR) standards. DHCS requires all Primary Care Physicians to undergo an MRR survey utilizing state mandated audit tools every three years.	Quality Systems Leadership
Annual PARS Report	CMS, DHCS	Pt. Safety Subcommittee: Yealry - July	A Physical Accessibility Review Survey (PARS) is conducted, and results are posted on the IEHP website to inform all members of the facility access critical requirements (elements) as deemed by DHCS. This information is especially valuable for Seniors and Persons with Disabilities.	Quality Systems Leadership
Patient Safety Executive Summary - NEW	Internal	Pt. Safety Subcommittee Quarterly - TBD	The purpose of this executive summary is to provide the QMC with a summary of activities discussed in the Patient Safety Subcommittee and highlight any barriers or issues that need to be escalated to the Quality Improvement Council.	Quality Management Leadership
Potential Quality Incidents (PQI) Report*	CMS, DHCS, DMHC, NCQA	Pt. Safety Subcommittee: Yearly - May	To monitor PQI volume for the year and identify any trends.	Quality Management Leadership
Potential Quality Incidents (PQI) Report*	CMS, DHCS, DMHC, NCQA	Pt. Safety Subcommittee: Quarterly - January, May, July, November	100% of all potential QOC (i.e., PQI) issues will be referred to QI for resolution. Cases will be tracked and trended for adverse trends.	Quality Management Leadership

Subcommittee Reports	Regulator	Reporting Subcomiittee and Timeframe for Completion	Goals/Objectives	Responsible Department
Annual Patient Safety Assessment - NEW	Internal	Pt. Safety Subcommittee Yearly - TBD	Pending more details to come.	Quality Management Leadership
FSR/MRR Quarterly Summary Report	DHCS	Pt. Safety Subcommittee: Quarterly - January, May, September, November	To monitor all FSR and MRR activities as well as the top identified deficiencies of audits with a conditional or failed score. To Improve the number of Providers receiving exempt through training and provider education that targets the top identified deficiencies.	Quality Management Leadership
Pharmacy Patient Safety Report(s) also know as MTM	NCQA	Pt. Safety Subcommittee: Quarterly - March, May, July, November	To monitor Opioid Overutilization cases.	Pharmacy Leadership
Subcommittee Reports	**Regulator**	**Reporting Subcomiittee and Timeframe for Completion**	**Goals/Objectives**	**Responsible Department**
CCM Program Description*	NCQA	Population Health Management: Yearly - January	To review any changes within the Program Description.	Care Management Leadership
PHM Program Description and Appendices*	DHCS, NCQA	Population Health Management: Yearly - January	To review any changes within the Program Description.	Population Health Leadesrhip
Care Management Work Plan*	NCQA	Population Health Management: Quarterly - March, May, September, November	To review Care Management Work Plan quarterly.	Care Management Leadership
Enhanced Care Management (ECM) Membership Report	DHCS, NCQA	QI Subcommittee: Quarterly - March, May, September, November	Quarterly Enhanced Care Management (ECM) Membership Report to display quarterly membership by model grouping (Models 1-3) for the following populations: Homeless, SMI/SUD, High Utilizer, and Post Incarceration.	Quality Systems Leadership
Annual Assessment of IEHP Membership Threshold Languages	NCQA	Population Health Management: Yearly - November	Annually, IEHP assesses the membership spoken languages, including threshold languages and languages spoken by 1 percent (or 200) of individuals in accordance with NCQA Health Equity Standard 2 Element C.	Quality Systems Leadership
Quality Management Annual Evaluation	DHCS, NCQA	QI Subcommitte & QM Committee: Yearly - July	The purpose of the Annual Evaluation is to assess IEHP's Quality Program. The assessment reviews the quality and effectiveness of all studies performed and implemented by various departments in IEHP each year.	Quality Systems Leadership
IPA Under/Over Utilization Reports	Internal	UMSC: Quarterly - February, May, August, November	The purpose of these reports is to monitor, trend and escalate both under/over utilization.	UM Leadership
Culturally & Linguistically Appropriate Services (CLAS) Annual Evaluation	NCQA	Population Health Management: Yearly - September	The purpose of the CLAS Annual Evaluation is to evaluate performance on planned activities described in the CLAS Program Description and CLAS Workplan. The evaluation includes a description of completed and ongoing CLAS activities for the previous year.	Quality Systems & Health Equity Leadershiip

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==Culturally & Linguistically Appropriate Services (CLAS) Program Description==	NCQA	Population Health Management: Yearly - August	The purpose of the CLAS Program Description is to highlight how IHEP improves culturally and linguistically appropriate services (CLAS).	Quality Systems & Health Equity Leadershiip
==Culturally & Linguistically Appropriate Services (CLAS) Workplan==	NCQA	Population Health Management: Yearly - August	The purpose of the CLAS Workplan is to highlight and address network cultural responsiveness, language services, program scope, yearly objectives, yearly planned activities, time frame for each activity, the staff member responsible for each activity, monitoring previously identified issues, and evaluation of the CLAS program.	Quality Systems & Health Equity Leadershiip
Problem Solving Team 1 - Status Report - PCP Referrals to Specialist	Internal	QIC - Monthly	Monthly, if the Problem Solvers Task Force is deployed, an updated is provided to the Quality Improvement Council (QIC) to ensure movement in project timeline and to remove any barriers.	Quality Systems Leadership
Problem Solving Team 2 - Status Report - TBD	Internal	QIC - Monthly	N/A	TBD
Problem Solving Team 3 - Status Report - TBD	Internal	QIC - Monthly	N/A	TBD
Problem Solving Team 4 - Status Report - TBD	Internal	QIC - Monthly	N/A	TBD
D-SNP Model of Care Data Validation Reports	Internal	MOC Monitoring & Oversight: Monthly	The purpose of the data validation reports is to assess and monitor whether or not goals are being met and to highlight any interventions.	Quality Improvement Leadership

