



**REGULAR MEETING OF THE GOVERNING BOARD
OF THE
INLAND EMPIRE HEALTH PLAN and IEHP HEALTH ACCESS**

February 5, 2024 - 9:00 AM

Board Report #346

**Dr. Bradley P Gilbert Center for Learning and Innovation
9500 Cleveland Avenue - Board Room
Rancho Cucamonga, CA 91730**

If disability-related accommodations are needed to participate in this meeting, please contact Annette Taylor, Secretary to the IEHP Governing Board at (909) 296-3584 during regular business hours of IEHP (M-F 8:00 a.m. – 5:00 p.m.)

PUBLIC COMMENT AT INLAND EMPIRE HEALTH PLAN GOVERNING BOARD MEETINGS:

The meeting of the Inland Empire Health Plan Governing Board is open to the public. A member of the public may address the Board on any item on the agenda and on any matter that is within the Board's jurisdiction. Requests to address the Board must be submitted in person to the Secretary of the Governing Board prior to the start of the meeting and indicate any contributions in excess of \$250.00 made by them or their organization in the past twelve (12) months to any IEHP Governing Board member as well as the name of the Governing Board member who received contribution. The Board may limit the public input on any item, based on the number of people requesting to speak and the business of the Board.

All public record documents for matters on the open session of this agenda can be viewed at the meeting location listed above, IEHP main offices at 10801 6th Street, Suite 120, Rancho Cucamonga, CA 91730 and online at <http://www.iehp.org>.

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

<https://youtube.com/live/bOeNBMCNnGk?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 January 8, 2024 Regular Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access

VIII. IEHP

CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. Approve the Inland Empire Health Plan 2024 Annual Compliance Program, the Health Insurance Portability and Accountability Act Program, and the Fraud, Waste and Abuse Program Descriptions
2. Ratify and Approve the 2024 Local Initiative Primary Contract #23-30225 with the Department of Health Care Services
3. Ratify and Approve the 2024 Local Initiative Secondary Contract #23-30257 with the Department of Health Care Services
4. Approve the Funding Agreement with San Bernardino County on Behalf of Arrowhead Regional Medical Center
5. Approve the IEHP Pay Schedules for Quarter One of 2024
6. Delegation of Authority to Approve the Master Services Agreement with IEHP Health Access
7. Approve the Fifth Amendment to the Professional Services Agreement with Tenfold Health

FINANCE DEPARTMENT (Keenan Freeman)

8. Approve the Award of Request For Proposal #23-04898 for Actuarial and Consulting Services to, and Delegation of Authority to Approve the Contractual Documents with, Milliman, Inc.
9. Approve the Lease Agreement with Breit Industrial Canyon CA1W06 LLC, A Delaware Limited Liability Company
10. Approve the Public Works Contract with Mackone Development, Inc.
11. Approve the Fourth Amendment to the Professional Service Agreement with Securitas Security Services USA Inc.
12. Approve the Award of Request for Proposal #23-04867 to, and Delegation of Authority to Approve the Professional Services Agreement with Mariposa Landscapes, Inc.
13. Approve the Award of Request for Proposal #23-04916 to, and Delegation of Authority to Approve the Professional Services Agreement with Pro Engineering Consulting and IDS Group, Inc.

AGENDA

14. Delegation of Authority to Approve the Annual Insurance Policy Renewals and Signatory Authority to Execute the Insurance Policy Renewals

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

15. Delegation of Authority to Execute Memoranda of Understanding for the Community Health Worker Pilot Program

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

16. Delegation of Authority to Approve Sales Service Order #496921 with Altera Digital Health Inc.
17. Delegation of Authority to Approve the Second Amendment to the Software License Agreement with Clinical Architecture, LLC.
18. Approve the Funding Increase to the Professional Services Agreement with Conduent Business Services LLC.
19. Approve the Award of Request For Proposal #23-04612 to, and Delegation Of Authority to Approve Contractual Documents with, Inspira Enterprise, Inc. DBA Inspira Cybersecurity and II Solutions Inc. For Texas State.
20. Approve the Award of Request for Proposal #23-05268 to, and Delegation of Authority to Approve Contractual Documents with, Invent Health Inc.
21. Delegation of Authority to Approve the First Amendment to the Professional Services Agreement With Smile CDR, Inc.
22. Delegation of Authority to Sign Contractual Documents for the Electronic Data Interchange Upgrade, and Approve Additional Funding for Support and Maintenance Fees to the Master Service and Software Agreement with Edifecs Inc.
23. Delegation of Authority to Approve Contractual Documents to the Master Services Agreement with Fusion Risk Management

MARKETING DEPARTMENT (Michelle Rai)

24. Ratify and Approve the Increase In Funding to Purchase Order IHP3004361 With Google LLC

OPERATIONS DEPARTMENT (Susie White)

25. Ratify and Approve the Site Agreement with Loma Linda University Shared Services – CareLink Solutions
26. Approve the First Amendment to the Professional Services Agreement with Freed Associates

QUALITY DEPARTMENT (Edward Juhn, M.D.)

27. Overview of the National Committee for Quality Assurance Health Equity Accreditation Process
28. Approve the 2024 Quality Management Program Description and the Quality Improvement and Quality Management Workplan

PROVIDER CONTRACTING DEPARTMENT (Susie White)

29. Ratify and Approval of the Standard Templates
 - 1) Master Hospice Agreement Template
30. Approval of the Evergreen Contracts
 - 1) Care Dimensions of the Desert LLC - Ancillary Agreement – Palm Desert
 - 2) Riverside Community Hospital - Hospital Per Diem Agreement – Riverside
 - 3) Community Hospital of San Bernardino – Hospital Per Diem Agreement – San Bernardino
 - 4) St Bernardine Medical Center - Hospital Per Diem Agreement – San Bernardino
 - 5) DJO Global Inc dba DJO LLC – Ancillary Agreement – Carlsbad
 - 6) Total Contact Medical Inc dba Total Contact Prosthetics and Orthotics- Ancillary Agreement Santa Fe Springs
 - 7) Acel Johnston LMFT Inc- Participating Provider Agreement - Behavioral Health – Redland
 - 8) Barbara Allyn Barry - Participating Provider Agreement - Behavioral Health – Rancho Mir
 - 9) Barbara Gill - Participating Provider Agreement - Behavioral Health – Temecula
 - 10) Barstow Healthy Lifestyle Consultation Inc dba Barstow Psychotherapy – Participating Provider Agreement - Behavioral Health - Barstow
 - 11) Geetha Puri MD PC - Participating Provider Agreement - Behavioral Health - Victorville
 - 12) Lee Shaw Jr dba Lee Shaw Jr LLC - Participating Provider Agreement - Behavioral Health Riverside
 - 13) Mandy Aleshinloye - Participating Provider Agreement - Behavioral Health – Redlands
 - 14) Marybel Gonzalez dba Ascension Psychotherapy - Participating Provider Agreement - Behavioral Health – Hesperia
 - 15) Sarah Jane Parker - Participating Provider Agreement - Behavioral Health – La Quinta
 - 16) Melissa Fogle dba Good Life Therapies - Participating Provider Agreement - Behavioral Health – Palm Springs
 - 17) Sunshyne Gray - Participating Provider Agreement - Behavioral Health – Redlands
 - 18) Vanessa H Austin - Participating Provider Agreement - Behavioral Health – Chino
 - 19) The Garden Pediatric Group Inc - Open Access Agreement (Excluding Medicare) – Redland
 - 20) Tuan Dai Le - Capitated Primary Care Provider Agreement (Medicare Only) - Pomona
 - 21) Apex Pediatrics Inc dba Mohammad S Kanakriyeh- Capitated Primary Care Provider Agreement (Excluding Medicare) – San Bernardino
 - 22) Hanson & Associates Physical Therapy Inc dba Corona Hills Physical Therapy & Wellness Participating Provider Agreement – Specialist – Corona
 - 23) John P Kearney MD - Participating Provider Agreement – Specialist – San Bernardino
 - 24) NeuroCenter Medical Clinic Inc - Participating Provider Agreement - Specialist– Murrieta

- 25) San Bernardino Mountains Community Hospital District dba Mountains Community Hospital Rural Health – Participating Provider Agreement - Specialist – Running Springs
- 26) Sood Kisra MD PC – Participating Provider Agreement - Specialist - Upland
- 27) Nguyen and Lac A Professional Corp dba The Vision Shop Optometry - Participating Provider Agreement - Vision – Chino

POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

ADMINISTRATION (Jarrod McNaughton)

- 31. 2024 Annual Governing Board Compliance Training
- 32. Chief Executive Officer Update
- 33. IEHP Foundation Update

QUALITY DEPARTMENT (Edward Juhn, M.D.)

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

IX. IEHP Health Access

CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

- 35. Approve the Third Amendment to the IEHP Health Access Joint Powers Agreement Between the Counties of Riverside and San Bernardino

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

XI. Board Member Comments

AGENDA

XII. Closed Session

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

XIII. Adjournment

The next meeting of the IEHP and IEH Health Access Governing Board will be held on Monday, April 8, 2024 at the Inland Empire Health Plan

ADMINISTRATION

1. APPROVE THE INLAND EMPIRE HEALTH PLAN 2024 ANNUAL COMPLIANCE PROGRAM, THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT PROGRAM, AND THE FRAUD, WASTE AND ABUSE PROGRAM DESCRIPTIONS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the 2024 IEHP Compliance Program Description, the Health Insurance Portability and Accountability Act (HIPAA) Program Description, and the Fraud, Waste, and Abuse (FWA) Program Description.

Contact:

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

Background:

The Plan is required to implement an effective compliance program that meets the regulatory requirements set forth in 42 C.F.R. § 422.503(b)(4)(vi), 423.504(b)(4)(vi) and 438.608(a)(1)(iii) and 41 C.F.R. 60. The principles outlined in the regulatory guidelines are applicable to all the Plan's relevant decisions, situations, communications, and developments. The Governing Board must exercise reasonable oversight with respect to the implementation and effectiveness of this program. The Compliance Department submits the Compliance, HIPAA, and FWA Program Descriptions for the Governing Board's review and approval annually to ensure and demonstrate the Board is exercising reasonable oversight over the Compliance Program.

Discussion:

Compliance Program Description:

The purpose of the Compliance Program Description is to communicate to the Plan the way in which the Compliance Program ensures compliance with Federal, State, and contractual healthcare laws, regulations, and requirements. The goal of the Compliance Program Description is to establish a culture of compliance within the organization and to communicate the importance of this goal to the Plan's workforce, Providers, and external affiliates.

HIPAA Program Description:

The HIPAA Program Description is intended to accept and comply with the set of general provisions related to HIPAA and the American Recovery and Reinvestment Act (ARRA) guidelines and standards. The purpose of the HIPAA Program is to identify and apply: (a) any HIPAA pre-emption requirements to State law, and (b) any State law that is more stringent than the requirements of HIPAA. The HIPAA Program Description communicates and defines the way the Plan has established and enforces the requirement outlined by HIPAA & ARRA standards.

FWA Program Description:

The FWA Program Description communicates how the Plan organizes and implements a strategy to identify suspected cases of fraud, waste and/or abuse to reduce costs caused by fraudulent and abusive activity to the State/Federal, Government, the Plan, its Providers, Members, and others. The FWA Program supports the Plan's commitment to comply with all applicable State and

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Federal standards. The FWA Program protects to organization and its partners in the delivery of health care services through the timely detection, investigation, and reporting of suspected fraud.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------|------------------|--------------------|----------------------|----------------------|------------------------|
| None | NA | NA | M. Popka 01/19/22 | L. Nery 1/11/2024 | S. White 01/12/2024 |

Inland Empire Health Plan
Compliance Program Description

Introduction

Inland Empire Health Plan’s (IEHP) Compliance Program was established to provide a systematic process dedicated to ensure that management, Team Members, Business Associates, First Tier and Downstream Entities, and other associated entities comply with applicable health care laws, Medicare and Medi-Cal requirements, and any and all applicable Federal and State regulations and standards. The program includes:

- A. Standards, Policies and Procedures to support and sustain program objectives;
- B. Oversight at Board and senior management levels;
- C. Reporting compliance activities and outcomes to the Governing Board, Senior Management, IEHP Team Members and applicable regulatory agencies.
- D. Screening of business associates, First Tier and Downstream Entities, and other affiliated individuals/entities for the presence/absence of program related adverse actions and/or sanctions.
- E. Education and training broadly to health care regulatory requirements; specific to IEHP job functions; and, to business associates, First Tier and Downstream Entities, and other external affiliates.
- F. Ongoing auditing and monitoring of the organization’s compliance performance.
- G. Enforcement measures enacted when a compliance incident and potential fraud, waste, or abuse concerns are identified.
- H. Preventive practices to identify potential compliance issues and to implement actions that lower or mitigate risk.
- I. Evaluation to determine the effectiveness of the Compliance Program.

Compliance Program

A. Purpose

- 1. To focus attention and maintain compliance with Federal and State regulations and requirements, and contractual obligations.
- 2. To reduce the organization’s risk of non-compliance with any and all of these requirements.
- 3. To develop a culture of compliance within the organization and to communicate the importance of this goal to all internal Team Members and external affiliates.

B. Compliance Program Scope

- 1. The following seven elements of a compliance program provide the structural components of the IEHP Compliance Program:
 - a. Written Policies, Procedures and Standards of Conduct;

- b. Compliance Officer, Compliance Committee and associated sub-committees and High-Level Oversight;
 - c. Effective Training and Education;
 - d. Effective Lines of Communication;
 - e. Well-Publicized Disciplinary Standards;
 - f. Effective System for Routine Monitoring, Auditing and Identification of Compliance Risks; and
 - g. Procedures and Systems for Prompt Response to Compliance Issues;
2. The following, at a minimum, provide the regulatory and legal components of the IEHP Compliance Program:
- a. All regulatory and sub-regulatory guidance produced by the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage Plans including Manuals, Guides, Part D requirements and Memos;
 - b. Contractual Obligations;
 - c. Applicable Civil Monetary Penalties and Exclusions;
 - d. Prohibition on Inducement to Beneficiaries
 - e. United States Federal Sentencing Guidelines
 - f. Code of Federal Regulations, Title 42 specifically 42CFR 400, 403, 411, 417, 422, 423, 438, 1001 and 2003;
 - g. California Code of Regulations, Title 28 et al.;
 - h. California Code of Regulations, Title 22, Sections 51000-53999;
 - i. California Welfare & Institutions Code, Section 14100 et seq.;
 - j. Health & Safety Code, Section 1340 et seq. (CA Knox-Keene Act);
 - k. Deficit Reduction Act of 2005, Sections 6031 and 6032;
 - l. DHCS Contract and subsequent Amendments, All Plan Letters (APL), Dual Plan Letters (DPL), Policy Letters (PL) and related guidance;
 - m. California Insurance Code, Title 10 of the Code of Regulations;
 - n. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and subsequent updates;
 - o. Applicable Provisions of the Federal Food, Drug and Cosmetic Act;
 - p. The Federal False Claims Act;
 - q. California False Claims Act;
 - r. Health Information Technology for Economic and Clinical Health Act (HITECH Act);
 - s. The Political Reform Act (Section 8100 – 91014)

- t. Anti-Kickback Statutes;
- u. Confidentiality of Medical Information Act (COMIA);
- v. Coordinated Care Initiative (CCI) 3-Way Contract between CMS/DHCS/IEHP; and,
- w. Social Security Act (SSA) Title XVII, Part C & D.

C. Compliance Program Structural Components

1. Written Policies, Procedures, and Standards of Conduct

- a. The IEHP Code of Business Conduct and Ethics (Code of Conduct) demonstrates IEHP's commitment to the Compliance Program and articulates the core values and principles that guide IEHP's business practices. The Code of Conduct is communicated in the following ways:
 - 1) Provided to new Team Members in the Team Member Handbook upon initial employment;
 - 2) Presented and reviewed with new Team Members during orientation as well as subsequent Compliance Training sessions;
 - 3) Team Members are required to acknowledge their understanding of and their commitment to comply with the Code of Conduct upon initial employment and annually thereafter;
 - 4) Made available to all Team Members on the internal website of IEHP and on the external website for individuals and entities associated with IEHP; and
 - 5) Included in performance factors in Performance Evaluations.
- b. Conflict of Interest policy to ensure that the Governing Board Members, Chief Officers, Vice Presidents, Directors, and Legal Counsel are free of conflict of interest while employed by IEHP. A Statement of Economic Interests (Form 700) is required at the time of initial employment/membership and annually thereafter for designated individuals including Governing Board Members. The Statement must be in compliance with The Political Reform Act (Gov. Code Sections 81000-91014). When applicable, individuals must disqualify themselves from participating in decisions which may affect their personal economic interests. Additionally, this Act has prohibitions against receiving gifts and honorariums under defined circumstances.
- c. Operating Policies and Procedures

Operating policies and procedures have been developed to:

 - 1) Address principle business risks;
 - 2) Define the Compliance Program structure and the processes for monitoring and communication of contractual and regulatory changes;
 - 3) Identify practice weaknesses;

- 4) Describe how the Compliance Program operates in terms of IEHP's commitment to comply with Federal and State standards, guidance on dealing with suspected compliance issues, communicating compliance issues, and describing how issues are investigated and resolved.
- 5) Compliance Policies are accessible to:
 - Team Members through the Compliance Corner on the Intranet;
 - IEHP's policy management software;
 - Governing Board Members upon appointment and annually thereafter; and
 - External Partners on the IEHP website.