2022-2024
Quality Management/Quality Improvement & CLAS Workplan

2022
QMHET Committee Approval Date: 2/24/2022
QM Chair Signature: On file
Governing Board Approval Date: 1/10/2022

2023
QI/QM Workplan QMHET Committee Approval Date: 2/23/2023
QM Chair Signature: On file
QI/QM Workplan Governing Board Approval Date: 4/10/2023
CLAS Workplan QMHET Committee Approval Date: 8/31/2023
CLAS Governing Board Approval Date: 9/11/2023

2024
QI/QM Workplan & CLAS Workplan QMHET Committee Approval Date:
QM Chair Signature:
Governing Board Approval Date:

QUALITY DEPARTMENT

13. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-04826 TO, AND DELEGATION OF AUTHORITY TO APPROVE A PROFESSIONAL SERVICES AGREEMENT WITH, PRESS GANEY, ASSOCIATES, LLC.

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal #23-04826 (RFP #23-04826) to, and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Professional Services Agreement (Agreement) with Press Ganey Associates, LLC., (Press Ganey) for the provision of Member and Provider surveys to meet regulatory requirements of the Centers for Medicare and Medicaid Services (CMS), Department of Managed Health Care (DMHC), and the National Committee for Quality Assurance (NCQA), and support IEHP strategies including quality improvement efforts, for an amount not to exceed $6,200,164 for a term of five (5) years and five (5) months.

Contact:
Edward Juhn, Chief Quality Officer

Background:
IEHP requires this service because IEHP Member and Provider surveys are required to meet various regulatory requirements and aid quality improvement efforts. Press Ganey provides NCQA certified and CMS approved survey services. This service will impact IEHP by maintaining compliance with regulators and providing valuable feedback from IEHP Member and Provider experiences for internal program support and quality improvement efforts.

IEHP has contracted with SPH Analytics, acquired by Press Ganey, since 2013 for these services. SPH Analytics was selected as a result of the RFP.

After the initial five-year partnership with SPH Analytics, IEHP was required to post an RFP for continued services. On March 22, 2018, IEHP posted RFP #18-001 for an NCQA certified and CMS approved survey vendor. SPH Analytics was the only respondent. Through this partnership, responsiveness, and flexibility to IEHP's projects and reporting needs were consistently demonstrated. The vendor has reliably met critical project deadlines and accommodated project changes and adjustments as needed. Their industry knowledge, expert guidance, and in-depth analysis on survey results have met all project goals and needs.

On June 22, 2023, IEHP issued RFP #23-04826 on Bonfire, its public third-party bidding website. As a result, one bidder indicated interest with one submitting proposal.

Technical Proposal Scoring:

Bidder	Score out of 70
Press Ganey Associates, LLC.	57.97

Pricing Scoring:

Bidder	Score out of 30
Press Ganey Associates, LLC.	30.00

Combined Technical Proposal and Pricing Scoring:

Bidder	Score out of 100
Press Ganey Associates, LLC.	87.97

Final Scoring:

Bidder	Score out of 100
Press Ganey Associates, LLC.	87.97

Discussion:
Survey services are acquired to meet regulatory requirements and aid internal strategies, programs, and quality improvement efforts. Following is a list of surveys included in the RFP along with the regulatory agencies that have program requirements the survey is aiming to meet:

Survey	Regulatory Agencies Requiring Survey
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	DHCS, CMS, DMHC, NCQA
Health Outcomes Survey (HOS)	CMS
Behavioral Health Member Satisfaction Survey	NCQA, DHCS
Provider Satisfaction Survey	NCQA, DMHC, DHCS
Qualified Health Plan Enrollee Experience Survey	Covered CA
Monthly Member Satisfaction Survey (aka CAHPS-Like Survey)	NCQA Quality Improvement
MyPath Member Satisfaction Survey	NCQA
Post Discharge Member Experience Survey	Internal Quality Improvement

Survey results are reported to regulating agencies as required and used by IEHP to bring focus and accountability to our work and to gauge Member and Provider experiences such as access to care and quality improvement needs as we strive for vibrant health and optimal care in our communities.

Press Ganey Associates, LLC will be providing NCQA & CMS Certified Survey Services for years 2024 through 2028. The cost of these surveys should not exceed $5,636,513 with an additional 10% contingency of $563,651 for unforeseen survey changes that may arise.

The cost of this Agreement shall not to exceed $6,200,164 for a term of five (5) years and five (5) months.

CONSENT AGENDA

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Moussa 08/23/2023	H. Clear 08/24/2023	M. Popka 08/29/23	G. Fick 8/28/23	E. Juhn 8/29/23

PROVIDER NETWORK DEPARTMENT

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

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Twelfth Amendment to the Hospital Per Diem Agreement with Veritas Health Services, Inc. dba Chino Valley Medical Center, effective August 1, 2023.

Contact:
Keenan Freeman, Chief Financial Officer

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

Discussion:
The Amendment is to extend the term through September 30, 2023. 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

CONSENT AGENDA

PROVIDER NETWORK DEPARTMENT

15. RATIFY AND APPROVE THE FORTIETH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH RIVERSIDE UNIVERSITY HEALTH SYSTEM MEDICAL CENTER – MORENO VALLEY

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fortieth Amendment to the Hospital Per Diem Agreement with Riverside University Health System Medical Center, effective July 1, 2023.

Contact:
Keenan Freeman, Chief Financial Officer

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

Discussion:
The Amendment is to extend the term through December 31, 2023. 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

CONSENT AGENDA

PROVIDER NETWORK DEPARTMENT

16. RATIFY AND APPROVE THE ANCILLARY PROVIDER AGREEMENT WITH YOUNG SCHOLARS FOR ACADEMIC EMPOWERMENT DBA TRUEVOLUTION INC. – RIVERSIDE

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Ancillary Provider Agreement with Young Scholars for Academic Empowerment dba Truevolution Inc., effective September 1, 2023.