2. **Compliance Officer, Compliance Committee, and High-Level Oversight**

a. The Compliance Officer Responsibilities

- 1) The Compliance Officer, who is an employee of IEHP, prepares an update on a quarterly basis, or more frequently as deemed necessary, of the compliance program activities for presentation to the Governing Board. IEHP's Chief Executive Officer (CEO) or designee, is responsible for providing the Governing Board and Senior Management with an executive summary of the compliance program activities.
- 2) IEHP Governing Board Members are appointed to the Board for two-year terms with the ability to be re-appointed for subsequent terms. The Compliance Officer, or designee, is responsible for the creation and, in conjunction with the CEO, the delivery of an orientation kit for any newly appointed Governing Board Member, which includes:
 - An Overview of the Compliance Program
 - Conflict of Interest Policy
 - IEHP Code of Business Conduct and Ethics
 - Responsibilities of the Governing Board for Compliance Program Oversight
 - Compliance Program (including HIPAA) and Fraud, Waste and Abuse (FWA) Training
- 3) The Compliance Officer advises the organization on required policies; oversees the development, distribution and implementation of policies; assures that policies accurately and effectively communicate legal and regulatory requirements; periodically reviews policies and initiates needed updates; acts as liaison between CMS, DHCS, DMHC, and IEHP; ensures compliance with terms of regulatory contracts, including securing resources necessary for compliance.

- 4) The Chief Executive Officer (CEO) and the Compliance Officer defines the organizational structure of the Compliance Program and the authority and responsibilities of the Compliance Department.
- b. The Governing Board Responsibilities and Oversight
 - 1) The Governing Board is responsible for annual review and approval of the Compliance, Fraud, Waste and Abuse, and HIPAA Program Plans as well as the adoption of written standards such as The IEHP Code of Business Conduct and Ethics. The Governing Board has ultimate responsibility for monitoring and supporting the Compliance Program.
 - 2) The Governing Board maintains oversight of the Compliance Program through annual review of its effectiveness as well as periodic updates by the Compliance Officer of significant compliance issues as may be necessary.
 - 3) The Governing Board maintains knowledge of the impact of regulatory and/or contract changes as well as policy changes and health reform impact on compliance through regular board reports.
 - 4) Board Members receive training on the Compliance Program, including their responsibilities as Board Members, and the Fraud, Waste, and Abuse Program upon initial appointment and annually thereafter.
 - c. Chief Officer Responsibilities
 - 1) Chiefs Officers are responsible for providing adequate resources for the operation of the compliance program and participate in policy development to assure their consistency across organizational functions. The CEO advises the Governing Board and requests resources as required.
 - d. The Executive Compliance Committee Responsibilities
 - 1) The Executive Compliance Committee, which is internal to IEHP and accountable to senior management and the Governing Board, is a multidisciplinary body that meets quarterly, or more frequently as deemed necessary. The Compliance Officer chairs the meeting. In attendance are the IEHP Chief Officers, who are responsible to report their respective compliance monitoring and performance indicators. Compliance Department Directors and Managers provide reports specific to their program responsibilities.
 - e. Legal Counsel Responsibilities
 - 1) Legal counsel is responsible for monitoring and assisting with enforcement activities by Federal and State agencies; for advice regarding government regulations and the implications of non-compliance; for attendance at Governing Board meetings to advise and guide actions for compliance related issues; and, for guidance when suspected non-compliance may involve criminal misconduct, civil law violations, or significant overpayment liability.

3. Effective Training and Education

- a. Effective Training and Education related to IEHP compliance policies, contract, and regulatory/legislative requirements is provided to the Governing Board, Chief Officers, all Team Members (temporary and permanent employees, Managers, Directors, Senior Leadership), and First Tier Entities.
 - 1) Compliance Training is provided upon initial employment; whenever significant changes are made to the Compliance Program; upon changes in regulatory or contractual requirements related to specific job responsibilities; as legislative updates; and on an annual basis. Training includes:
 - Review of IEHP’s Compliance Program and Code of Conduct
 - Review of conflicts of interest and disclosure of conflict of interest
 - Reinforcement of the organization’s commitment to compliance;
 - Privacy/confidentiality issues; regulatory updates; and, recent health care compliance related adverse actions such as penalties and settlements;
 - FWA issues; regulatory updates; and, recent health care compliance related adverse actions such as penalties and settlements;
 - Laws that may directly impact job-related functions such as anti-kickback laws; privacy breaches; the False Claims Act; and, the consequences of non-compliance;
 - Changes in contractual and regulatory requirements and updates on the consequences of non-compliance with these requirements;
 - Mechanisms in which potential compliance issues may be reported;
 - Responsibilities to report concerns or misconduct.
 - 2) First Tier Entities completion of annual compliance training is conducted through an internet-based presentation with the requirement to submit an attestation of attendance if they have not fulfilled the Medicare training requirement with another contracted Medicare entity, or through the CMS Medicare Learning Network (MLN).
 - 3) First Tier Entities who have met the FWA certification requirements through enrollment into the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and supplies (DMEPOS) are deemed to have met the training and educational requirements for FWA.
 - 4) Training strategies include, but are not limited to:
 - Computer Based Trainings (CBTs);
 - Lectures and participative classroom presentations;

- Professional association seminars;
- Videos and webinars;
- Internal informative memos;
- Compliance Department cyclic reminders.

5) Education/Training Enforcement

- Failure to comply with these education requirements is grounds for discipline, up to and including termination.
- Assessments for training subjects are performed through a review of applicable OIG guidance; fraud alerts; consultation with legal counsel; identified organizational risks; changes in laws, regulations and/or guidance.

6) Documentation of education/training activities is retained by IEHP's Learning Management System (LMS), sign-in forms, and signed attestations and monitored by the Compliance Audit & Oversight (A&O) Unit.

7) Contractors and First Tier Entities Training

- The requirement for compliance with all Federal, State, contract and guidance regulations/communications is acknowledged upon execution of a contract with IEHP, is acknowledged annually thereafter through an attestation, and monitored by the Compliance A&O Unit, in order to maintain and meet compliance requirements.
- Identified and/or potential compliance issues are brought to the attention of individuals/entities with responsibility for the compliance related functions and services.
- Identified non-compliance issues are addressed directly with the responsible individual/entity and on-site education and training is offered to assist in mitigating future episodes of non-compliance.
- Updates on current legislative changes, regulatory and contractual guidance; and, significant changes to the Compliance Program are provided as applicable.
- Contractors, First Tier and Downstream entities training strategies include, but are not limited to:
 - Newsletters.
 - Provider Manuals and on-site presentation of the Manual to explain content;
 - On-site education and training tailored to the attendee's business and/or identified non-compliance;
 - External website training information;

- Training provided by First Tier and Downstream Entities staff.

4. **Effective Lines of Communication**

a. Reporting Compliance and Potential FWA Concerns

- 1) IEHP requires all Team Members, including Managers, Directors, Members, Providers, Business Associates, First Tier, Downstream and other associates at all levels of the organization to report compliance and potential FWA concerns and suspected or actual misconduct. This requirement is communicated through:
 - New Team Member orientation programs and Introductory training;
 - The requirement that all Team Members attest to understanding of, and agreement with, The IEHP Code of Business Conduct and Ethics;
 - The requirement that Providers submit signed acknowledgement of their receipt of the Provider Manual which delineates compliance reporting responsibilities;
 - Annual training for all IEHP Team Members by the Compliance Department that includes publication of the existence, intent, process and mechanisms available for raising compliance concerns and, training relative to IEHP's zero-tolerance policy for retaliation or retribution against a Team Member or associate who reports suspected compliance violations or misconduct;
 - On-going, and whenever significant changes are made to the process for compliance concern submissions, education, training, encouragement and advice to report incidence of non-compliance;
 - Member Handbooks, Evidence of Coverage (EOCs) and newsletters;
 - Provider Manuals, newsletters and bulletins;
 - Publication of Compliance Hotline on internal and external web sites;
 - An annual survey to assess compliance effectiveness and act as a reminder of available reporting mechanisms.

b. Confidential/Anonymous Reporting Mechanisms

- 1) Team Members can make reports directly through Supervisors, Managers, Directors, Vice Presidents, Chief Officers, Human Resources, Compliance Corner on IEHP's Intranet (JIVE), and/or the Compliance Department.
- 2) Open channels of communication are available throughout the organization including the CEO open-door policy for all Team Members; and, monthly all staff sessions hosted by the CEO for organizational and regulatory updates with Q&A participation by all Team Members.
- 3) A 24/7 Compliance Hotline is available via live call or voicemail, with supported language translation capability, as needed, and a dedicated Compliance Department fax and e-mail address for confidential reporting

are available to Team Members, Members, Providers, Business Associates, First Tier and Downstream entities, and any individual/entity with a compliance concern. The hotline is manned during 8am-5pm business hours and voicemail messages are typically returned within one business day. Language translation support is available for live calls and used when returning a voice message, if it is known that language translation services are needed. Calls and other reports may be made anonymously. IEHP has a non-intimidation, non-retaliation policy for good faith reporting of compliance concerns and participation in the compliance program, including any investigation that may occur.

- 4) Clear instructions as a part of compliance training on what those reporting compliance concerns can expect relative to timely response and the preservation of confidentiality.
- c. Documentation/Tracking of Compliance and Potential FWA Related Issues
- 1) The Compliance Department maintains a web-based case management system of reports of potential compliance and FWA related issues and concerns received through available reporting mechanisms with response and resolution outcomes. A report of reporting mechanism usage is provided quarterly by the Compliance A&O Unit and Compliance Specialist Investigations Unit (SIU) to the Executive Compliance Committee and to the Governing Board.
 - 2) Risk assessments and State and CMS reports are maintained in the Compliance Department as well as the results of investigations and corrective actions implemented.
 - 3) Reports of Team Member compliance disciplinary actions are maintained in the confidential files of the Human Resource Department.
 - 4) Privacy incident and breach data is monitored by the Compliance SIU and entered into a web-based case management system with quarterly reporting to the Compliance Committee; and, annual reporting to the Governing Board, DHCS, and the U.S. Department of Health & Human Services (HHS) Office of Civil Rights (OCR).

5. Well-Publicized Disciplinary Standards.

- a. Disciplinary policies and procedures for Team Members are developed and implemented by the Human Resources Department in collaboration with the Chief Executive Officer and Compliance Officer. Disciplinary actions are enforced in a timely, consistent, and effective manner.
- b. Contract language relative to compliance requirements is written in collaboration with the Compliance Officer and/or their designee.
- c. A process is in place to communicate enforcement and disciplinary standards to Team Members and business associates. The process includes:

- 1) Education and training emphasizing that Team Members and business associates are expected to immediately report suspected incidence of unlawful conduct and non-compliance.
 - 2) Well publicized policy that violations of compliance standards may result in disciplinary actions up to, and including, termination of employment and/or contracts.
- d. Disciplinary actions may be recommended/taken by:
- 1) The Chief Executive Officer
 - 2) Human Resources Department
 - 3) IEHP Peer Review Subcommittee
 - 4) IEHP Executive Compliance Committee
 - 5) IEHP Delegation Oversight Committee
 - 6) IEHP Management

6. Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks

IEHP has developed and implemented a monitoring and auditing component of the Compliance Program to test and confirm compliance across functional areas with contractual, legal, and regulatory requirements. The monitoring and auditing processes are documented to show subject, method, and frequency.

Monitoring and Auditing activities are conducted, in accordance with PRO_CMP C-04 “Annual Risk Assessment Policy”, PRO_CMP A-01 “Internal Auditing and Monitoring”, and PRO_CMP A-02, “Auditing and Monitoring of First Tier, Downstream and Related Entities, including but not limited to the following:

- a. Monitoring the effectiveness of IEHP’s Compliance Program;
- b. Monitoring and auditing of the organization’s compliance with Federal and State regulatory and contractual requirements;
- c. Risk Assessments to identify and prioritize compliance risks;
- d. Monitoring and auditing of First Tier and Downstream Subcontracted Entities;
- e. Review of Federal and State sanctions and exclusion lists to ensure employees, First Tier and Downstream Subcontracted Entities, and Governing Board Members are not excluded from participation in Federal/State health care programs as outlined in PRO_CMP C-05 “Review of Regulatory Sanctions and Exclusions”;
- f. IEHP may implement Corrective Action Plans (CAPs) if it is determined that a First Tier and Downstream Subcontracted Entities are unable or unwilling to carry out its responsibilities consistent with statutory and contractual obligations.

7. Procedures and System for Prompt Response to Compliance Issues

- a. IEHP has established a FWA plan to:
 - 1) Organize and implement a strategy to identify suspected cases of fraud, abuse and/or waste to reduce costs caused by fraudulent and abusive activity to the State and Federal Government, IEHP and its Providers, Members and others.
 - 2) Support the organization's commitment to comply with all applicable State and Federal standards.
 - 3) Protect IEHP and its partners in the delivery of health care services through the timely detection, investigation and prosecution of suspected fraud.
 - 4) Establish a culture that promotes prevention, detection, and resolution of inappropriate conduct.
- b. IEHP has established a HIPAA Plan to:
 - 1) Accept and comply with a common set of general provisions and definitions related to HIPAA guidelines.
 - 2) Identify and apply any State law pre-emption requirements to HIPAA regulations.
 - 3) Establish IEHP Compliance and Enforcement procedures, based upon HIPAA Standards and implementation specifications.
- c. When potential and/or actual non-compliance is reported or suspected, the following steps are taken by the Compliance A&O Unit and Compliance SIU:
 - 1) The activity(ies) causing the non-compliance will be promptly halted and/or mitigated to the extent possible to prevent harm to individuals, entities and/or IEHP.
 - 2) Investigations will be promptly initiated in accordance with the Fraud, Waste and Abuse Plan; the HIPAA Plan; the Compliance Plan; and, or, in consultation with the Compliance Officer who has the authority to open and close investigations, but no later than two (2) weeks of receipt of the report.
 - 3) Corrective action plans (CAPs) will be issued as deemed appropriate based on the outcome of the investigation. CAPs are issued and managed in accordance with policy PRO_CMP C-11 "Corrective Action Plans". Corrective actions may include, but are not limited to:
 - Repayment of identified over-payments;
 - Initiation of Task Forces to address process and/or system deficiencies that may have caused or contributed to the non-compliance;
 - Additional education and training;
 - Modification of policies and procedures;

- Discipline or termination of Team Members or contracts.
- 4) Preventive measures will be implemented to avoid similar non-compliance in the future.
- d. Investigations are conducted in accordance with PRO_CMP C-03 “Special Investigations Unit”, PRO_CMP F-01 “Fraud Waste and Abuse Program”, and in consultation with the Compliance Officer who has the final authority to determine this process.
- e. Reporting of these activities and their results are provided to:
 - 1) The Chief Officers; appropriate Team Members; and the Compliance Committee;
 - 2) The Governing Board, if the Compliance Officer in consultation with the Chief Executive Officer deems there is a significant non-compliance finding;
 - 3) Governmental authorities, as determined by the Compliance Officer, if there is an obligation to report misconduct that violates criminal, civil or administrative law within a reasonable time of discovery.
 - 4) Responses to government inquiries and investigations will be coordinated by the Compliance Officer.

D. Assessment of Compliance Effectiveness

1. On an annual basis, a review of the Compliance Program will be undertaken to ensure the Program is effective in meeting Federal and State guidance and preventing FWA. The assessment is conducted in accordance with PRO_CMP C-04 “Compliance Program Effectiveness Survey” and includes, but is not limited to:
 - a. Written Policies and Procedures and Standards of Conduct
 - b. Designation of a Compliance Officer and High-Level Oversight
 - c. Effective Lines of Communication
 - d. Ongoing Education and Training
 - e. Auditing and Monitoring
 - f. Reporting and Prompt Response for Non-Compliance, Potential FWA, and Detected Offenses

Inland Empire Health Plan

Fraud, Waste and Abuse Program Description

Introduction

Inland Empire Health Plan (IEHP) maintains a comprehensive Fraud, Waste and Abuse Program (FWA) which is held compliant in accordance with Federal/State statutes and regulations, including but not limited to:

- A. Department of Managed Health Care (DMHC)
- B. The Centers for Medicare & Medicaid Services (CMS)
- C. Medicare Managed Care Manual, Chapter 21/Prescription Drug Benefit Manual Chapter 9, Section 50.7, et seq (42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G))
- D. Code of Federal Regulations, Title 42, Part 422, 423 and 455.1-455.23
- E. Federal False Claims Act, US Code, Title 31
- F. California Code of Regulations, Title 10
- G. California Code of Regulations, Title 22
- H. Health and Safety Code §1348
- I. DHCS Contract

Fraud, Waste and Abuse Program

A. Purpose

1. To organize and implement a strategy to identify, prevent and report potential cases of FWA to reduce costs caused by fraudulent and abusive activity to the Federal/State Government, IEHP and its Providers, Members and others.
2. To support the organization's commitment to comply with all applicable Federal/State standards.
3. To protect IEHP and its partners in the delivery of health care services through the timely detection, prevention, correction, investigation and reporting of potential fraud, waste and abuse.
4. To establish a culture that promotes prevention, detection and resolution of inappropriate conduct.