Contact:
Keenan Freeman, Chief Financial Officer

Background:
Young Scholars for Academic Empowerment dba Truevolution Inc. would like to participate in the IEHP Network.

Discussion:
The new Agreement was tailored to reflect the community support services for housing tenancy and sustaining services, housing transition and navigation services, and housing deposits offered by Young Scholars for Academic Empowerment dba Truevolution Inc.

Fiscal Impact:
Included in CY2023 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes

PROVIDER NETWORK DEPARTMENT

17. RATIFY AND APPROVE THE FUNDING AGREEMENT WITH RIDGECREST REGIONAL HOSPITAL - RIDGECREST

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Funding Agreement with Ridgecrest Regional Hospital, effective September 1, 2023.

Contact:
Keenan Freeman, Chief Financial Officer

Background:
Ridgecrest Regional Hospital is currently a contracted Hospital in the IEHP Network.

Discussion:
The Funding Agreement is to extend the recipient funding to support recipient and recipient's providers in the critical, high need service areas to support the northwestern part of San Bernardino County, which includes the Searles Valley and the City of Trona. On January 1, 2022, as part of the Statewide CalAIM initiative, several previously excluded rural zip codes were "carved in" to IEHP's managed care plan footprint, including the City of Trona. Ridgecrest Regional Hospital serves this area and is considered a critical need facility. The facility will provide much needed primary care, specialist and hospital services to a hard-to-reach area and the funding will be used to support these services. Note that regulators have noted in prior years' audits the lack of network doctors and facilities in these carved in zip codes. The Inclusion of Ridgecrest Regional Hospital in IEHP's network for all lines of business, is crucial to satisfying regulatory network adequacy standards.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	L. Liu	NA	A. Wang 09/06/23	D. Vargas 09/06/23	K. Freeman 09/06/23

PROVIDER NETWORK DEPARTMENT

18. 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 template is being presented to the Governing Board for ratified approval, effective 07-01-2023:

1) Master Enhancement Care Management Provider Agreement - All LOBs

The following standard template is being presented to the Governing Board for ratified approval, effective 09-01-2023:

1) Master Transportation Agreement

Fiscal Impact:
None

Financial Review:
N/A

Reviewed by Counsel:
Yes

PROVIDER NETWORK DEPARTMENT

19. 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 Agreement effective, September 1, 2023

Additional five (5) year term:
1) Subhi Ghani Sharif dba Sharif Family Practice - Capitated Primary Care Provider Agreement (Medicare Only) – Hemet

Renewal under the Evergreen Clause of the following Agreements effective, October1, 2023:

Additional one (1) year term:
2) El Mirador Medical Plaza Pharmacy Inc dba Desert Hospital Outpatient Pharmacy- Ancillary Agreement – Palm Springs
3) Inland Pharmacy Inc dba Inland Pharmacy- Ancillary Agreement – Hemet
4) Seventh Day Adventists Loma Linda University Medical Center dba Loma Linda University Faculty Pharmacy - Ancillary Agreement – Beaumont
5) Keck Medical Center of USC dba USC Kenneth Norris Jr Hospital - Hospital Per Diem Agreement – Los Angeles
6) Keck Medical Center of USC dba Keck Hospital of USC - Hospital Per Diem Agreement - Los Angeles
7) Galen Inpatient Physicians PC - Hospitalist Agreement – Modesto
8) Jess Ranch Healthcare LLC dba Apple Valley Care Center - Skilled Nursing Facility Provider Agreement – Apple Valley

Additional two (3) year term:
9) Grand Terrace Health Inc dba Grand Terrace Care Center - Skilled Nursing Facility Provider Agreement – Grand Terrace
10) Palm Springs Operating Company LP – dba Palm Springs Healthcare & Rehabilitation Center - Skilled Nursing Facility Provider Agreement – Palm Springs

Additional five (5) year term:

11) Chorng Lii Hwang- Admitter Agreement – Indio
12) ProtoScript Pharmaceuticals Inc dba PSP Homecare - Ancillary Agreement Provider Agreement – Ontario
13) Corazon Counseling Service - Behavioral Health Participating Provider Agreement – Riverside
14) Hortencia Diaz dba Toltec Therapy Services - Behavioral Health Participating Provider Agreement – La Quinta
15) Karen Brown MacKenzie dba Haven Psychological Associates - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
16) Kathleen Duncan - Behavioral Health Participating Provider Agreement – Temecula
17) Kimberly A Gaines - Behavioral Health Participating Provider Agreement – Murrieta
18) Lorna Trinh - Behavioral Health Participating Provider Agreement – Redlands
19) Marsha Carol Porshin - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
20) Scott Donovan - Behavioral Health Participating Provider Agreement – Apple Valley
21) Susan Lynn Pavone - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
22) Tracie Yonkman dba Tracie Yonkman LMFT - Behavioral Health Participating Provider Agreement – Redlands
23) Aspen Pediatric Clinic Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – Victorville
24) Central Pediatrics Medical Group - Capitated Primary Care Provider Agreement (Excluding Medicare) – Chino
25) James J Wu MD dba James J Wu Medical Corporation - Capitated Primary Care Provider Agreement (Excluding Medicare) – Pomona
26) Syed F Azam Medical Associates Inc dba Indus Medical Associates - Fee-For-Service Primary Care Provider Agreement – Rancho Mirage
27) Aruna Gupta MD A Professional Corporation - Participating Provider Agreement - Specialist – Riverside
28) Jun R Chiong MD MPH Inc - Participating Provider Agreement - Specialist – Redlands
29) Kathleen K Jones MD dba Kathleen K Jones MD - Participating Provider Agreement - Specialist – Apple Valley
30) Neeru Agarwal DO dba Dr Neeru Agarwal DO LLC - Participating Provider Agreement - Specialist – Palm Springs
31) SCB Eye Inc Eye Consultants of Southern California - Participating Provider Agreement - Specialist – Redlands
32) West Coast Spine Restoration Center - Participating Provider Agreement - Specialist – Riverside
33) Jeannie Situ OD Inc - Participating Provider Agreement - Vision (Exam Only) – Corona
34) Karen Wu dba Dr Karen Wu OD - Participating Provider Agreement - Vision (Exam Only) – Riverside

Fiscal Impact:
Included in CY2023 Budget

Financial Review:
N/A

Reviewed by Counsel:
N/A

ADMINISTRATION

20. CHIEF EXECUTIVE OFFICER UPDATE

Recommended Action:
Review and File

Contact:
Jarrod McNaughton, Chief Executive Officer

Discussion:
Chief Executive Officer update for the September 11, 2023, Governing Board Meeting.

MISSION MOMENT – TRONA'S FIRST HIRE

- IEHP hosted a job fair in Trona back in June, which resulted in our official first hire from the area.

- The town's biggest challenges are access to health care services and employment opportunities.

- Special kudos to our Talent Acquisition team led by Steve Capenos for their hard work on this and belief in that community.

June 2023
Visit to Trona

Content contributor: Jarrod McNaughton

IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
July 2023	1,660,278	1,686,784	26,506	(4,249)
August 2023	1,651,929	1,689,399	37,470	2,615
September 2023	1,643,581	1,676,391	32,810	(13,008)

Content contributor: Jarrod McNaughton

CONDITIONAL APPROVAL TO JOIN COVERED CA

✓ Received conditional approval from DMHC to officially join the exchange for 2024. IEHP will offer the lowest-cost silver plan.

✓ Creates a way for us to bring families together under a single plan with coordinated care.

✓ Heartfelt thanks to everyone who has helped us achieve this milestone.

Content contributor: Jarrod McNaughton

IEHP RECEIVES NATIONAL RECOGNITION

#87

2023 People Companies That Care

10801

#14

Content contributor: Jarrod McNaughton

PROVIDER DINNER SERIES

- 11 providers, plus their guests, attended the Aug. 23 dinner at The Hilltop Collection Restaurant & Banquet Center in San Bernardino.

- Discussion topics included Medi-Cal Redetermination, CalAIM and IEHP's conditional approval to join Covered California.

- Next dinner is Sept. 14 at Town's End Stillhouse & Grill in Apple Valley.

August 2023
Provider Dinner

Content contributor: Jarrod McNaughton

IEHP RECEIVES APPROVAL FOR QUALITY PILOT

- Very first pilot of this kind with both DMHC and DHCS.

- Pilot to allow high-quality IEHP PCPs to receive additional Medi-Cal members beyond the regulatory limit.

- Aims to demonstrate PCPs have ability to increase capacity and maintain high quality performance.

- Aligns with the State's goal of improving our members' access to quality care.

Content contributor: Dr. Edward Juhn

HEALTH SCHOLARS LUNCHEON

- Special luncheon held for IEHP Health Scholars on Aug. 18.

- This year alone, we have invested $8 million and awarded 64 scholarships to students at UC Riverside, California University of Science and Medicine and Loma Linda University.

- There are a total of 168 scholarship recipients currently in the program.

August 2023
Health Scholars Luncheon

IE♥HP

Content contributor: Jarrod McNaughton

2ND ANNUAL FUTURE OF HEALTH SUMMIT

- Friday, Oct. 13 at IEHP.

- Summit will examine some of the major issues facing health care today.

- This year's format will include two individual speakers and one panel discussion. The panel will be facilitated by IEHP's very own Amrita Rai.

Content contributor: Jarrod McNaughton

State of Reform Health Policy Conference

- Featured Speakers:
  Supervisor Karen Spiegel (IEHP Board Chair) was on the opening plenary panel, which discussed the Health Care Safety Net and Chief Medical Officer Dr. Wada addressed CalAIM ECM.

- Thank you for being a champion of the safety net for health care services.

STATE of REFORM

SOUTHERN CALIFORNIA | HEALTH POLICY CONFERENCE

SEPTEMBER 6, 2023

THE WESTIN PASADENA

Content contributor: Jarrod McNaughton

LEAN ANNUAL CONFERENCE & EXPO

- LEAN Annual Conference was held on held Aug. 31.
- 41 teams participated.
- LEAN efforts aim to build an organization of problem solvers at all levels.

Content contributor: Jarrod McNaughton

HAPPY 27TH ANNIVERSARY, IEHP!

- On Sept. 1, 1996, IEHP actively began enrolling members. We started with 62,000.
- Nearly three decades later, we've grown to more than 1.6 million.

Content contributor: Jarrod McNaughton

Governing Board Meeting

THANK YOU!

FINANCE DEPARTMENT

21. REVIEW OF THE MONTHLY FINANCIALS

Recommended Action:
Review and File

Contact:
Keenan Freeman, Chief Financial Officer

Discussion:
Monthly Financials for Period Ending July 31, 2023.