B. Scope

1. The FWA Program, which falls under the auspices of the Compliance Department's Special Investigations Unit (SIU), is responsible for the detection, prevention, correction,

investigation and reporting of potential health care FWA. Federal/State statutes and regulations require IEHP to report potential FWA to appropriate regulatory and/or law enforcement agencies. In addition, the FWA Program fully cooperates with any investigative process undertaken by a regulatory and/or law enforcement agency. See policy PRO_CMP F-02 “Fraud, Waste and Abuse Program – Reporting Procedures”.

2. The FWA Program applies to all IEHP employees (herein referred to as “Team Members”), Officers, Contractors, Providers, Business Associates, First tier and downstream entities.

C. Organizational Structure

1. The day-to-day operations of the FWA Program is the direct responsibility of the Compliance Officer (CO), who reports on the activities and program effectiveness to the Chief Executive Officer (CEO). The CO oversees all aspects of the FWA Program, including but not limited to education of Members, Providers and Team Members, confidential and anonymous reporting mechanisms and investigations. The CO also works in collaboration with other internal departments and with legal counsel.
2. The CO has ultimate responsibility for the FWA Program and reports on the activities of the Program at least quarterly, to the Executive Compliance Committee (CC); and, provides a report on a quarterly basis to the Governing Board. The CO maintains appropriate oversight of those duties that have been delegated.

D. Definitions

1. Abuse: Actions that may, directly or indirectly, result in unnecessary costs, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the Provider has not knowingly and/or intentionally misrepresented facts to obtain payment.
2. Complaint: A statement, oral or written, alleging that a practitioner, supplier or beneficiary received a payment or benefit to which they are not otherwise entitled. Included are allegations of misrepresentations and violations of Medi-Cal or other health program requirements applicable to persons applying for covered services, as well as the lack thereof of such covered services.
3. Compliance Hotline: A toll-free number that is available to IEHP Team Members, Providers, Members, first-tier and downstream related entities, and the general public for reporting potential fraud, waste and abuse to IEHP.
4. Compliance Mailbox: Microsoft Outlook email inbox that is available to IEHP Team Members, Providers, Members, first-tier and downstream related entities, and the general public for reporting allegations of fraud, waste and abuse to IEHP.
5. Contractors: Includes all contracted Providers and suppliers, first tier entities, downstream entities and any other entities involved in the delivery of, payment for or monitoring of benefits and services provided by IEHP.
6. Deficit Reduction Act: A comprehensive Federal law implemented to reduce and reconcile the United States’ deficit. Its major component greatly impacts the Medi-Cal and Medicare programs, to include any organizations or agents managing a Medi-Cal or

Medicare program and receiving Federal and State funds for Medi-Cal or Medicare services.

7. Downstream Entity: Any party that enters into an acceptable written arrangement below the level of the arrangement between an organization (and contract applicant) and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of health and/or administrative services.
8. False Claims Act: Also known as the “Lincoln Law (31 U.S.C. §3729)”, this Federal law allows people who are not affiliated with the government to file actions against Federal contractors claiming fraud against the government by contractors.
9. First Tier Entity: Any party that enters into a written arrangement with an organization or contract applicant to provide administrative or health care services for an eligible individual.
10. Fraud: Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.
11. FWA means fraud, waste and abuse.
12. MediTrac: A software application used in-house designed to facilitate communication with care and medical management staff.
13. MEDIC: Medicare Drug Integrity Contractors are organizations that CMS contracts with to perform specific program integrity functions for Parts C and D under the Medicare Integrity Program. There is currently one MEDIC who receives and investigates referrals for potential fraudulent complaints on behalf of CMS.
15. PIU: Program Integrity Unit receives potential fraudulent activities, summaries and documentation on behalf of DHCS.
16. Related Entity: Any entity that is related to a Medicare Advantage Organization (MAO) or Part D sponsor by common ownership or control and
 - a. Performs some of the MAO or Part D plan sponsor’s management functions under contract or delegation;
 - b. Furnishes services to Medicare enrollees under an oral or written agreement; or
 - c. Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than \$2,500 during a contract period.
17. Waste: Overuse of services, or other practices that, directly or indirectly, result in unnecessary costs. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.
18. Whistleblower Protections: Protects Team Members who disclose actual or reasonably suspected violations or provide assistance to the government in pursuing an action as allowed under both the Deficit Reduction Act and the False Claims Act. The rights of Team Members include protections against demotion, suspension, discharge, threats or threatening behavior, harassment or other discrimination in the terms and conditions of

employment by the employer because of lawful acts done by the Team Member on behalf of the Team Member or others in disclosing information to the government.

E. Responsibilities

1. Team Member

- a. IEHP Team Members have a responsibility to report allegations of fraud, waste and abuse to the SIU in the Compliance Department through any of the reporting methods available. As needed, Team Members are required to participate in the investigation unless they wish to report anonymously.
- b. IEHP Team Members must sign the Code of Business Conduct and Ethics upon hire and annually which delineates IEHP's expectations for its employees to act in an ethical manner, be compliant with all regulations and report allegations of fraudulent activities. The Code of Business Conduct and Ethics also includes disciplinary actions that may be taken should a Team Member violate this code.

2. First-Tier, Downstream and Related Entities (FDRs):

- a. The FDRs of IEHP have a responsibility to report fraud, waste and abuse related to IEHP Members to the CO or the SIU via phone, fax, email and mail.
- b. As needed, the FDRs are required to participate in the investigation unless they wish to report anonymously.

3. IEHP

- a. The Code of Business Conduct and Ethics is distributed to all new Team Members upon hire and on an annual basis. Each Team Member acknowledges that he/she has received, read and will comply with all written standards of conduct.
- b. At a minimum of once annually, IEHP Team Members and Providers, are trained on fraud, waste and abuse detection, prevention and correction.
- c. Communicates its Fraud, Waste and Abuse Program to Team Members through the Team Member Handbook, Compliance Training, and IEHP's Fraud, Waste and Abuse Program Description.
- d. Communicates its Fraud, Waste and Abuse Program to its Members through the IEHP Member Handbook and IEHP website.
- e. Communicates its Fraud, Waste and Abuse Program and efforts to the Providers through the IEHP Provider Policy and Procedure Manual and the IEHP website.
- f. Continuous internal and external monitoring and oversight of daily operational activities to detect and prevent fraudulent behavior.
- g. Investigate and resolve all reported and detected fraud, waste and abuse and take action against potential fraud, waste and abuse that has been substantiated through the investigative process.
- h. Submit periodic reports to DHCS, DMHC, or CMS as required by law.
- i. Submit periodic reports to the Governing Board at least semi-annually.

- j. Encourage and support Provider activities related to the prevention and detection of potential fraud, waste and abuse.

F. Provider, Member, Pharmacy and Health Plan Fraud

- 1. Provider Issues, including but not limited to:
 - a. Altering claim forms, electronic claim forms, and/or medical record documentation in order to obtain a higher level of reimbursement;
 - b. Balance billing;
 - c. Characterizing certain services as excluded from the capitation contract and billing fee-for-service;
 - d. Failing to provide a certain level of care covered by capitation;
 - e. Delaying, deferring or denying medically necessary services;
 - f. Billing and/or accepting capitation for deceased patients;
 - g. Medical Groups denying payment for a procedure authorized by the Plan;
 - h. Medical Groups inappropriately delaying payments to Providers;
 - i. Billing supplies as Durable Medical Equipment (DME);
 - j. Billing the health plan for items not included in an ancillary subcontract but included in the composite rate paid to the Provider (“Double Billing”);
 - k. Billing under an invalid place of service in order to receive or maximize reimbursement;
 - l. Billing for covered services never actually rendered or rendering services in a worthless or nearly worthless manner;
 - m. Collecting monies from a Third Party and the health plan for the same services;
 - n. Unbundling;
 - o. Billing for more than twenty-four (24) hours in a day or for the physician being in two (2) places at once;
 - p. Billing for unnecessary diagnostics;
 - q. Capitated Providers submitting inflated encounter data or cost data to increase their capitation rate or meet encounter data submission requirements;
 - r. Submission of falsified data on medical services provided, quality of care or outcomes;
 - s. Medical groups providing inaccurate eligibility information thus paying significantly less capitation;
 - t. Soliciting, offering or receiving a kickback, bribe, or rebate (e.g., paying for a referral of patients in exchange for the ordering of diagnostic tests and other services of medical equipment);

- u. Participating in schemes that involve collusion between a Provider and a Member, or between a supplier and a Provider, and result in higher costs or charges, including prescribing and referral patterns involving but not limited to DME fraud;
 - v. Providers concealing ownership of related companies that are used as the sole referral source;
 - w. False coding in order to receive or maximize reimbursement;
 - x. Overutilization;
 - y. Questionable prescribing practices;
 - z. Underutilization; and,
 - aa. Upcoding.
2. Member Issues, including but not limited to:
- a. Members allowing others to use their ID cards to obtain medical services;
 - b. Conspiracy to defraud Medicare, Medi-Cal or Other Government Programs;
 - c. Co-payment evasion;
 - d. Doctor shopping, when a Member consults a number of Providers for the purpose of inappropriately obtaining services (e.g., multiple prescriptions for narcotics or other drugs);
 - e. Forgery related to health care (e.g., prescription forgery/altering);
 - f. Identity theft;
 - g. Improper coordination of benefits (e.g., Member fails to disclose multiple coverage policies in order to “game” the system);
 - h. Inappropriately using transportation benefits (e.g., accessing ambulance services for a non-emergency; or, using the Medi-Cal transportation benefit for non-medical purposes);
 - i. Misrepresentation of status by providing false personal information in order to illegally receive a benefit (e.g., prescription drug benefit);
 - j. Participating in schemes that involve collusion between a Provider and a Member, or between a supplier and a Provider, and result in higher costs or charges;
 - k. Prescription diversion, which occurs when a Member obtains a prescription from a Provider for a condition that he/she does not suffer from and the Member sells the medication to someone else;
 - l. Prescription stockpiling, when a Member attempts to “game” his/her drug coverage by obtaining and storing large quantities of drugs to avoid out-of-pocket costs, to protect against periods of non-coverage; or, for purposes of resale on the black market;
 - m. Polypharmacy abuse, which occurs when a Member is obtaining narcotics or other drugs from multiple pharmacies in order to cover-up his/her drug seeking behavior;

- n. Seeking services that the Member is not eligible to receive;
 - o. Theft; and,
 - p. True Out of Pocket manipulation (TrOOP) (e.g., the Member manipulates the TrOOP in order to push through the coverage gap in order to reach catastrophic coverage before they are actually eligible.)
3. Pharmacy Issues, including but not Limited to:
- a. False Billing;
 - b. Splitting Prescriptions;
 - c. Steering and Kickbacks;
 - d. Overcharging;
 - e. Short Fills;
 - f. Bait and Switch Pricing;
 - g. Forging and Altering Prescriptions;
 - h. Expired or Tainted Drugs; and,
 - i. Manipulating the True Out-of-Pocket Cost.
4. Health Plan Issues, including but not limited to (includes employed Sales Agents; IEHP does not utilize external brokers);
- a. A health plan Team Member conspiring with Providers in the setting of capitation rates;
 - b. A health plan Team Member improperly disclosing plan information;
 - c. A health plan Team Member creating a sham Provider who receives capitation, but who does not exist;
 - d. Making the appeals process confusing or cumbersome in order to deter individuals from making an appeal;
 - e. Submitting falsified data on preventive services provided, quality of care or outcomes;
 - f. Sales agents conducting unsolicited sales visits or marketing misrepresentations;
 - g. Discrimination or “Cherry Picking” (e.g., a plan must enroll all eligible Members who want to enroll, regardless of their age or health status);
 - h. Falsification, omission, alteration or misrepresentation of employment application information (subject to reference, background and credit checks including an investigative consumer report) which will result in rejection for employment or termination of employment if the Team Member is already employed;
 - i. Providing gifts above and beyond the allowed nominal amount as allowed by law to prospective Members to entice them to enroll in a health plan;
 - j. Soliciting, offering, or receiving a kickback, bribe or rebate; and,

k. Telemarketing.

G. Fraud, Waste and Abuse Program Prevention and Detection Methods

1. The Fraud, Waste and Abuse Program is committed to preventing and detecting fraudulent activity of detriment to IEHP and the Members we serve. The Fraud, Waste and Abuse Program actively pursues potential fraud, waste and abuse through information and/or directive provided by the following internal and/or external means (list is not all inclusive):
 - a. Anti-Fraud Organizations
 - b. Governing Board and/or IEHP Committee Request for Review
 - c. DHCS DMHC Case Management Referrals
 - d. CMS
 - e. U.S. Department of Health and Human Services (HHS), Office of the Inspector General (OIG)
 - f. Chief Medical Officer Request for Review
 - g. Claims Analysis and Reports
 - h. Complaints and Appeals Resolution Analysis
 - i. Credentialing Department Sanction, Exclusion, Suspension and Ineligible Monitoring
 - j. Employee Detection
 - k. Government Fraud Alerts and News
 - l. Law Enforcement Referral and/or Request for Review
 - m. Media
 - n. California Office of the Attorney General
 - o. Medicare Alerts
 - p. Medicare Drug Integrity Contractors (MEDIC)
 - q. National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC)
 - r. Member Services Referrals
 - s. Member Referral
 - t. Other Insurance Referral
 - u. Pharmacy Referrals
 - v. Provider Referrals
 - w. Regulatory Agency Referrals
 - x. Utilization Management Referrals
 - y. California Department of Justice (DOJ)
 - z. Contracting only with Medicare Certified Durable Medical Equipment (DME's)

2. Provider Claims Fraud Detection
 - a. IEHP performs daily claims audits to detect potential healthcare fraud. Claims audits are based on billing and coding requirements established by the American Medical Association (AMA), CMS and the DHCS.
 - b. IEHP's Finance Department provides additional oversight of claims processing activities to assist with payment accuracy and potential fraud detection:
 - 1) IEHP performs post-payment audits, as deemed appropriate. Recovery efforts are initiated for any identified overpayments.
3. Pharmacy Fraud Detection
 - a. Retail Pharmacy In-Store Audits
 - b. Pharmacy Profiling
 - c. Patient Profiling
 - d. Prescriber Profiling
 - e. Detailed Pharmacy Trending/Reporting

H. Fraud Warning

1. A fraud warning is documented for Members, Providers and IEHP Team Members within Member Evidence of Coverage, Provider Medical Remittance Advice forms, and Team Member New Hire Orientation Manual.

I. Reporting Potential FWA

1. Any individual with information regarding FWA affecting IEHP may make a report to the SIU. Anyone reporting a matter to the SIU has the right to report matters in confidence and remain anonymous. Information reported to the SIU remains confidential to the extent possible as allowed by law.
2. Providers and Members may access information about fraud, waste and abuse within the Provider Manual, available on the IEHP website and provided in CD format; and, within the Member Handbook (Evidence of Coverage), also available on the IEHP website and sent to the Members in hard copy.
3. Providers, and Team Members must cooperate during a fraud, waste and abuse investigation.
4. Reports may be submitted to the SIU in the Compliance Department via the following reporting methods:

Compliance Hotline: [866-355-9038](tel:866-355-9038)

Fax: [909-477-8536](tel:909-477-8536)

Compliance Mailbox: compliance@iehp.org

In Person: Special Investigations Unit Compliance Team

Mail: IEHP Compliance Officer, PO Box 1800, Rancho Cucamonga, CA 91729-1800

JIVE: Click on the Compliance Corner link

Webform: IEHP.org – Provider Resources – Compliance Tab.

5. When reporting an issue, individuals should provide as much information as possible (i.e., the suspect's name; where the fraud may have occurred; detail as to what potentially fraudulent behavior occurred and, when it happened.) The more information provided, the better the chance the situation will be appropriately investigated, reviewed and resolved.
6. IEHP expressly prohibits retaliation against those who, in good faith, report allegations of FWA to the SIU. Information on Whistleblower Protections and the False Claims Acts is included in the General Compliance Training for New Hires and the Annual Compliance Training.
7. The Compliance and Human Resources Departments may jointly conduct retaliation investigations.

J. Conducting Investigations

1. Case Referral Intake Process
 - a. Upon receipt of a referral, the Compliance Department completes an intake and initiates an investigation, if deemed appropriate.
 - b. The investigative process can be extensive in terms of time and resources, but every effort will be made to complete the investigation within a reasonable time based on the extent and complexity of the case.
 - c. Investigative actions may include witness interviews; review of recorded conversations; and potentially requesting assistance from internal and external sources.
 - d. Results of the investigation may be forwarded to the CEO for review and action, as necessary.

K. Education and Training

1. IEHP Team Members are educated through:
 - a. Distribution of The Code of Business Conduct and Ethics to all new Team Members upon hire and at least annually. Each Team Member acknowledges that he/she has received, read and will comply with all Team Member responsibilities
 - b. Regular training to include, but not be limited to:
 - 1) Define what constitutes health care fraud;
 - 2) Review the harmful effects of health care fraud including costs and impact upon quality of care;
 - 3) Types of fraud and abuse cases;
 - 4) Review federal and California False Claims Act and Whistleblower provisions;
 - 5) Review of IEHP's anti-fraud policy and procedures;
 - 6) Review of common or suspected indicators of fraudulent activities; and,

- 7) Informing Team Members of their responsibility to report suspected or known health care fraud and the methods by which they may make such reports, including anonymous reporting.
- c. Communication through the Team Member Handbook; the internal Compliance Policies and Procedures; and JIVE.
- 2. IEHP Providers are educated through:
 - a. Provider Newsletters
 - b. The Provider Policy and Procedure Manual
 - c. Provider mailings, updates and other communications
 - d. Provider IEHP website
 - e. Provider Services Representative Office Visits
- 3. IEHP Members are educated through:
 - a. Member Newsletters
 - b. The Member Handbook (Combined Evidence of Coverage and Disclosure Form)
 - c. Explanation of Benefits inserts
 - d. Member IEHP website

L. Reporting Requirements to Government Agencies

- 1. DMHC
 - a. On or before January 31st of each year, and pursuant to California Health and Safety Code § 1348, IEHP shall provide an annual written report to DMHC describing the Plan’s anti-fraud efforts to deter, detect and investigate fraud.
- 2. DHCS
 - a. IEHP shall meet requirements set forth in 42 Code of Federal Regulations, Section 438.608. IEHP shall report to DHCS’ Program Integrity Unit and Fraud Investigations Unit, all cases of potential fraud and abuse, as defined in 42 Code of Federal Regulations, Section 455.2, where there is reason to believe that an incident of fraud and abuse has occurred by subcontractors, Members, Providers or Team Members within ten (10) working days of the date when IEHP first becomes aware of or is on notice of such activity.
- 3. CMS
 - a. IEHP reports cases of suspected fraud, waste and abuse to CMS.
 - b. If an investigation results in the finding of sufficient evidence of fraudulent activity to substantiate the allegation, the summary and documentation are sent to the MEDIC within thirty (30) days of the date the potential fraud or abuse is identified.
- 4. Covered California
 - a. IEHP shall refer potential fraud activities identified through fraud detection and response measures to Covered California.

- b. As requested, IEHP shall provide a description of its fraud, waste and abuse detection and prevention programs and report total monies recovered in the most recent 12-month period for total book of business, as well as, total monies recovered for Covered California business only.

M. Oversight by the Compliance Committee

1. The IEHP Executive Compliance Committee will be made aware of the impact of potential fraud, waste and abuse on IEHP through quarterly meetings.

Inland Empire Health Plan

HIPAA Program Description

Introduction

Inland Empire Health Plan (IEHP) has adopted and maintains policies and procedures required by the Health Insurance Portability and Accountability Act (HIPAA) and the American Recovery and Reinvestment Act (ARRA) to:

- A. Ensure that Member's health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care;
- B. Comply with the requirements of ARRA including, but not limited to, Member requests for restrictions and accounting of disclosures;¹
- C. Protect the public's health and wellbeing;
- D. Adhere to the HIPAA General Administrative Requirements as published in the final rule on December 28, 2000, and amended on May 31, 2002 and August 14, 2002 and January 25, 2013.²
- E. Comply with the administrative, physical and technical safeguards of the HIPAA Security Rule, as required by the Health Information Technology for Economic and Clinical Health Act (HITECH Act).
- F. Comply with the Department of Health Care Services (DHCS); Centers for Medicare & Medicaid Services (CMS); and the HITECH Act breach reporting requirements; and,
- G. Provide HIPAA training to IEHP Team Members, Governing Board Members, business associates, first tier and downstream entities and vendors with access to Member PHI.

HIPAA Program

A. Purpose

To accept and comply with a common set of general provisions and definitions related to HIPAA and ARRA guidelines.

1. To identify and apply:
 - a. Any HIPAA preemption requirements to State law; and
 - b. Any State law that is more stringent than the requirements of HIPAA.
2. To establish IEHP Compliance and Enforcement procedures based upon HIPAA and ARRA Standards and Implementation Specifications.

B. Scope

¹ American Recovery and Reinvestment Act of 2009

² Title 45 Code of Federal Regulations (C.F.R.) §§ 160, 162, and 164

1. The HIPAA Program, which falls under the auspices of the Compliance Department's Special Investigations Unit (SIU), applies to:
 - a. All IEHP Team Members;
 - b. Every health care provider (covered entities), regardless of size, who holds or transmits Member protected health information (PHI) in any form of media, whether electronic, paper or oral; and,
 - c. IEHP business associates, first tier and downstream entities and vendors that perform certain functions or activities on behalf of IEHP that involve the use or disclosure of Member identifiable health information.

C. Organizational Structure and Resources

1. The day-to-day oversight of the HIPAA Program is the direct responsibility of the Compliance Officer, who reports compliance issues and activities to the Chief Executive Officer (CEO), Compliance Committee, and Governing Board. The Compliance Officer oversees all aspects of the HIPAA Program including but not limited to:
 - a. Uses and disclosures of PHI;
 - b. Privacy policies and procedures, including but not limited to complaint procedures and compliance with Federal and State reporting requirements;
 - c. Team Member, business associate, first tier and downstream entity, training program;
 - d. Mitigation of any harmful effects caused by use or disclosure of PHI by IEHP Team Members or external associates in violation of IEHP privacy policies and procedures; and,
 - e. Maintenance of reasonable and appropriate administrative, technical and physical safeguards to prevent intentional or unintentional use or disclosure of PHI.
2. The HIPAA Privacy Officer has ultimate responsibility for the HIPAA Program.
3. The IEHP Governing Board and CEO will provide oversight of the HIPAA Program.

D. Definitions

1. Access and Uses: For internal uses, IEHP allows Team Member access to PHI subject to qualifying job requirements. Each Team Member is provided appropriate levels of access to perform their job duties.
2. Authorization: IEHP must obtain the Member's written authorization for any use or disclosure of PHI that is not for treatment, payment, health care operations or otherwise permitted or required by regulations, statutes, contractual requirements, and/or permitted by law. Authorizations must be written in specific terms; must be in plain language; and must contain specific information regarding the information to be disclosed or used, the person(s) disclosing and receiving the information, expiration, right to revoke in writing, and other data in accordance with the requirements of HIPAA.³).

In most cases, parents can exercise individual rights, such as access to the medical record on behalf of their minor children. However, there are circumstances under which the

³ 45 C.F.R. § 164.508; California Confidentiality of Medical Information Act (CMIA) Civil Code § 56.11

parent is not considered the personal representative. In these situations, IEHP will defer to California State law to determine the rights of parents to access and control the PHI of their minor children.

3. Breach: The term “breach” has the meaning given such term in 45 C.F.R. § 164.402.
 - a. Definition: “Breach” means the acquisition, access, use, or disclosure of Protected Health Information (PHI) in a manner not permitted under 45 C.F.R. Part 164, Subpart E (“Privacy Rule”) which compromises the security or privacy of the PHI. An impermissible use or disclosure of protected health information is presumed to be a breach unless the covered entity can demonstrate that there is a low probability that the protected health information has been compromised.⁴ Covered entities must consider the following four- factor objective standard:⁵
 1. the nature and extent of protected health information involved (including the types of identifiers and the likelihood of re-identification);
 2. the unauthorized person who used the protected health information or to whom the disclosure was made;
 3. whether the protected health information was actually acquired or viewed; and,
 4. the extent to which the risk of breach to the protected health information has been mitigated.
 - b. Exception: Breach excludes:⁶
 1. Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of a covered entity or business associate if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the Privacy Rule.
 2. Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the Privacy Rule.
 3. A disclosure of protected health information where the covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
 - c. If the acquisition, access, use or disclosure of protected health information is excluded from the definition of “breach” under paragraph 3.b. above, the reporting requirements of DHCS, and / or CMS do not apply.

⁴ 45 C.F.R. § 164.402.; 78 Federal Regulation (Fed. Reg.) at 5641

⁵ 78 Fed. Reg. at 5642

⁶ 45 C.F.R. § 164.402

4. Business Associate: The term “business associate” has the following meaning:⁷
- a. Except as provided in paragraph 4(b) of this definition, business associate means, with respect to a covered entity, a person who:
 1. On behalf of such covered entity or of an organized health care arrangement in which the covered entity participates, but other than in the capacity of a member of the workforce of such covered entity or arrangement, creates, receives, maintains, or transmits, protected health information for a function or activity regulated by Title 45, Subtitle A, Subchapter C (HIPAA Administration Data Standards and Related Requirements), including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities listed at 42 CFR 3.20, billing, benefit management, practice management, and re-pricing; or
 2. Provides, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, consulting, data aggregation (as defined in 45 CFR 164.501), management, administrative, accreditation, or financial services to or for such covered entity, or to or for an organized health care arrangement in which the covered entity participates, where the provision of the services involves the disclosure of protected health information from such covered entity or arrangement, or from another business associate of such covered entity or arrangement, to the person; or
 3. Provides data transmission services with respect to protected health information to a covered entity and that requires access on a routine basis to such protected health information (including a Health Information Organization or E-prescribing Gateway); or
 4. Offers a personal health record to one or more individuals on behalf of a covered entity; or
 5. Is a subcontractor that creates, receives, maintains, or transmits, protected health information on behalf of the business associate; or
 6. A covered entity may be a business associate of another covered entity.
 - b. Business associate does not include:
 1. Health care providers, with respect to disclosures by a covered entity to the health care provider, concerning the treatment of the individual.
 2. Plan sponsors, with respect to disclosures by a group health plan (or by a health insurance issuer or HMO with respect to a group health plan) to the plan sponsor, under certain circumstances.
 3. Government agencies, with respect to determining eligibility for, or enrollment in a government health plan providing public benefits and is administered by another government agency, or collecting protected health information for such purposes, to the extent such activities are unauthorized by law.

⁷ 45 C.F.R. § 160.103

4. A covered entity participating in an organized health care arrangement that performs a function or activity as described in paragraph (a)(1), above, for or on behalf of such organized health care arrangement, or that provides a service as described in (a)(2), to or for such organized health care arrangement by virtue of such activities or services.
5. Confidentiality: Relates to the obligation of the holder of personal information to protect an individual's privacy. This obligation is determined by common practice, Federal and State laws and regulations.
6. Covered Entity: The term "covered entity" includes;⁸
 - a. A health plan;
 - b. A health care clearinghouse; and
 - c. A healthcare provider who transmits any health information in electronic form in connection with a transaction covered by Title 45, subtitle A, Subchapter C (HIPAA Administrative Data Standards and Related Requirements).
7. Disclosure: The release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.⁹
8. Downstream Entity: Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services¹⁰
9. Electronic Health Record (EHR): An electronic record of health-related information on an individual that is created, gathered, managed and consulted by authorized health care clinicians and staff.¹¹
10. First Tier Entity: Any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D Plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program¹²
11. Health Care Operations: Includes activities of the covered entity to the extent that the activities are related to covered functions:
 - a. Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; Patient safety activities (as defined in 42 CFR 3.20); population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and

⁸ 45 C.F.R. § 160.103

⁹ Ibid.

¹⁰ 42 C.F.R. § 423.501).

¹¹ Title 42 United States Code (U.S.C.) § 17921(5)

¹² 42 C.F.R. §423.501

- patients with information about treatment alternatives; and related functions that do not include treatment.
- b. Reviewing the competence or qualifications of health care professionals, evaluating practitioner/provider performance, health plan performance, conducting training programs under supervision to practice or improve health care provider skills, training of non-health care professionals, accreditation, certification, licensing or credentialing activities.
 - c. Conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs.
 - d. Business planning and development including formulary development and administration, development or improvement of methods of payment or coverage policies.
 - e. Business management and general administrative activities of the entity as outlined in 45 C.F.R. §164.501.
12. Health Care Provider: A provider of medical or health services; pursuant to Title 42 United States Code (U.S.C.) Section 1395x subsections (s) and (u); and, any other person or organization who furnishes, bills, or is paid for health care in the normal course of business¹³
13. Health Plan: An individual or group plan that provides, or pays the cost of, medical care.¹⁴
14. Individual: The person who is the subject of the protected health information.¹⁵
15. Individually Identifiable Health Information: Information that is a subset of health information, including demographic information and/or other information; such as, race/ethnicity, language, gender identity, and sexual orientation, collected from an individual, and:¹⁶
- a. Is created or received by a health care provider, health plan, employer or health care clearinghouse; and
 - b. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
 - 1. That identifies the individual; or,
 - 2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
16. Payment: Has the meaning given such term in 45 C.F.R. §164.501.

¹³ 45 C.F.R. §160.103).

¹⁴ 42 U.S.C. §300gg-91(a)(2); 45 C.F.R. §160.103

¹⁵ 45 C.F.R. §160.103

¹⁶ National Committee for Quality Assurance 2023 Health Equity Standards and Guidelines, HE 2

17. Personal Health Record (PHR): An electronic record of PHR identifiable health information¹⁷ (as defined in section 42 U.S.C. § 17921(11)) on an individual that can be drawn from multiple sources and that is managed, shared and controlled by or primarily for the individual.
18. Personal Representative: A person legally authorized to make health care decisions on a Member's behalf or to act for a deceased Member or the estate. The Privacy Rule permits an exception should IEHP have a reasonable belief that the personal representative may be abusing or neglecting the Member, or that treating the person as the personal representative could otherwise endanger the Member.
19. PHR Identifiable Health Information: Individually identifiable health information, as defined in section 1171(6) of the Social Security Act (42 U.S.C. 1320d(6)), and includes, with respect to an individual, information that is provided by or on behalf of the individual; and that identifies the individual or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual.
20. Privacy: Relates to an individual's desire to control access to their personal information.
21. Protected Health Information (PHI): All individually identifiable health information, (including genetic information) whether oral or recorded in any form, that relates to the physical or mental health of a member, the provision of health care to that Member, or the payment for the provision of health care services to an individual.¹⁸
22. PHI excludes individually identifiable health information in education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and, employment records held by a Covered Entity in its role as employer.
23. Security: Security or security measures, encompasses all of the administrative, physical and technical safeguards in an information system.¹⁹). It relates to the extent to which information can be stored and provided with access limited to those who are authorized and have a legitimate need to use/disclose such information.

E. Procedure

1. IEHP will use HIPAA definitions, as found in 45 C.F.R. §§160.103, 164.402 and 164.501.
 - a. Any modifications from the Department of Health and Human Services (DHHS) to the existing definitions will be incorporated into new IEHP policy creation; any applicable existing IEHP policy will be edited/revised accordingly.
2. IEHP will use the HIPAA definitions in general use and as reference to determining if HIPAA preempts State Law.

F. Uses and Disclosure

1. Basic Principle for Use and Disclosure: IEHP may not use or disclose PHI, except either:

¹⁷ 42 U.S.C. § 17921(11)

¹⁸ 45 C.F.R. § 160.103

¹⁹ 45 C.F.R. § 164.304

- a. As Federal/State Privacy Rule permits or requires; or
 - b. As the Member who is the subject of the information (or the Member’s personal representative) authorizes in writing.
2. Required Disclosures: IEHP must disclose PHI in only two (2) situations:²⁰
- a. To Members (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their PHI; and,
 - b. To a contracted government agency when it is undertaking a healthcare compliance investigation or review or enforcement action.
3. Permitted Uses and Disclosures: IEHP is permitted, but not required, to use and disclose PHI, without a Member’s authorization, for the following purposes or situations:²¹
- a. To the Member, with limited exceptions;
 - b. Treatment, Payment and Health Care Operations;
 - c. Opportunity to Agree or Object;
 - d. Incident to an otherwise permitted use and disclosure;
 - e. Limited Data Set for the purposes of research, public health or health care operations. IEHP may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make. See policy PRO_CMP P-02- “Uses and Disclosure of Protected Health Information (PHI)(NCQA)”.
4. Minimum Necessary: IEHP will make all reasonable efforts to use, disclose and request only the minimum amount of PHI needed to accomplish the intended purpose of the use, disclosure or request. The minimum necessary requirement does not apply in any of the following circumstances:²²
- a. Disclosure to or a request by a health care provider for treatment;
 - b. Disclosure to a Member who is the subject of the information, or the Member’s personal representative;
 - c. Use or disclosure made pursuant to an authorization;
 - d. Disclosure to a contracted government agency for healthcare related complaint investigation, compliance review or enforcement;
 - e. Use or disclosure that is required by law; or,
 - f. Use or disclosure required for compliance with the applicable requirements of HIPAA Administrative Data Standards and Related Requirements (45 C.F.R. Subtitle A, Subchapter C).
5. Accounting of Disclosures of PHI: Upon Member request, it is the policy of IEHP to provide Members with an accounting of PHI disclosures made by IEHP within the last six (6) years (or shorter period of time if a shorter period is requested) prior to the date

²⁰ 45 C.F.R. § 164.502(a)(2)

²¹ 45 C.F.R. § 164.502(a)(1)

²² 45 C.F.R. §§ 164.502(b) and 164.514 (d)

on which the accounting is requested.²³ See policies PRO_CMP P-02 “Uses and Disclosure of Protected Health Information (PHI) (NCQA)” and PRO_CMP P-06 “Accounting of Disclosures of PHI.”