FINANCE DIVISION

July 2023

MONTHLY FINANCIALS

**Presented
September 11, 2023**

Actual vs Budget - Consolidated

|	July Month-to-Date			July Year-to-Date		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Total Revenue	$ 584,408,777	$ 579,231,918	$ 5,176,859	$ 4,113,082,086	$ 4,104,897,223	$ 8,184,863
Total Medical Costs	$ 531,405,436	$ 541,337,409	$ 9,931,973	$ 3,638,444,249	$ 3,754,021,411	$ 115,577,162
Total Operating Expenses	$ 32,671,716	$ 39,480,574	$ 6,808,858	$ 235,452,313	$ 272,476,450	$ 37,024,137
Total Non Operating Income (Expense)	$ 8,016,601	$ 3,316,285	$ 4,700,316	$ 51,878,766	$ 23,469,009	$ 28,409,757
Non-Medi-Cal/Medicare Expenses	$ 727,796	$ 666,667	$ (61,129)	$ 5,243,865	$ 4,666,667	$ (577,198)
Net Surplus (Deficit)	$ 27,620,430	$ 1,063,553	$ 26,556,877	$ 285,820,425	$ 97,201,704	$ 188,618,721

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected MCE Non-Duals, SPD Full Duals, and other member months, Part A/B higher-than-expected risk scores partially offset by Risk Corridor reserves, lower-than-expected maternity revenue and Adult member months, and annual DHCS revenue recoupments for any deceased members.

- The favorable medical cost variance compared to budget is primarily due to lower-than-expected medical G&A, favorable capitation expense and favorable inpatient claims partially offset by unfavorable other claims and CY 2022 Hospital Quality P4P adjustment.

- 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 higher-than-expected interest income.

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Inland Empire Health Plan
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*There is Other Income/Expenses that are not attributed to a specific line of business, but included on a consolidated basis (i.e.: Interest Income, Investment Income (Expense), Leased Asset Revenue, Non-Medi-Cal/Medicare Expenses, etc.)

Net Surplus Year-Over-Year - Consolidated

Consolidated
Net Surplus by Month (Actuals)
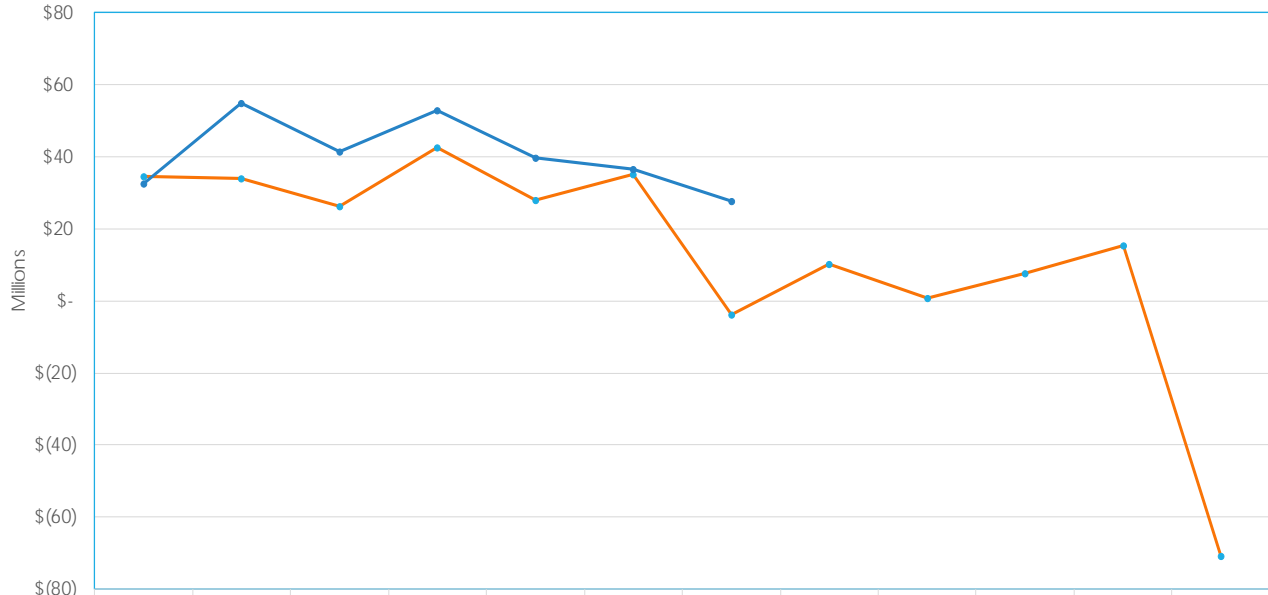
	January	February	March	April	May	June	July	August	September	October	November	December
CY 2022	34,514,158	34,071,643	26,205,224	42,547,572	27,986,001	35,108,715	(3,784,423)	10,139,343	870,424	7,744,485	15,524,213	(70,757,110)
CY 2023	32,473,283	54,889,579	41,558,775	52,907,554	39,676,025	36,694,778	27,620,430					

Actual vs Budget: Medi-Cal

	July Month-to-Date			July Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	$ 523,317,441	$ 521,899,556	$ 1,417,885	$ 3,687,120,869	$ 3,700,003,864	$ (12,882,995)
Total Medical Costs	$ 477,963,427	$ 488,240,245	$ 10,276,818	$ 3,271,258,407	$ 3,394,918,827	$ 123,660,420
Total Operating Expenses	$ 28,551,751	$ 34,669,289	$ 6,117,538	$ 205,347,448	$ 238,459,135	$ 33,111,687
Total Non Operating Income (Expense)	$ 2,933,797	$ 2,877,285	$ 56,512	$ 20,280,140	$ 20,043,719	$ 236,421
Net Surplus (Deficit)	$ 19,736,061	$ 1,867,307	$ 17,868,754	$ 230,795,153	$ 86,669,622	$ 144,125,531

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected MCE Non-Duals, SPD Full Duals, and other member months partially offset by Risk Corridor reserves, lower-than-expected maternity revenue, unfavorable Adult member months, and annual DHCS revenue recoupments for any deceased members.

- The favorable medical cost variance compared to budget is primarily due to favorable inpatient claims, lower-than-expected medical G&A and favorable capitation expense partially offset by unfavorable other claims and CY 2022 Hospital Quality P4P adjustment.