G. Privacy Practices Notice

IEHP provides the “Notice of Privacy Practice” to each new Member as follows:²⁴

1. At enrollment and no less frequently than once every three years;
2. Within 60 days of a material change to the uses or disclosures, the Member’s rights, IEHP’s legal duties, or other material privacy practices stated in the Notice; and,
3. Upon request by any person including IEHP Members.
4. The IEHP Member Handbook details the plan’s security and privacy practices and refers Members to Member Services and/or the IEHP Internet website for further information. See policy PRO_CMP P-04 “Notice of Privacy Practices (NCQA)”.

H. Access

It is the policy of IEHP to allow Members or their legal representative to inspect and receive a copy of their PHI within the IEHP *designated record set* upon request, with some exceptions.²⁵ Members, or their legal representatives, will be requested to submit their request in writing and to submit proof of identity for the release. The “designated record set” is a group of records maintained by IEHP that are used to make decisions about Member enrollment; provider payments; claims adjudication; and, case or medical management systems.²⁶

1. The Privacy Rule excepts from the right of access the following PHI:²⁷
 - a. Psychotherapy notes maintained separate from other mental health records;
 - b. Information compiled in reasonable anticipation of, or for use in, civil, criminal, or administrative actions or proceedings;
 - c. Laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access; or,
 - d. Information held by certain research laboratories.
2. IEHP may deny access to a Member or their legal representative in certain specified situations, such as when a health care professional believes that access could cause harm to the Member or another. In such cases, the Member or their legal representative are given the right to have such denials reviewed by a licensed health care professional. IEHP will provide or deny access based on the reviewing official’s determination.²⁸ See policies PRO_CMP P-03 “Securing PHI” and LegalDRS_02 “IEHP Designated Record Set”.

²³ 45 C.F.R. § 164.528

²⁴ 45 C.F.R. § 164.520

²⁵ 45 C.F.R. § 164.524

²⁶ 45 C.F.R. § 164.501

²⁷ 45 C.F.R. § 164.524

²⁸ 45 C.F.R. § 164.524

3. Covered entities are permitted to disclose a decedent’s information to family members and others involved in the decedent’s care prior to death unless the decedent previously expressed otherwise.²⁹

I. Amendment:

1. IEHP Members have a right to amend their PHI in a designated record set when that information is inaccurate or incomplete. If an amendment is granted in whole or in part, IEHP must:³⁰
 1. Amend the information or the record that is the subject of the request;
 2. Notify the Member that the amendment has been accepted; and,
 3. Notify relevant persons, Providers, business associates or organizations identified by either the Member or IEHP, of the amendment.
2. IEHP may deny an amendment based on the following instances:³¹
 - a. Information requested to be amended was not created by the Provider;
 - b. Information requested to be amended is not part of the designated record set;
 - c. Information requested to be amended is not information that the Member has a right to access; or,
3. Information requested to be amended is accurate and complete.
4. If the request is denied, IEHP will provide the Member with the basis for the denial and inform the Member of their right to submit a statement of disagreement which shall be filed, and subsequently released with, the record; and, a description of how the Member can commence a complaint to IEHP or to the Secretary of DHHS.³²
5. IEHP will amend PHI in its designated record set upon receipt of notice to amend from another covered entity.³³ See policy PRO_CMP P-05 “Member’s Request to Amend, Restrict Access or Deny Access to PHI”.

J. Restriction Request

In the case that a Member requests that IEHP restrict the disclosure of his/her PHI, notwithstanding paragraph (a)(1)(ii) of such section, IEHP must comply with the requested restriction if:³⁴

1. Except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment);³⁵ and,

²⁹ 45 C.F.R. § 164.510(b)(5)

³⁰ 45 C.F.R. § 164.526

³¹ 45 C.F.R. § 164.526(a)(2)

³² 45 C.F.R. § 164.526(d)(1)(iv)

³³ 45 C.F.R. § 164.526(e)

³⁴ 45 C.F.R. § 164.522 (a)(1)(i)(A)

³⁵ 45 C.F.R. § 164.522 (a)(1)(vi)(A)

2. PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.³⁶

Members have the right to request that IEHP restrict use or disclosure of PHI to notify family members or others about the Member's general condition, location or death.

IEHP will not agree to the restriction or denial of PHI as requested by the Member if IEHP determines that the information being restricted would impede treatment for the Member being served. See policy PRO_CMP P-05 "Member's Requests to Amend, Restrict Access or Deny Access to PHI (NCQA)".

K. Confidential Communications

1. IEHP permits Members to request an alternative means or location for receiving communications of PHI by means other than those that IEHP typically employs.³⁷
2. IEHP will accommodate reasonable requests if the Member indicates that the disclosure of all or part of the PHI could endanger the Member. IEHP will not question the Member's statement of endangerment.³⁸ See policy PRO_CMP P-05 "Member's Requests to Amend, Restrict Access or Deny Access to PHI (NCQA)".

L. Administrative Requirements:

1. Privacy Policies and Procedures: IEHP has developed and implemented policies and procedures that are consistent with The Privacy Rule.³⁹
2. Privacy Personnel: IEHP has designated the HIPAA Privacy Officer as their privacy official responsible for developing and implementing its privacy policies and procedures.⁴⁰
3. IEHP has designated its Compliance Department as the office responsible for receiving HIPAA related complaints and providing Members and other individuals with information on IEHP HIPAA practices.⁴¹ See policy PRO_CMP C-07 "Duties of Compliance Officer – HIPAA (NCQA)".
4. Team Member Training: Training requires that all IEHP Team Members, including management, demonstrate awareness and understanding of HIPAA Privacy and Security standards, as well as privacy requirements under the HITECH Act and ARRA. Additionally, business associates, first tier and downstream entities and vendors who have access to Member PHI must document that their workforce members have been trained on these standards.⁴²
 - a. During "New Hire Orientation," every newly hired Team Member is provided with reference documents regarding HIPAA and PHI.

³⁶ 45 C.F.R. § 164.522 (a)(1)(vi)(B)

³⁷ 45 C.F.R. § 164.522 (b)(1)(i)

³⁸ 45 C.F.R. § 164.522 (b)(1)(ii)

³⁹ 45 C.F.R. § 164.530(i)

⁴⁰ 45 C.F.R. § 164.530(a)

⁴¹ 45 C.F.R. § 164.530(d)

⁴² 45 C.F.R. § 164.530(b)

- b. Newly hired IEHP Team Members are required to sign a “Protected Health Information (PHI) Confidentiality Statement,” at the time of their IEHP orientation process and annually thereafter. Team Members are also required to sign an acknowledgment form acknowledging receipt and recognition of the IEHP Code of Conduct.
 - c. Upon hire, and annually thereafter, each Team Member is required to complete compliance training.
 - d. IEHP informs Team Members, through the Team Member Handbook and policies, that unauthorized disclosure of PHI or other confidential information is grounds for immediate disciplinary action, up to and including termination.
 - e. IEHP Team Members are provided with notification when material changes have been made to the privacy procedures within a reasonable period of time following approval by the HIPAA Privacy Officer and the Executive Compliance Committee.
 - f. The availability of reporting privacy and/or security concerns regarding HIPAA non-compliance is included in all training sessions, as well as, appearing on the internal website. IEHP has a zero-tolerance policy for retaliatory action against Team Members who report HIPAA concerns.
 - g. Other training materials for Team Members include, but are not limited to, periodic security updates and reminders.
5. Business Associate, First Tier and Downstream Entities and Vendor Training: IEHP provides HIPAA learning experiences including, but not limited to:
- a. Pre-contractual and annual audits of IPA HIPAA compliance, to include corrective action plans (CAPs) for identified deficiencies.
6. Provider Training: Privacy incidents/breaches of Member information by a Provider may result in a CAP.
7. Mitigation: IEHP shall mitigate, to the extent practicable, any harmful effect it learns was caused by use or disclosure of PHI by its Team Members or its business associates and subcontractors in violation of its privacy policies and procedures or the Privacy Rule.
8. Data Safeguards: IEHP maintains administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of PHI in violation of the Privacy Rule and to limit incidental use and disclosure. Policies and procedures have been developed and implemented.⁴³
- a. IEHP utilizes a document cross shredding service and uses securely locked shredder bins in each business area to hold confidential documents prior to shredding.
 - b. Hard copy documents containing PHI are secured under lock and key during non-business hours; and all Team Members have been provided with “PHI Protectors” to be placed over any and all confidential documents that are in process at their desks.
 - c. The IEHP Information Technology Department has implemented technical safeguards to protect PHI and has policies and procedures in place for electronic security from

⁴³ 45 C.F.R. § 164.530(c)

- unauthorized disclosure, i.e., passwords; screen time-outs; secure E-Mail; etc. Team Member responsibilities for electronic security are included in compliance training for Team Members and are detailed in IT policies and procedures.
- d. IEHP protects the privacy of individual Member PHI by de-identifying PHI when released for purposes other than treatment, payment or healthcare operations; for use without the Member’s authorization; and, for purposes other than those legally required under HIPAA to protect public safety.
 - e. The IEHP Team Member Handbook addresses the policy for verbal disclosures of PHI, including Team Member discussion outside the IEHP offices.
 - f. IEHP has implemented a policy that addresses verifying the identity of the individual requesting PHI prior to release of the information. By administering this policy, Team Members put forth their best efforts to send PHI, in any format, to the appropriate requestor.
 - g. The Facilities Department has implemented physical safeguards for PHI including, but not limited to, controlled access to all areas of the buildings as detailed in their Policies and Procedures.
9. Compliance:
- a. The Compliance Department conducts in-house, random departmental HIPAA walk-throughs to assess Team Member compliance with the IEHP PHI privacy policy. See policy PRO_CMP P-08 “Monitoring and Auditing for Health Insurance Portability and Accountability Act (HIPAA) Privacy Compliance: HIPAA Walk-Throughs”.
 - b. IEHP requires that business associates who may be recipients of PHI must agree, in writing, to certain mandatory contract provisions regarding the use and disclosure of PHI.
 - c. IEHP monitors contracted IPAs and business associates for compliance with HIPAA regulations prior to contracting and annually thereafter.
10. Notification of Privacy Breach:⁴⁴ IEHP maintains and implements policies and procedures for providing notification of suspected and/or actual privacy breaches for all lines of business to the appropriate regulatory agencies. The IEHP Compliance Department investigates such breaches or unauthorized uses or disclosures of PHI and, when necessary, requires that a Root Cause Analysis and a Corrective Action Plan be completed and submitted by the department responsible for the breach. See policy PRO_CMP P-09 “Privacy Incidents - Risk Assessment and Breach Reporting”.
11. Notification to the Media & California State Attorney: IEHP maintains and implements policies and procedures for providing notification of a breach of protected health information of more than 500 individuals within the State of California or jurisdiction to the media serving the area, without unreasonable delay, but no later than 60 days after discovery.⁴⁵ In addition, notification to the California State Attorney will be made.

⁴⁴ 45 C.F.R. § 164.408; Department of Health Care Services (DHCS)-IEHP Two-Plan Contract 2024, Exhibit G – Business Associated Addendum, Section 18. Breaches and Security Incidents.

⁴⁵ 74 Fed. Reg. at 42768

12. HIPAA Non-Compliance: IEHP has a policy and procedure in place for Members, Team Members, Business Associates or other individuals to submit concerns and/or incidents of non-compliance with HIPAA requirements to the plan and/or to the Secretary of DHHS. See policy PRO_CMP P-04a “Notice of Privacy Practices”. Issues involving HIPAA and/or non-compliance may be reported by the following methods:

Compliance Hotline: [866-355-9038](tel:866-355-9038)

Fax: [909-477-8536](tel:909-477-8536)

Compliance Mailbox: compliance@iehp.org

In Person: Special Investigations Unit Compliance Team

Mail: IEHP Compliance Officer Officer, PO Box 1800, Rancho Cucamonga, CA 91729-1800

JIVE: Click on the Compliance Corner link.

Webform: IEHP.org Provider Resources – Provider support - Compliance

13. Retaliation and Waiver: IEHP does not retaliate against a person for exercising rights provided by the Privacy Rule, for assisting in an investigation by DHHS or another appropriate authority, or for opposing an act or practice that the person believes in good faith violates the Privacy Rule. IEHP does not require a Member to waive any right under the Privacy Rule as a condition for obtaining treatment, payment and enrollment or benefits eligibility.
14. Documentation and Record Retention: IEHP maintains archives of privacy policies and procedures, privacy practice notices, disposition of complaints and other actions, activities, and designations that the Privacy Rule requires for a period of ten (10) years.⁴⁶
15. Destruction of Confidential Information: Each area creating, receiving, and retaining confidential information of any type including PHI is responsible to protect the information and deposit the information in secured shredding bins.

⁴⁶ 42 C.F.R. § 422.504(e)

ADMINISTRATION

2. RATIFY AND APPROVE THE 2024 LOCAL INITIATIVE PRIMARY CONTRACT #23-30225 WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the 2024 Local Initiative Primary Contract #23-30225 (Primary Contract) with the California Department of Health Care Services (DHCS) for the provision of Medi-Cal Health Plan Services effective January 1, 2024 through December 31, 2024.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

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

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

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

Discussion:

DHCS issued the new 2024 Primary Contract template to reflect a more rigorous contract that holds Plans to new standards of care and greater accountability including but not limited to an increased focus on providing quality, equitable and comprehensive coverage for Medi-Cal Members in order to ensure Medi-Cal Members have the care and support they need. The parties agree to comply with the terms and conditions to provide health care services to eligible Medi-Cal recipients within the scope of Medi-Cal benefits as defined in the contents of the Contract. IEHP's Primary Contract is from January 1, 2024, through December 31, 2024. Amendments to the contract will be issued as DHCS makes additions or changes and to extend the contract period.

CONSENT AGENDA

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|----------------------|-------------------------|---------------------------|----------------------------|--------------------------|------------------------|
| None | H. Lien 4/20/23 | N/A | M. Popka 01/17/24 | L. Nery 1/11/2024 | S. White 01/16/2024 |

ADMINISTRATION

3. RATIFY AND APPROVE THE 2024 LOCAL INITIATIVE SECONDARY CONTRACT #23-30257 WITH THE DEPARTMENT OF HEALTH CARE SERVICES

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the 2024 Local Initiative Secondary Contract #23-30257 (Secondary Contract) with the California Department of Health Care Services (DHCS) for the provision of Medi-Cal Health Plan Services effective January 1, 2024 through December 31, 2024.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

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

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

The Secondary Contract outlines the terms and conditions by which the Plan must cover specific Medi-Cal State-Supported Services.

Each Plan in the Two-Plan Model Managed Care Program is required to contract with DHCS in order to receive funds from the State to provide State-Supported health care services to the Medi-Cal population.

Discussion:

DHCS issued the 2024 Secondary Contract template to align with the new 2024 Primary Contract. The parties agree to comply with the terms and conditions to cover specific Medi-Cal State-Supported Services to IEHP Members enrolled under the Primary Contract. State-Supported Services means Private Services (Current Procedural Terminology Codes 59840 through 59857 and CMS Common Procedure Coding System Codes X1516, X1518, X7724, X7726, and Z0336) and Covered Services, as identified in the Primary Contract, for Unsatisfactory Immigration Status (UIS) Members except for pregnancy-related services for UIS Members and emergency services as they are described in the Primary Contract. IEHP's Secondary Contract is from January 1, 2024,

CONSENT AGENDA

through December 31, 2024. Amendments will be issued as DHCS makes changes or additions as well as extensions of contract periods.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------|---------------------|--------------------|----------------------|-------------------|------------------------|
| None | H. Lein 04/20/23 | N/A | M. Popka 01/17/24 | L.Nery 1/11/2024 | S. White 01/16/2024 |

ADMINISTRATION

4. APPROVE THE FUNDING AGREEMENT WITH SAN BERNARDINO COUNTY ON BEHALF OF ARROWHEAD REGIONAL MEDICAL CENTER

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the Funding Agreement (Agreement) with San Bernardino County on Behalf of Arrowhead Regional Medical Center (ARMC) for the utilization of Safety Net Connect’s eConsult System for an amount not to exceed \$333,000 through January 31, 2025.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

In March 2018, IEHP entered into a Memorandum of Understanding with ARMC and Riverside University Health Systems (RUHS) to participate in the Multi County eConsult Initiative for the purpose of developing a communications and referral technology platform to improve the care management communication and coordination between primary care providers and specialty care providers for patients for a 24-month period beginning March 20, 2018.

Safety Net Connect, Inc. (SNC) is a secure online communication tool that allows Primary Care Providers (PCPs) to request evaluation form a Specialist Reviewer. It is designed to improve patient care, increase appropriate access to Specialist Providers and improve Member experience. It is the eConsult platform utilized by participants in the Multi County eConsult Initiative whereby IEHP entered into an agreement with SNC in February 2018 and ARMC entered into an agreement with SNC in March 2020.

Discussion:

ARMC is currently a contracted Hospital in the IEHP Network and utilizes SNC as the eConsult platform. Utilization of the eConsult platform supports the mutual goal of improving the healthcare delivery system in San Bernardino County, specifically IEHP Members.

ARMC will utilize IEHP’s funds to continue covering Software as a Service (SaaS) monthly licensing fees at a cost not to exceed \$333,000 through January 31, 2025.

The payment has been calculated as follows from July 2023 through December 2024:

| Service | Cost Per Month | Total Months | Total Cost |
|-------------------------------------|--|---------------------|-------------------|
| Base SaaS License | \$15,000 | 18 | \$270,000 |
| Originating Site Fee | \$3,500 (7 sites at \$500 per site) | 18 | \$63,000 |
| Funding Agreement Total Cost | | | \$333,000 |

CONSENT AGENDA

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|----------------------|-------------------------|---------------------------|----------------------------|--------------------------|------------------------|
| New Expenditure | J. Haines 01/12/2024 | N/A | M. Popka 01/17/24 | N/A | S. White 01/12/2024 |

ADMINISTRATION

5. APPROVE THE IEHP PAY SCHEDULES FOR QUARTER ONE OF 2024

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the IEHP Team Member Pay Schedules for Quarter One of 2024 to align with the reporting requirements for CalPERS.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

As indicated in the CalPERS audit conclusions in July 2020, Government Code sections 20636 and 7522.34 and CCR section 570.5 and 571.1 state that payrates must be reported pursuant to a publicly available pay schedule that identifies the position title for every employee. In addition, pay schedules must indicate the time base, including, but not limited to, whether the time base is hourly, daily, bi-weekly, monthly, bi-monthly, or annually. According to CalPERS, the pay schedules are to be approved at least annually by the Board and submitted to CalPERS.

Discussion:

IEHP is presenting the current pay schedule for Quarter One of 2024 to align with the CalPERS requirements. In addition, the pay schedule provided includes updates to the salary structure and pay grades for positions as a result of the Mercer compensation market study and internal analysis completed in December 2023. The recommendation is for approval of the attached pay schedule that indicates each IEHP position grouped into the respective salary grade and the salary range minimum, midpoint, and maximum of the year or quarter.