- The favorable operating expense variance compared to budget is primarily due to IT project delays, and Marketing and IT underutilization.

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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	19,736,061					
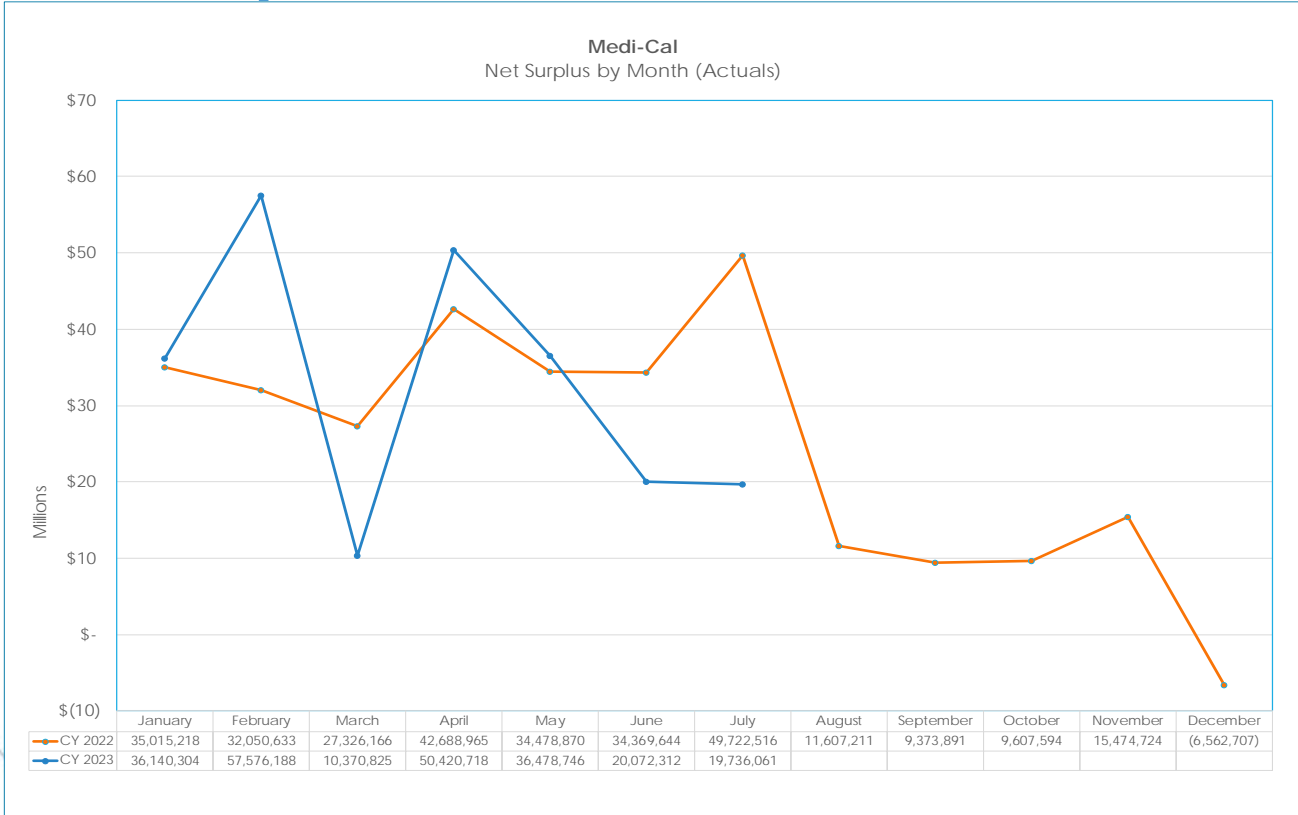
Actual vs Budget: D-SNP

	July Month-to-Date			July Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	$ 60,836,643	$ 57,332,361	$ 3,504,282	$ 418,213,187	$ 404,893,359	$ 13,319,828
Total Medical Costs	$ 53,475,327	$ 53,097,164	$ (378,163)	$ 380,529,837	$ 359,102,584	$ (21,427,253)
Total Operating Expenses	$ 4,119,965	$ 4,811,284	$ 691,319	$ 30,104,865	$ 34,017,316	$ 3,912,451
Total Non Operating Income (Expense)	$ -	$ -	$ -	$ -	$ -	$ -
Net Surplus (Deficit)	$ 3,241,351	$ (576,087)	$ 3,817,438	$ 7,578,486	$ 11,773,459	$ (4,194,973)

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to favorable Part A/B higher-than-expected risk scores and member months.

Net Surplus Year-Over-Year: D-SNP

DSNP
Net Surplus by Month (Actuals)