As a result of the new salary grades and new minimum pay range value, the fiscal impact is estimated at an additional payroll expense of \$2,963,604. This impact includes bringing Team Members to the new salary range minimum or to the new starting pay rate of \$23.00 per hour.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|----------------------|-------------------------|---------------------------|----------------------------|--------------------------|-----------------------|
| New Expenditure | NA | NA | A. Wang 01/22/24 | D. Del Toro 1/16/2024 | S. Sood 01/19/24 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|----------------|
| 5NE587 | Community Health Worker - Resident Intern | Nonexempt | 100 | \$ 31,865.60 | \$ 38,937.60 | \$ 45,427.20 |
| 5NE566 | IEHP Intern | Nonexempt | 100 | \$ 31,865.60 | \$ 38,937.60 | \$ 45,427.20 |
| 5NE180 | Mailroom Processor | Nonexempt | 102 | \$ 43,680.00 | \$ 54,516.80 | \$ 65,416.00 |
| 5NE150 | Receptionist I | Nonexempt | 102 | \$ 43,680.00 | \$ 54,516.80 | \$ 65,416.00 |
| 5NE148 | Administrative Assistant I | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE551 | Administrative Assistant I - Claims | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE205 | Administrative Assistant I - Compliance | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE212 | Administrative Assistant I - FR & A | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE230 | Administrative Assistant I - Facilities | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE248 | Administrative Assistant I - Grievance & Appeals | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE539 | Administrative Assistant I - Health Services | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE277 | Administrative Assistant I - Process Improvement | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE223 | Administrative Assistant I - Quality & Training | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE292 | Administrative Assistant I - Quality Systems | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE533 | Administrative Assistant I - Talent Acquisition | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE554 | Administrative Assistant I - UM | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE159 | Claims Processor I | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE573 | Claims Processor I - Provider Claims | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE217 | Coordinator - Transportation Services Call Center | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE563 | Medicare Pharmacy Call Center Representative | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE595 | Member Services Representative - Covered California | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE182 | Member Services Representative - Medi-Cal | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE184 | Member Services Representative - Medicare | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE186 | Provider Call Center Representative | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE572 | Receptionist II | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE189 | Senior Mailroom Processor | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE193 | Warehouse Processor | Nonexempt | 104 | \$ 46,176.00 | \$ 58,884.80 | \$ 71,572.80 |
| 5NE146 | Accounting Specialist I | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE149 | Administrative Assistant II | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE552 | Administrative Assistant II - Claims | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE568 | Administrative Assistant II - FR&A | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE570 | Administrative Assistant II - Facilities | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE250 | Administrative Assistant II - Health Services | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE224 | Administrative Assistant II - Operations | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE152 | Board Specialist | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE560 | Care Extender - ECM | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE160 | Claims Processor II | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 2NE544 | Coordination of Benefits Specialist (COB) | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE167 | Coordinator | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE198 | Coordinator - Behavioral Health | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE194 | Coordinator - Care Management | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE545 | Coordinator - Claims Audit and Recovery | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE293 | Coordinator - Community Resource Center | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE534 | Coordinator - Community Resource Center Logistics | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE535 | Coordinator - Community Supports | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|----------------|
| 5NE233 | Coordinator - Contracts | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE585 | Coordinator - Cultural & Linguistic Services | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE591 | Coordinator - ECM Operations | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE594 | Coordinator - ECM Transitional Care | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE559 | Coordinator - Eligibility | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE283 | Coordinator - Enhanced Care Management | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE219 | Coordinator - Facilities | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE529 | Coordinator - Facilities Safety & Security | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE208 | Coordinator - Grievance and Appeals | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE555 | Coordinator - Health Services Physician Support | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE550 | Coordinator - Housing Program | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE537 | Coordinator - Human Resources, Total Rewards | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE581 | Coordinator - Integrated Transitional Care | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE221 | Coordinator - LTC | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE195 | Coordinator - Medicare Sales | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE263 | Coordinator - Member Services, HRA | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE579 | Coordinator - Policy & Regulatory Operations | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE204 | Coordinator - Quality Systems | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE246 | Coordinator - Transplant Services | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE598 | Coordinator - UM Inpatient & Specialty - CCA | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE542 | Coordinator - UM Letter Review | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE597 | Coordinator - UM Letter Review - CCA | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE561 | Coordinator - UM Member Call Center | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE296 | Coordinator - UM Outpatient Call Center | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE235 | Coordinator - Utilization Management Inpatient | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE210 | Coordinator - Utilization Management Outpatient | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE599 | Coordinator - Utilization Management Outpatient - CCA | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 2NE557 | Eligibility Continuity Specialist | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 2NE560 | Enrollment Specialist | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE199 | Health Navigator Specialist | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 2NE495 | Mail Fulfillment Specialist | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE588 | Marketing Specialist I | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 2NE498 | Medi-Medi Specialist | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE593 | Member Services Operations Specialist | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE183 | Member Services Representative - All Channels | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 2NE503 | Project Specialist | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 2NE519 | Regulatory Affairs Project Specialist | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE596 | Sales & Outreach Support Specialist | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE192 | Senior Provider Call Center Representative | Nonexempt | 106 | \$ 49,878.40 | \$ 63,585.60 | \$ 77,313.60 |
| 5NE147 | Accounting Specialist II | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE577 | Accounting Specialist II - Financial Compliance | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE238 | BH Specialist - Call Center | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE257 | BH Specialist - Crisis Call Team | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE253 | BH Specialist - Specialty Kids Interventions | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE151 | Behavioral Health Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|----------------|
| 5NE154 | Buyer I | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE155 | Call Center Quality Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE161 | Claims Processor III | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE574 | Claims Specialist I - Provider Claims | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE547 | Claims Specialist Quality Assurance I | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE526 | Community & Housing Navigator | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE576 | Community Health Worker | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE578 | Community Health Worker - CBH | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE268 | Community Health Worker - ECM | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE532 | Community Health Worker - ECM Transitional Care | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE575 | Community Health Worker - Health Education | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE577 | Community Health Worker - ILDS | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE579 | Community Health Worker - SCS | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE567 | Community Resource Center Fitness Coach | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE521 | Compliance & Privacy Program Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE267 | Contracts Administration Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE543 | Credentialing Specialist I | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE586 | Cultural & Linguistic Services Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE300 | Data Retrieval Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE553 | Delegation Oversight Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE574 | Digital Communications Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE171 | Eligibility Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE590 | Facilities Project Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE566 | Financial Services Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE492 | Human Resources Specialist - Benefits | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE541 | Human Resources Specialist - Operations | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE301 | Integrated Transitional Care Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 8NE001 | Landscape Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE179 | Legal Secretary | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE494 | Legal Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE589 | Marketing Specialist II | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE563 | Medicare Enrollment Reconciliation Specialist I | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE536 | Network Contract Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE499 | Payroll Specialist I | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2EX432 | Pharmacy PDE & DIR Specialist | Exempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2EX1013 | Physical Accessibility Review Survey Specialist | Exempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE556 | Pre-Employment Specialist I | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE538 | Program Specialist - Community Health | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE547 | Provider Network Specialist I | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE562 | Provider Payment Resolution Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE561 | Provider Quality Incentives Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE506 | Provider Services Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE571 | Quality Engagement Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE558 | Regulatory Oversight Community Support Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE188 | Senior Coordinator | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|--|-------------|-----------|----------------|-----------------|----------------|
| 5NE290 | Senior Coordinator - Care Management | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE582 | Senior Coordinator - Community Behavioral Health | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE583 | Senior Coordinator - Community Health | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE558 | Senior Coordinator - Community Partnerships | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE214 | Senior Coordinator - Contracts | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE252 | Senior Coordinator - Facilities | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE592 | Senior Coordinator - Health Services Physician Support | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE190 | Senior Medicare Member Services Representative | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE191 | Senior Member Services Representative | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE532 | Senior Pharmacy Technician Liaison | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE580 | Team Lead - Transportation Services Call Center | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 5NE569 | Team Lead - Utilization Management | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2NE518 | Workforce Management Intraday Specialist | Nonexempt | 108 | \$ 53,872.00 | \$ 68,681.60 | \$ 83,491.20 |
| 2EX841 | Accounting Specialist III | Exempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE512 | Behavioral Health Specialist - Team Lead | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 5NE575 | Claims Specialist II - Provider Claims | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 5NE548 | Claims Specialist Quality Assurance II | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE533 | Clinical Pharmacy Program Specialist | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE581 | Community Resource Center Nutrition Coach | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE555 | Compensation Specialist | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2EX1066 | Consumer Researcher | Exempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 5NE584 | Credentialing Specialist II | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE583 | Digital Content Designer | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE573 | Facilities CAD Operator | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| F2EX102 | Foundation Executive Assistant | Exempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE489 | Health Navigator | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE569 | Hospital Services Representative - Hospital Relations | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE491 | Human Resources Generalist I | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE565 | IT Vendor Management Specialist I | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE572 | Junior Graphic Designer | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 5NE178 | Lead Claims Processor | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2EX969 | Network Contract Representative | Exempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE500 | Payroll Specialist II | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE552 | Pharmacy Medication Management Specialist | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE553 | Pharmacy Technician - UM | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE568 | Pre-Employment Specialist Lead | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE549 | Provider Network Specialist II | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE570 | Provider Relations Quality Assurance Specialist | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 5NE567 | Quality Assurance Specialist BH & CM - Non-Clinical | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE522 | Quality Assurance Specialist Non-Clinical | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE527 | Quality Assurance Specialist Non-Clinical G&A | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2NE543 | Quality Assurance Specialist Non-Clinical UM Inpatient | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2EX950 | Quality Assurance Support Specialist - TSCC | Exempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2EX853 | Quality Assurance Support Specialist - UM | Exempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 5NE247 | Senior Call Center Quality Specialist | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|----------------|
| 2NE546 | Senior Eligibility Specialist | Nonexempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2EX827 | Trainer I - Learning & Development | Exempt | 110 | \$ 57,054.40 | \$ 74,172.80 | \$ 91,291.20 |
| 2EX348 | Analyst I | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX674 | Analyst I - Behavioral Health & Care Management | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX492 | Analyst I - Call Center Systems | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX764 | Analyst I - Community Health | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX967 | Analyst I - Enhanced Care Management | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX942 | Analyst I - Facilities | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX583 | Analyst I - Finance | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX974 | Analyst I - Fraud Mitigation | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX725 | Analyst I - Grievance & Appeals | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1057 | Analyst I - Health Equity | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1061 | Analyst I - Health Services Special Initiatives | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX402 | Analyst I - Human Resources | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX828 | Analyst I - Learning & Development | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX775 | Analyst I - Member Services | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX800 | Analyst I - Member Services Quality Assurance | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX551 | Analyst I - Pharmacy | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX730 | Analyst I - Pharmacy Utilization | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX835 | Analyst I - Process Improvement | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX675 | Analyst I - Procurement | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX620 | Analyst I - Project, Community Behavioral Health | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX644 | Analyst I - Provider Contracting Contract Man | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1002 | Analyst I - Provider Relations | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX661 | Analyst I - Provider Services | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX668 | Analyst I - Provider Services Administration | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX606 | Analyst I - Quality Management | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX756 | Analyst I - Regulatory Affairs (Policy & Communications) | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1011 | Analyst I - Regulatory Oversight | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1082 | Analyst I - Risk Coding & Analytics | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1063 | Analyst I - Strategic Provider Partnerships | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX923 | Analyst I - Talent Acquisition | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX807 | Analyst I - Utilization Management | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1073 | Analyst I - Utilization Management - CCA | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX747 | Analyst I - Utilization Management - Delegation Oversight | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1089 | Analyst I - Provider Claims | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX902 | Auditor - Credit Balance Recovery | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX900 | Auditor - Provider Recovery | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX901 | Auditor I - Internal Controls | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX521 | Business Analyst I | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX523 | CCS Care Manager, LVN | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX522 | Care Manager, LVN | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX936 | Career Development Advisor | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 5NE157 | Claims Auditor | Nonexempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX532 | Claims Review Nurse, LVN | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|--|-------------|-----------|----------------|-----------------|----------------|
| 2NE545 | Clinical Pharmacy Education Specialist | Nonexempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1044 | Community Based Organization Services Representative | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX371 | Community Health Representative | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1072 | Community Health Worker Trainer | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX968 | Community Partnership Representative | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX952 | Compliance Auditor I | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX785 | Configuration Analyst I - Core Business Systems | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX375 | Contracts Manager | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX377 | Credentialing Auditor | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX573 | Delegation Oversight Nurse, LVN | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX385 | Digital Production Specialist | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX535 | Eligibility Pharmacy Analyst | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1012 | Event Administrator | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 5NE175 | Executive Assistant | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX744 | Fraud Investigator I | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX539 | Grievance & Appeals Nurse | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX890 | Grievance & Appeals Regulatory Nurse | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX959 | Growth & Development Advisor | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX761 | HEDIS Clinical Review Nurse, LVN | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2NE493 | IT Specialist I | Nonexempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2NE554 | IT Specialist I - Data Governance | Nonexempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX345 | IT Systems Administrator I | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX713 | Instructional Designer I | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1031 | Integrated Transitional Care Nurse, LVN | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX872 | Internal Communications Administrator | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 5NE576 | Lead Claims - Provider Claims | Nonexempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 5NE298 | Lead Claims Quality Assurance | Nonexempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2NE585 | Lead Health Navigator | Nonexempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX805 | Learning & Development Generalist | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX963 | Learning Management System Administrator | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX601 | Long Term Care Review Nurse, LVN | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX836 | Outreach & Enrollment Advisor | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX427 | Paralegal | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1043 | Payroll Specialist III | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX429 | Pharmacy Auditor | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2NE502 | Pharmacy Quality Assurance Specialist I | Nonexempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX749 | Privacy Investigator I | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2NE559 | Provider Workflow Support Specialist | Nonexempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX992 | Quality Specialist Representative | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX608 | Resident Pharmacist | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX954 | Safety & Security Administrator | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX971 | Senior Network Contract Representative | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2NE550 | Senior Pharmacy Medication Management Specialist | Nonexempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2NE551 | Senior Pharmacy Technician - UM | Nonexempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX958 | Social Media Video Content Creator | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|--|-------------|-----------|----------------|-----------------|----------------|
| 2EX928 | Staffing Support Specialist | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX814 | Supportive Housing, LVN | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX877 | Talent Advisor | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX922 | Talent Engagement Specialist | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX855 | Trainer II - Learning & Development | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX944 | UM BH Nurse, LVN | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX524 | UM Nurse, LVN | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1074 | UM Nurse, LVN - CCA | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX1037 | Web Content Publisher | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX488 | Workforce Management Administrator I | Exempt | 112 | \$ 63,897.60 | \$ 83,075.20 | \$ 102,232.00 |
| 2EX591 | Analyst I - Compliance Program | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX500 | Analyst I - Identity & Access Management | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX866 | Analyst I - Member Data Configuration | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX910 | Analyst I - Policy & Regulatory Operations | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX774 | Analyst I - Product System Configuration | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX773 | Analyst I - Provider Data Configuration | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX578 | Analyst I - Provider Network | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX882 | Analyst I - Quality Auditing | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX728 | Analyst I - Test Governance & Coordination | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX349 | Analyst II | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX842 | Analyst II - Behavioral Health & Care Management | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX909 | Analyst II - Business Continuity | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX533 | Analyst II - CORE Business Systems | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX656 | Analyst II - Claims | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX987 | Analyst II - Communications | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX834 | Analyst II - Community Health | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX838 | Analyst II - Configuration Policy and Program | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX1001 | Analyst II - Enhanced Care Management | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX564 | Analyst II - Enrollment | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX700 | Analyst II - Finance | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX763 | Analyst II - Learning & Development | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX629 | Analyst II - Member Services | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX798 | Analyst II - Member Services Quality Assurance | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX794 | Analyst II - Procurement | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX729 | Analyst II - Provider Services Administration | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX737 | Analyst II - Quality Management | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX757 | Analyst II - Regulatory Affairs | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX892 | Analyst II - Regulatory Reporting | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX688 | Analyst II - Utilization Management | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX1078 | Analyst II - Utilization Management - CCA | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX748 | Analyst II - Utilization Management - Delegation Oversight | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX1035 | Audio Visual Systems Engineer | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX812 | Auditor II - Internal Controls | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX359 | Business Systems Technical Analyst | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX360 | Call Center Systems Administrator I | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|----------------|
| 2EX445 | Claims Oversight Auditor - Delegated Network | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX894 | Claims Oversight Auditor - FWA | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX895 | Claims Oversight Auditor - Internal | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX871 | Coding Specialist - Product System Configuration | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX1010 | Coding Specialist - Risk Adjustment | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX676 | Communication Writer Web | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX370 | Communications Writer | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX939 | Communications Writer - Certified Bilingual | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX710 | Compliance Auditor II | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX786 | Configuration Analyst II - Core Business Systems | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX777 | Digital Communications Strategist | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX537 | Financial Analyst I | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX1015 | Financial Analyst I - Financial Compliance | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX1047 | Financial Compliance Auditor | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX745 | Fraud Investigator II | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| F2EX100 | Grants and Strategy Administrator | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX394 | Graphic Designer | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX396 | HCC Coding Specialist | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX398 | Health Educator I | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX404 | Human Resources Generalist II | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX414 | IT Specialist II | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX346 | IT Systems Administrator II | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX406 | Informaticist I - Quality Systems | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX803 | Instructional Designer II | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX1070 | Interaction Designer | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX960 | Lead Growth & Development Advisor | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX717 | Lead LVN, CM Regulatory Nurse | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX988 | Lead Talent Engagement Specialist | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX830 | Lead Trainer - Learning & Development | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX792 | Lead UM Regulatory Nurse, LVN | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX844 | Learning and Development Trainer, MSW | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX417 | Leave of Absence Administrator | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX369 | Media & Public Relations Strategist | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX422 | Medicare Specialist | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX428 | Payroll Administrator | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX925 | Pharmacy Quality Assurance Specialist II | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX750 | Privacy Investigator II | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX433 | Process Improvement Facilitator I | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX437 | Procurement Contract Specialist I | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX447 | Provider Services Representative | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX990 | Provider Services Representative - Hospital Relations | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX1023 | Quality Assurance Clinician, LVN | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX762 | Quality Assurance Nurse, LVN | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX793 | Quality Assurance/Continuous Improvement Nurse | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX1040 | Quality Coding Specialist | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|----------------|
| 2EX953 | Regulatory Production Specialist II | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX462 | Secretary to the Governing Board | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX819 | Senior Clinical Pharmacy Education Specialist | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX1014 | Senior Learning Management System Administrator | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX852 | Senior Paralegal | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX790 | Senior Pharmacy Auditor | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX876 | Senior Talent Advisor | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX111 | Supervisor, Care Management Coordinators | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX159 | Supervisor, Claims Medi-Cal | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX158 | Supervisor, Claims Quality Assurance | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX233 | Supervisor, Community Health Worker Health Education | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX228 | Supervisor, Community Health Worker Residency Program | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX116 | Supervisor, Eligibility | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX152 | Supervisor, Grievance & Appeals Support | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX125 | Supervisor, Medicare Claims | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX127 | Supervisor, Medicare Member Services | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX183 | Supervisor, Medicare Operations | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX202 | Supervisor, Medication Management Pharmacy Operations | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX129 | Supervisor, Member Services | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX168 | Supervisor, Member Services - HRA | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX130 | Supervisor, Member Services Quality Review | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX203 | Supervisor, Pharmacy Utilization Management | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX135 | Supervisor, Provider Call Center | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 5EX207 | Supervisor, Transportation Services | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX973 | Team Lead - Data Retrieval | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX869 | Team Lead - Integrated Transitional Care, LVN | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX868 | Team Lead - Utilization Management, LVN Outpatient | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX1054 | Technical Analyst - Medicare Reporting | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX542 | Technical Analyst I | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX962 | Technical Writer - Learning & Development | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX770 | Workforce Management Administrator II | Exempt | 114 | \$ 71,572.80 | \$ 93,038.40 | \$ 114,504.00 |
| 2EX344 | Accountant | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX706 | Analyst I - Actuarial Services | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX783 | Analyst II - Compliance Program | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1049 | Analyst II - Member Data Configuration | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX913 | Analyst II - Policy & Regulatory Operations | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX880 | Analyst II - Product System Configuration | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX912 | Analyst II - Provider Communication | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX874 | Analyst II - Provider Data Configuration | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX904 | Analyst II - Provider Network | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX946 | Analyst II - Quality Assurance | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX494 | Analyst II - Test Governance & Coordination | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX350 | Analyst III | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX726 | Analyst III - Claims | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX831 | Analyst III - Configuration Policy and Program | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|--|-------------|-----------|----------------|-----------------|----------------|
| 2EX734 | Analyst III - Core Business Systems | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX905 | Analyst III - Financial Compliance | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX780 | Analyst III - Government Affairs | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX940 | Analyst III - Health Services Special Initiatives | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX680 | Analyst III - Member Services | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX758 | Analyst III - Regulatory Affairs | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX893 | Analyst III - Regulatory Reporting | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX351 | Application Support Specialist | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX815 | Auditor III - Internal Controls | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX719 | Behavioral Health Care Manager, MSW/MFT - ECM | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX355 | Behavioral Health Care Manager, Unlicensed | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX867 | Call Center Systems Administrator II | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX571 | Care Manager, MSW | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX372 | Compensation Analyst | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX711 | Compliance Auditor III | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX787 | Configuration Analyst III - Core Business Systems | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX565 | County Programs Liaison | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1027 | Executive Communications - Digital Content Designer | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX935 | Executive Communications Writer | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX392 | Financial Analyst II - FP&A | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX615 | Financial Analyst II - Finance Analytics | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX915 | Financial Analyst II - Financial Compliance | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX883 | Financial Analyst II - Financial Reporting | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX949 | Health Education Information Analyst | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX823 | Health Educator II | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX856 | Healthcare Data Analyst I - Data Quality & Reporting | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX824 | Healthcare Data Analyst I - Finance | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX650 | Healthcare Data Analyst I - Pharmacy | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX622 | Healthcare Data Analyst I - Quality Systems | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX993 | Hospital Systems Analyst I - Hospital Relations | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1086 | Human Resources Business Associate | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1069 | Human Resources Program Manager | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX501 | IT Business Systems Analyst I | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX659 | IT Specialist II - Application Support | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX552 | IT Specialist II - EDI | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX347 | IT Systems Administrator III | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX407 | Informaticist II | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX410 | Instructional Designer III | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1033 | Integrated Transitional Care Manager, MSW | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1071 | Justice Involved Liaison - Enhanced Care Management | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1029 | Learning & Development Program Liaison | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX660 | Learning & Development Trainer, RN | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1058 | Learning Systems Administrator | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX434 | Process Improvement Facilitator II | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX470 | Procurement Contract Specialist II | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|--|-------------|-----------|----------------|-----------------|----------------|
| 2EX1062 | Provider Workflow Representative | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX588 | Quality Improvement Facilitator I | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX459 | Quality Systems Analyst I | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX991 | Quality Systems Analyst I - Quality Transformation | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1039 | Senior Accountant - Accounting Services | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX896 | Senior Accountant - Financial Compliance | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX847 | Senior Claims Oversight Auditor - Delegated Network | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX970 | Senior Communications Writer | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1038 | Senior Graphic Designer | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1003 | Senior Provider Services Representative | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX957 | Senior Video Writer-Producer | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX813 | Special Programs Manager - Community Health | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX948 | Special Programs Manager - Health Services Special Initiatives | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX978 | Special Programs Manager - Mission Team | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX848 | Special Programs Manager - Process Improvement | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX1084 | Special Programs Manager - Product Governance | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX683 | Special Programs Manager - Quality Management | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX463 | Special Programs Manager I | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX986 | Special Programs Manager I - Commercial Products | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX820 | Special Programs Manager I - Health Services | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX995 | Special Programs Manager I - Hospital Relations | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX669 | Special Programs Manager I - Quality Systems | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX510 | Strategy Technical Specialist | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX165 | Supervisor, Behavioral Health Call Center | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX198 | Supervisor, Call Center Systems | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX115 | Supervisor, Community Resource Center | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX230 | Supervisor, Contracts Administration | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX161 | Supervisor, Credentialing | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX119 | Supervisor, Health Navigator | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX194 | Supervisor, Independent Living & Diversity Services | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX192 | Supervisor, Internal Claims Oversight | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX178 | Supervisor, Pharmacy Quality Assurance and Compliance | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX190 | Supervisor, Provider Claims Resolution & Recovery - Claims | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX193 | Supervisor, Provider Claims Resolution & Recovery - Recovery | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX225 | Supervisor, Provider Network | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX218 | Supervisor, Talent Acquisition | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 5EX236 | Supervisor, Talent Engagement & Onboarding | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX865 | Technical Analyst I - Data Quality & Reporting | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX921 | UI/UX Web Designer | Exempt | 116 | \$ 80,059.20 | \$ 106,059.20 | \$ 132,080.00 |