	January	February	March	April	May	June	July	August	September	October	November	December
CY 2023	(8,881,960)	(5,388,168)	17,867,378	488,498	(441,947)	693,335	3,241,351					
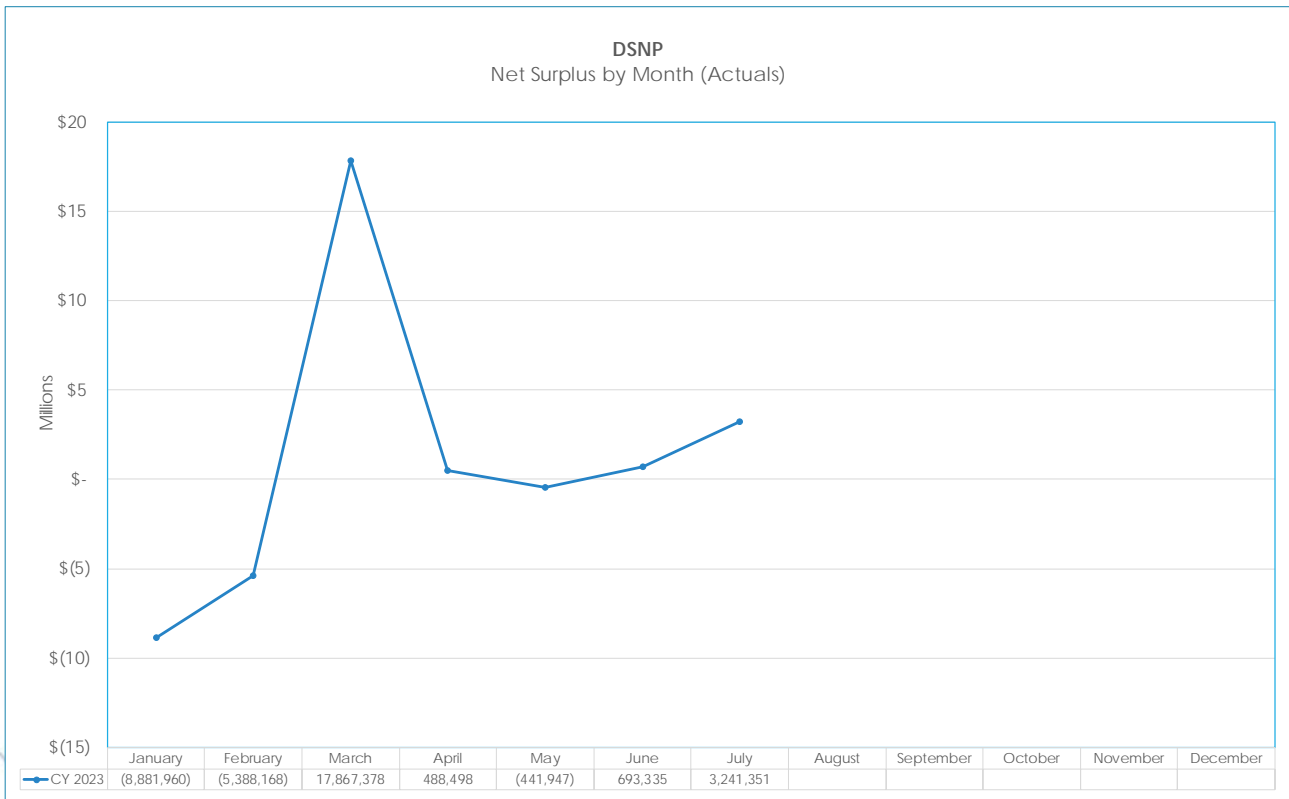
Actual vs Budget: CMC

	July Month-to-Date			July Year-to-Date		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Total Revenue	$ 254,692	$ -	$ 254,692	$ 7,748,029	$ -	$ 7,748,029
Total Medical Costs	$ (33,318)	$ -	$ 33,318	$ (13,343,995)	$ -	$ 13,343,995
Total Operating Expenses	$ -	$ -	$ -	$ -	$ -	$ -
Total Non Operating Income (Expense)	$ -	$ -	$ -	$ -	$ -	$ -
Net Surplus (Deficit)	$ 288,010	$ -	$ 288,010	$ 21,092,025	$ -	$ 21,092,025

<u>Highlights for the Month:</u>

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)

	January	February	March	April	May	June	July	August	September	October	November	December
CY 2022	(278,881)	2,115,459	(1,028,438)	11,671	(6,527,522)	687,240	(3,783,239)	(1,362,457)	(8,141,666)	(3,293,820)	(709,001)	(5,881,050)
CY 2023	3,672,639	249,736	5,998,282	1,159,759	548,785	9,174,813	288,010					
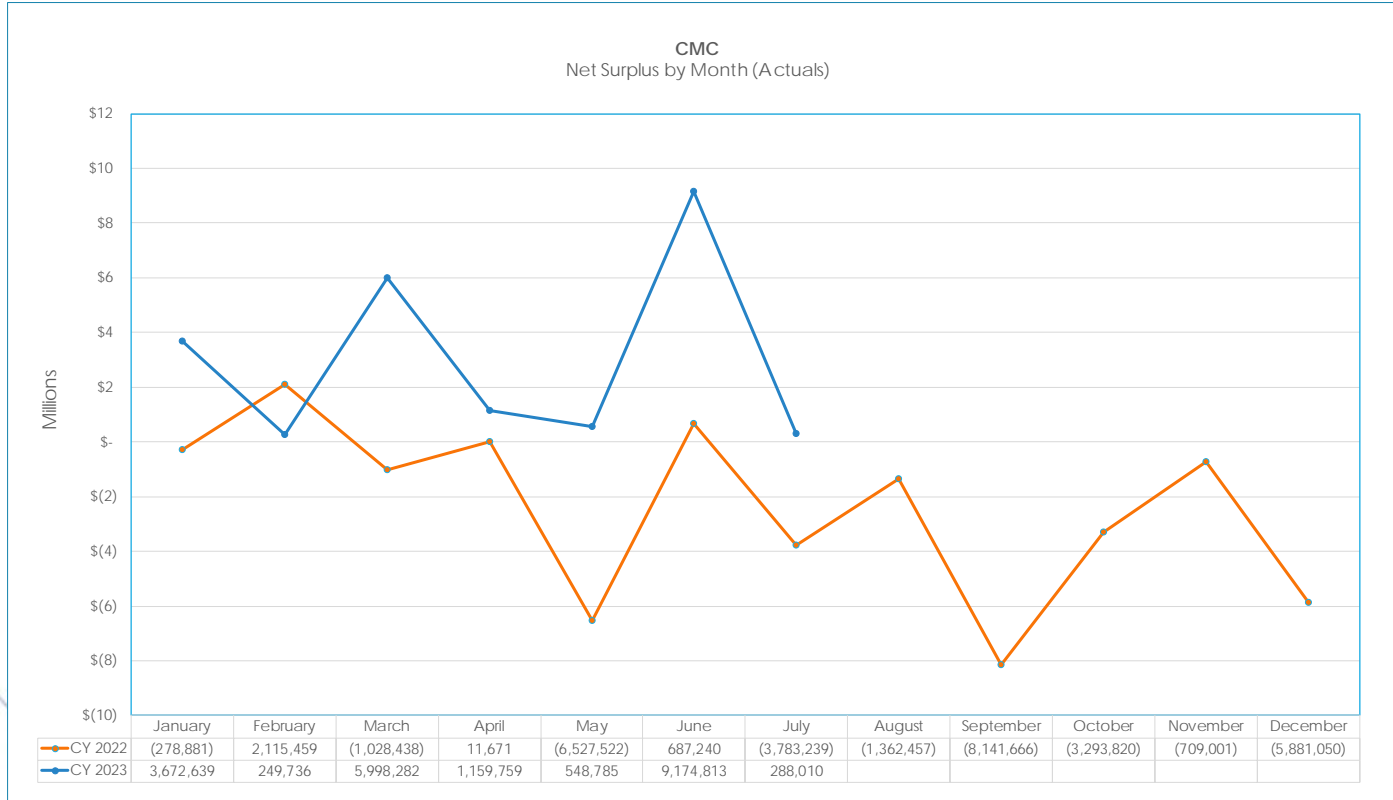
Balance Sheet – Current Month vs Prior Month

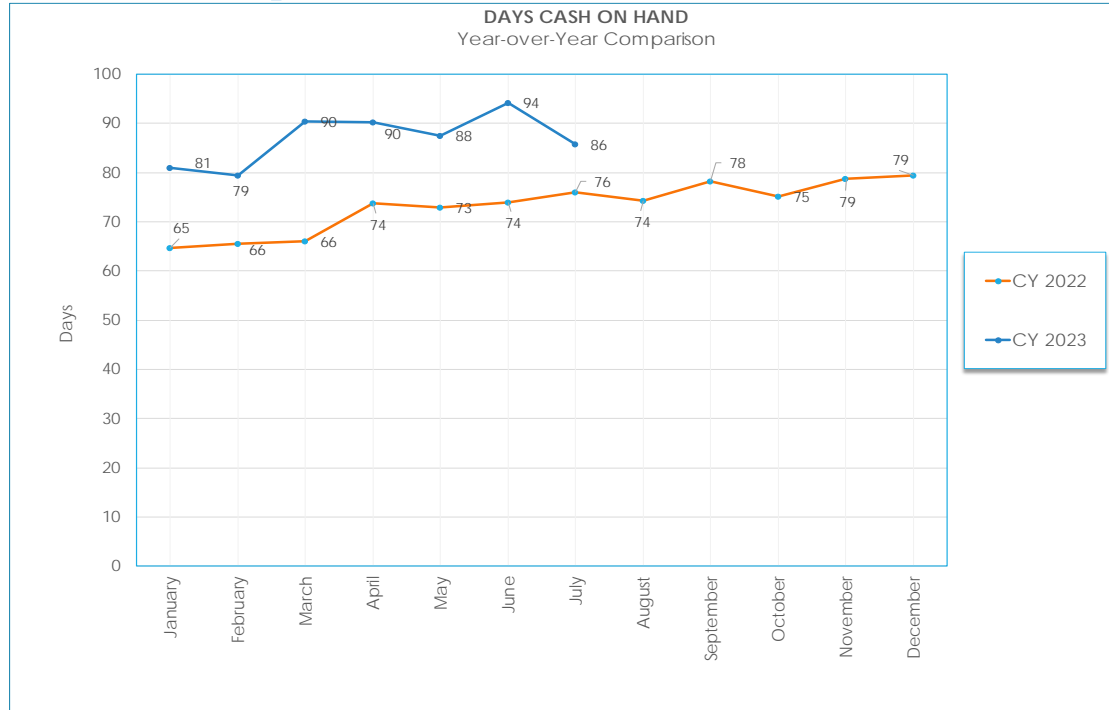|	Jul-23	Jun-23	Variance
Assets and Deferred Outflows			
Current Assets	$ 2,349,512,594	$ 2,535,372,425	$ (185,859,832)
Long Term Receivables	$ 54,201	$ 57,109	$ (2,908)
Capital Assets	$ 247,293,658	$ 248,711,706	$ (1,418,047)
Deferred Outflows of Resources	$ 70,903,506	$ 70,903,506	$ -
Net Other Assets	$ -	$ -	$ -
Total Assets and Deferred Outflows	$ 2,667,763,958	$ 2,855,044,745	$ (187,280,787)
Liabilities, Deferred Inflows, and Net Position			
Current Liabilities	$ 1,019,047,588	$ 1,232,481,657	$ (213,434,069)
Long-Term Liabilities	$ 52,069,856	$ 53,534,082	$ (1,464,226)
Deferred Inflows	$ 576,907	$ 579,829	$ (2,922)
Net Position	$ 1,596,069,608	$ 1,568,449,178	$ 27,620,430
Total Liabilities, Deferred Inflows, and Net Position	$ 2,667,763,958	$ 2,855,044,745	$ (187,280,787)

Highlights for the Month:

- Decrease in Current Assets and Current Liabilities is primarily due to $91.9M Prop 56 Bridge Period Settlement payment to DHCS, $61.5M transfer to the IEHP Foundation, D-SNP July payment received in June and recognized as revenue in July, and an increase in claims reserves.

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Days Cash on Hand

DAYS CASH ON HAND
Year-over-Year Comparison

CY 2022: 65, 66, 66, 74, 73, 74, 76, 74, 78, 75, 79, 79

CY 2023: 81, 79, 90, 90, 88, 94, 86

Highlights for the Month:
- $91.9M Prop 56 Bridge Period Settlement payment to DHCS
- $61.5M transfer to the IEHP Foundation

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