| 2EX657 | Analyst II - Actuarial Services | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX724 | Analyst III - Compliance Program | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1083 | Analyst III - Member Data Configuration | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX911 | Analyst III - Policy & Regulatory Operations | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1021 | Analyst III - Provider Network | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX885 | Application Architect I - Product System Configuration | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|--|-------------|-----------|----------------|-----------------|----------------|
| 2EX850 | Behavioral Health Care Manager, LCSW/LMFT - ECM | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX354 | Behavioral Health Care Manager, Licensed | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX723 | Behavioral Health Care Manager, Unlicensed SKI | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX878 | Care Manager - Maternal Health, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX362 | Care Manager, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX718 | Care Manager, RN - ECM | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX681 | Care Manager, RN Supportive Housing Team | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX966 | Clinical Compliance Specialist, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1004 | Clinical Compliance Specialist, RN - Regulatory Oversight | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1059 | Clinical Nurse Educator | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1088 | Clinical Nutrition Educator | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1028 | Clinical Practice Coach & Oversight, ECM, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX908 | Clinical Reporting Auditor | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1085 | Clinical Social Work Educator | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX907 | Coding Compliance Auditor | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX563 | Community Based Adult Services CBAS RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1009 | Community Behavioral Health Clinician | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX614 | Compliance Lead - Fraud, Waste & Abuse Program | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX493 | Compliance Lead - Privacy Program | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX818 | Data Engineer I | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX379 | Database Specialist I | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX567 | Delegation Oversight Nurse, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX381 | Developer I - Application Development | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX592 | Developer I - Bi & Analytics | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX630 | Developer I - EDI | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX840 | Developer I - Enterprise Application Support | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1048 | ECM Operations, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1055 | ECM Transitional Care Nurse, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1020 | Emergency Planning & Communications Administrator | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX781 | Engineer I - Data Systems | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1026 | Facilities Project Manager | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX538 | Financial Analyst III | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX687 | Financial Analyst III - FP&A | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX625 | Financial Analyst III - Financial Reporting | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX975 | Government Affairs Administrator | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX733 | HEDIS Improvement Nurse | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2NE584 | HEDIS Improvement Nurse | Nonexempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX623 | Healthcare Data Analyst II | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX825 | Healthcare Data Analyst II - Finance | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX651 | Healthcare Data Analyst II - Pharmacy | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1005 | Healthcare Data Analyst II - Provider Configuration & Claims Ops | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX945 | Hospital Systems Analyst II - Hospital Relations | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX632 | Human Resources Generalist III | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX503 | IT Business Systems Analyst II | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX498 | IT Service Desk Shift Lead | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|----------------|
| 2EX415 | IT Specialist III | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX553 | IT Specialist III - EDI | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX408 | Informaticist III | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1032 | Integrated Transitional Care Manager, LCSW | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1030 | Integrated Transitional Care Nurse, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1076 | Integrated Transitional Care Nurse, RN - CCA | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX854 | Lead Regulatory Oversight Clinician | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX961 | Leadership Program Advisor | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX418 | Long Term Care Review Nurse, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX976 | Mission Coach I | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX425 | Nurse Educator | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX584 | Practice Coach - ECM | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX685 | Product Health System Manager | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX507 | Project Portfolio Analyst | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX455 | Provider Quality Review Nurse, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1019 | Quality Assurance Clinical Auditor | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX636 | Quality Assurance Clinician, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX453 | Quality Assurance Nurse, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX903 | Quality Assurance Nurse, RN - BH | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX641 | Quality Assurance Nurse, RN - QM | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX595 | Quality Assurance Nurse, RN - UM - Inpatient | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX795 | Quality Improvement Facilitator II | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1022 | Quality Improvement Specialist | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX458 | Quality Program Nurse, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX568 | Quality Systems Analyst II | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX943 | Regulatory Affairs Liaison | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1025 | Report Developer II | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX366 | Retrospective Clinical Claims Review Nurse, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1079 | Retrospective Clinical Claims Review Nurse, RN - CCA | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1056 | Sales & Outreach Manager | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX465 | Senior Accountant | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX466 | Senior Application Support Specialist | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX862 | Solution Developer I - Automation & Innovation Management | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX985 | Special Programs Manager II | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX951 | Special Programs Manager II - Administration | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX821 | Special Programs Manager II - Health Services | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX932 | Special Programs Manager II - Hospital Relations | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX784 | Special Programs Manager II - Quality Systems | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX955 | Special Projects Editor | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX972 | Strategy Analyst | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 5EX222 | Supervisor, Grievance & Appeals Regulatory Management | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 5EX205 | Supervisor, Health Education | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 5EX209 | Supervisor, Health Services Special Initiatives | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 5EX177 | Supervisor, Learning & Development | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 5EX191 | Supervisor, Reconciliation & Reporting | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|--|-------------|-----------|----------------|-----------------|----------------|
| 2EX941 | Systems Analyst - Call Center Systems | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX560 | Systems Analyst - Compliance | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX646 | Systems Analyst - FP&A | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX765 | Systems Analyst - Finance | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX572 | Systems Analyst - Pharmacy | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX938 | Systems Analyst - Provider Data Configuration & Claims Ops Support | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX926 | Team Lead - Care Manager, RN - BH & CM | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX873 | Team Lead - Integrated Transitional Care, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX881 | Team Lead - Utilization Management Delegation Oversight RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX870 | Team Lead - Utilization Management, Care Transitions Social Worker | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX833 | Technical Analyst II - Data Quality & Reporting | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX947 | UM BH Nurse, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1077 | UM BH Nurse, RN - CCA | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX486 | UM Nurse, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1075 | UM Nurse, RN - CCA | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX633 | UM Specialty Nurse, RN | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1080 | UM Specialty Nurse, RN - CCA | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX496 | Vendor Contracts Administrator - IT VMO | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX495 | Vendor Performance Administrator - IT VMO | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX1064 | Visual Designer | Exempt | 118 | \$ 91,249.60 | \$ 120,910.40 | \$ 150,571.20 |
| 2EX667 | Analyst II - Security Operations | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX598 | Analyst III - Actuarial Services | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX509 | Analyst III - IT Project Management | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX884 | Application Architect II - Product System Configuration | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX1018 | Clinical Improvement Navigator | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX473 | Cloud Administrator | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX637 | Data Engineer II | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX886 | Data Scientist I | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX380 | Database Specialist II | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX382 | Developer II - Application Development | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX593 | Developer II - Bi & Analytics | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX631 | Developer II - EDI | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX771 | Emergency Management Program Administrator | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX529 | Engineer II - Middleware | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX708 | Engineer II - EDI | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX517 | Engineer II - Integrated Operations | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX983 | Engineer II - Interoperability | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX555 | Engineer II - QA | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX518 | Engineer II - Test Environment Management | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX1007 | Finance Program Administrator - Operational Finance | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX393 | Financial Applications Developer | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX920 | HRIS Operations Administrator | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX806 | Health Services Program Administrator | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX857 | Healthcare Data Analyst II - Data Quality & Reporting | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX624 | Healthcare Data Analyst III | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|--|-------------|-----------|----------------|-----------------|----------------|
| 2EX858 | Healthcare Data Analyst III - Data Quality & Reporting | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX826 | Healthcare Data Analyst III - Finance | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX1016 | Hospice Program Administrator | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX994 | Hospital Systems Analyst III - Hospital Relations | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX497 | IT Business Systems Analyst III | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX502 | IT Technical Project Manager II | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX1046 | Integrated Transitional Care Programs Administrator | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX1034 | Junior Innovation Principal | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX1017 | Leadership Development Advisor | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX254 | Manager, Call Center | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX473 | Manager, Care Transformation | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX259 | Manager, Claims Medicare | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX260 | Manager, Claims Processing | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX265 | Manager, Communications | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX267 | Manager, Community Resource Center | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX271 | Manager, Contracts Administration | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX273 | Manager, Credentialing | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX277 | Manager, Delegation Oversight | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX431 | Manager, Eligibility Continuity | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX432 | Manager, Eligibility Enhancement | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX401 | Manager, Enrollment Assistance | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX418 | Manager, Executive Support | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX282 | Manager, Facilities | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX447 | Manager, Facilities - Projects | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX288 | Manager, Health Education | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX466 | Manager, Health Equity | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX297 | Manager, Health Services Special Initiatives | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX369 | Manager, Marketing | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX302 | Manager, Medicare | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX398 | Manager, Medicare - Network Development | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX303 | Manager, Medicare Call Center | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX408 | Manager, Member Services Quality Assurance | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX317 | Manager, Provider Call Center | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX318 | Manager, Provider Contracting | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX319 | Manager, Provider Relations | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX433 | Manager, Providers Payments Resolution | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX323 | Manager, Quality and Training | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 1EX416 | Manager, Transportation Services | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX977 | Mission Coach II | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX435 | Process Improvement Facilitator III | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX796 | Quality Improvement Facilitator III | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX1041 | Quality Systems Analyst III | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX1081 | Quality Systems Program Administrator | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX845 | Senior Auditor - Risk Adjustment & Coding | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX653 | Senior Financial Database Specialist | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|--|-------------|-----------|----------------|-----------------|----------------|
| 2EX671 | Senior Strategy Analyst | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX863 | Solution Developer II - Automation & Innovation Management | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX984 | Special Programs Manager III | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX822 | Special Programs Manager III - Health Services | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX964 | Special Programs Manager III - Operations | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX846 | Special Programs Manager III - Provider Relations | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX924 | Special Programs Manager III - Quality Systems | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX1053 | Special Programs Manager III - Utilization Management | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX989 | Strategy Program Administrator | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX101 | Supervisor, Accounting | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX197 | Supervisor, BH & CM Children Services | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX231 | Supervisor, Behavioral Health & Care Management | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX204 | Supervisor, Clinical Quality Reviews | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX208 | Supervisor, Compliance Audit | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX223 | Supervisor, Enhanced Care Management | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX154 | Supervisor, Financial Planning & Analysis | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX182 | Supervisor, Financial Regulatory Reporting | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX185 | Supervisor, Financial Reporting | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX118 | Supervisor, Grievance & Appeals | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX221 | Supervisor, Grievance & Appeals Quality Assurance | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX227 | Supervisor, Integrated Transitional Care | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX189 | Supervisor, Internal Controls | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX137 | Supervisor, Procurement | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX187 | Supervisor, Product System Configuration | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX170 | Supervisor, Provider Data Configuration | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX220 | Supervisor, Quality Clinical Systems | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX234 | Supervisor, Social & Community Service | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX232 | Supervisor, Specialty Kids Intervention Team | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX235 | Supervisor, UM Inpatient & Specialty - CCA | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 5EX229 | Supervisor, UM Regulatory & Compliance | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX585 | Systems Administrator - Practice Transformation | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX1065 | UX Researcher | Exempt | 120 | \$ 104,041.60 | \$ 137,841.60 | \$ 171,641.60 |
| 2EX998 | Adult Preventive Care Strategist | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX899 | Associate Actuary | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX1000 | Chronic Care Strategist | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX579 | Data Engineer III | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX887 | Data Scientist II | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX383 | Developer III | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX808 | Developer III - Application Development | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX594 | Developer III - Bi & Analytics | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX804 | Developer III - DBA | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX699 | Developer III - EDI | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX1042 | Engineer - Cloud Security | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX527 | Engineer III - Change and Release Manager | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX536 | Engineer III - Citrix & Enterprise Monitoring | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|--|-------------|-----------|----------------|-----------------|----------------|
| 2EX930 | Engineer III - Data Integration | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX768 | Engineer III - EDI | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX682 | Engineer III - Interoperability | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX570 | Engineer III - Linux & Cloud | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX528 | Engineer III - Major Incident & Event Manager | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX581 | Engineer III - Middleware | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX616 | Engineer III - Network | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX519 | Engineer III - Problem & Configuration | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX556 | Engineer III - QA | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX526 | Engineer III - Test Data Management | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX525 | Engineer III - Test Environment Management | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX531 | Engineer III - Unified Communications | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX530 | Engineer III - VMware and Windows | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| F2EX101 | Foundation Marketing & Communications Manager | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX577 | Health Services Evaluator - Quality Systems | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX1024 | IT Architect - Business | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX413 | IT Architect II - EDI | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX506 | IT Technical Program Manager III | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX504 | IT Technical Project Manager III | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX1006 | Innovation Principal | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX245 | Manager, Accounting Services | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX430 | Manager, Behavioral Health & Care Management | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX248 | Manager, Claims Oversight | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX468 | Manager, Clinical Health Education | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX425 | Manager, Clinical Programs - Hospital Relations | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX456 | Manager, Community Behavioral Health | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX434 | Manager, Community Behavioral Health & Social Supports | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX396 | Manager, Community Partnerships | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX393 | Manager, Community Support Operations | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX351 | Manager, Compliance Audit & Oversight | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX459 | Manager, Diversity, Equity, & Inclusion | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX464 | Manager, ECM Operations & Oversight | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX280 | Manager, Eligibility Data | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX384 | Manager, Enhanced Care Management - LCSW/LMFT | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX382 | Manager, Enhanced Care Management, RN | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX387 | Manager, Grievance & Appeals Clinical | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX455 | Manager, Grievance & Appeals Quality Assurance | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX472 | Manager, HR Strategic Initiatives & Programs | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX454 | Manager, Health Plan Accreditation | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX364 | Manager, Human Resources | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX465 | Manager, IPA Financial Compliance | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX462 | Manager, Integrated Transitional Care | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX463 | Manager, Integrated Transitional Care, Specialty, RN | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX388 | Manager, Learning & Development | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX419 | Manager, Medication Management Pharmacy Operations | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|----------------|
| 1EX461 | Manager, Paralegal | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX404 | Manager, Payroll | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX349 | Manager, Pharmacy Operations | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX412 | Manager, Policy & Regulatory Operations | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX457 | Manager, Population Health Integration | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX420 | Manager, Practice Coach - ECM | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX350 | Manager, Practice Transformation - ECM | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX471 | Manager, Process Improvement | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX322 | Manager, Procurement | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX261 | Manager, Provider Claims Resolution & Recovery | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX355 | Manager, Provider Network | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX424 | Manager, Provider Quality Incentives | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX423 | Manager, Provider Quality Oversight | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX307 | Manager, Quality Improvement | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX327 | Manager, Quality Management Nurses | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX326 | Manager, Quality Operations | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX400 | Manager, Regulatory Affairs - Medi-Cal | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX383 | Manager, Regulatory Affairs - Medicare | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX386 | Manager, Regulatory Management | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX451 | Manager, Regulatory Oversight, CalAIM | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX452 | Manager, Regulatory Oversight, DO | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX374 | Manager, Regulatory Oversight, QAPI | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX429 | Manager, Social & Community Service, LCSW | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX294 | Manager, Social Determinant of Health Programs | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX332 | Manager, Special Investigations Unit | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX268 | Manager, Specialty Kids Intervention Team | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX476 | Manager, Talent Acquisition Health Services | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX336 | Manager, Talent Acquisition Operations | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX475 | Manager, UM Inpatient & Specialty - CCA | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX467 | Manager, UM Regulatory & Compliance | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 1EX474 | Manager, UM Regulatory & Compliance - CCA | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX999 | Mental Health Strategist | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX839 | Operations Program Administrator | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX997 | Pediatric Preventive Care Strategist | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX1050 | Product Manager | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX1052 | Product System Expansion Administrator | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX1051 | Product System Implementation Administrator | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX468 | Senior Database Administrator | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX469 | Senior Database Specialist | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX864 | Solution Developer III - Automation & Innovation Management | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 5EX120 | Supervisor, Healthcare Informatics | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 5EX188 | Supervisor, Revenue Cycle | Exempt | 122 | \$ 118,601.60 | \$ 157,144.00 | \$ 195,686.40 |
| 2EX353 | Associate Counsel | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX1045 | Business Relationship Manager | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX1067 | Data Integration Business Architect | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|--|-------------|-----------|----------------|-----------------|----------------|
| 2EX888 | Data Scientist III | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX979 | Engineer III - Cybersecurity Risk Analyst | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX982 | Engineer III - Security Analyst | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX1068 | Human Resources Business Partner | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX741 | IT Architect III - Data Systems | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX613 | IT Architect III - Data Warehouse | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX512 | IT Architect III - Information Security | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX513 | IT Architect III - Messaging & Collaboration | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX514 | IT Architect III - Network SME | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX515 | IT Architect III - Site Reliability Engineer | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2EX516 | IT Architect III - Unified Communications | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX272 | Manager, Business Systems Operations Support | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX256 | Manager, Call Center Systems | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX262 | Manager, Clinical Informatics | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX395 | Manager, Compensation | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX411 | Manager, Data Quality | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX276 | Manager, Finance Analytics | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX283 | Manager, Financial Analysis | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX284 | Manager, Financial Planning and Analysis | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX285 | Manager, Financial Reporting | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX409 | Manager, Health Services Evaluation | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX365 | Manager, Healthcare Analytics - Quality Systems | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX290 | Manager, Healthcare Program Informatics | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX453 | Manager, Innovation Portfolio Management | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX428 | Manager, Instructional Design & Learning Technology | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX362 | Manager, Internal Controls | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX310 | Manager, Pharmacy Informatics | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX253 | Manager, Product System Configuration | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX385 | Manager, Provider Data Configuration And Claims Operations Support | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX410 | Manager, Quality Informatics | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX426 | Manager, Quality Performance Informatics | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX449 | Manager, Quality Transformation | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX329 | Manager, Risk Adjustment | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX458 | Manager, Risk Coding | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX450 | Manager, Strategic Partnerships | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 1EX446 | Manager, Strategy Analytics | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX103 | Supervisor, Application Development | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX104 | Supervisor, Application Development Innovat | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX105 | Supervisor, Application Environment | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX508 | Supervisor, Application Production Support | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX186 | Supervisor, Automation & Innovation Management | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX210 | Supervisor, Bi & Analytics | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX226 | Supervisor, Business Systems Analysis | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX224 | Supervisor, Encounter & EDI Operations | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX215 | Supervisor, IT Service Desk | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|----------------|
| 5EX211 | Supervisor, Integrated Operations | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX213 | Supervisor, Network & Unified Communications | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX212 | Supervisor, Quality Engineering | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 5EX216 | Supervisor, Site Support & End Point Administration | Exempt | 124 | \$ 135,200.00 | \$ 179,129.60 | \$ 223,080.00 |
| 2NE582 | Advisor on Department Redesign | Nonexempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX566 | Clinical Director, Community Behavioral Health | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX558 | Clinical Director, Enhanced Care Management | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX618 | Clinical Director, Hospital Relations | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 2EX368 | Clinical Pharmacist | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 2EX1087 | Clinical Pharmacy Educator | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX638 | Director, Brand Design & Experience | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX564 | Director, Business Continuity | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX590 | Director, Center Operations & Facilities | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX245 | Director, Claims | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX588 | Director, Communications and Marketing | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX591 | Director, Community Health | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX570 | Director, Community Partnerships & Engagement | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX660 | Director, Complex Children & Family Services | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX616 | Director, Creative Services | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX546 | Director, Delegation Oversight | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX595 | Director, Enrollment | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX579 | Director, Executive Communication | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX205 | Director, Facilities | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX209 | Director, Grievance & Appeals | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX211 | Director, Health Education, Promotion & Prevention | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX617 | Director, Health Services Special Initiatives | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX589 | Director, Integrated Care | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX652 | Director, Integrated Transitional Care | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX555 | Director, Medicare Care Management | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX634 | Director, Member Eligibility | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX217 | Director, Member Services, Call Management | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX607 | Director, Process Improvement Sensei | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX567 | Director, Procurement | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX568 | Director, Provider Communication | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX223 | Director, Provider Contracting | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX633 | Director, Provider Network | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX538 | Director, Provider Operations | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX224 | Director, Provider Relations | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX605 | Director, Provider Resolution & Recovery | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX637 | Director, Regulatory Oversight, Health Services | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX655 | Director, Sales & Outreach | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX669 | Director, Strategic Provider Partnerships | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX642 | Director, Transportation Services | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX228 | Director, UM Operations | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX363 | Manager, Actuarial Services | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|----------------|
| 1EX405 | Manager, Business Systems Analysis & UAT | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX436 | Manager, Compute & Collaboration Services | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX357 | Manager, Data Engineering | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX360 | Manager, Data Integration & Interoperability | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX275 | Manager, Database | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX437 | Manager, Domain Data Services | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX399 | Manager, EDI Technical | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX331 | Manager, End User Support | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX377 | Manager, Enterprise Data Solutions | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX438 | Manager, IT Quality Assurance - Test Delivery | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX439 | Manager, IT Service Management | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX445 | Manager, IT Vendor Management Office | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX361 | Manager, Information Security Operations | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX440 | Manager, Next Generation Application Development | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX441 | Manager, Production Engineering, IT Applications | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX421 | Manager, Strategic Decision Support, Actuarial | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX442 | Manager, Systems Design & Architecture | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX443 | Manager, Technical Test Data & Environment | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX444 | Manager, Technology & Agile Project Management | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX469 | Manager, UI Development | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 1EX470 | Manager, UX Design | Exempt | 126 | \$ 154,128.00 | \$ 204,214.40 | \$ 254,300.80 |
| 0EX646 | Clinical Director, Hospital Quality Improvement | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX226 | Clinical Director, Quality Management | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX644 | Director, Accounting Services | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX647 | Director, Accreditation Programs | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX659 | Director, Business Systems & Transformation | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX199 | Director, Call Center Systems, Quality & Training | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX613 | Director, Compliance & Privacy | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX604 | Director, Financial Compliance | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX537 | Director, Financial Planning & Analysis | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX594 | Director, Financial Reporting & Analysis | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX208 | Director, Government Affairs | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX212 | Director, Healthcare Informatics | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX600 | Director, Human Resources Operations | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX599 | Director, Human Resources Total Rewards | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX650 | Director, Innovation & Acceleration | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX586 | Director, Learning and Development | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX614 | Director, Policy & Regulatory Operations | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX663 | Director, Product System Configuration | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX662 | Director, Program Performance | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX610 | Director, Quality Improvement | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX225 | Director, Quality Informatics | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX612 | Director, Regulatory Affairs | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX643 | Director, Strategy | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX621 | Director, Talent Acquisition | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|----------------|
| 1EX460 | Manager, Integrated Transitional Care Medication Management | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 2EX917 | Senior Clinical Pharmacy Programs Pharmacist | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 2EX916 | Senior Formulary Pharmacist | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 2EX752 | Senior Informatics Pharmacist | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 2EX918 | Senior Medication Management Pharmacist | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 2EX664 | Senior Product Management Pharmacist - Covered California | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 2EX919 | Senior Utilization Management Pharmacist | Exempt | 128 | \$ 169,312.00 | \$ 232,793.60 | \$ 296,296.00 |
| 0EX195 | Director, Actuarial Services | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX653 | Director, Actuarial Services - Products | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX654 | Director, Actuarial Services - Risk Analytics | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX639 | Director, Automation, Innovation & Data Engineering | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX640 | Director, Quality Engineering & Business Systems Analysis | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX603 | Director, Strategic Decision Support, Actuarial | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX627 | Director, Technology - Digital Transformation | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX628 | Director, Technology - Infrastructure Services | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX214 | Director, Technology - Production Support | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX630 | Director, Technology - Risk & Compliance | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX641 | Director, Technology - Solutions Delivery | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX198 | Director, Technology - Strategic Programs | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 1EX311 | Manager, Clinical Pharmacist | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 1EX380 | Manager, Clinical Pharmacy Programs & Pharmacy Benefits | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 1EX402 | Manager, Formulary & Pharmacy Compliance | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 1EX448 | Manager, Pharmacy Disease Management | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX236 | Senior Director, Claims | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX551 | Senior Director, Community Health | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX581 | Senior Director, Facilities | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| F0EX101 | Senior Director, Finance - Foundation | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX597 | Senior Director, Financial Compliance | Exempt | 130 | \$ 193,003.20 | \$ 265,387.20 | \$ 337,771.20 |
| 0EX573 | Director, Clinical Pharmacy & Product Strategy | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX220 | Director, Pharmacy Operations | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| F0EX100 | Foundation CEO | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 2NE580 | Physician Reviewer | Nonexempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX596 | Senior Director, Actuarial Services | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX676 | Senior Director, Actuarial Services - Provider Economics | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX668 | Senior Director, Business Advisory & Analytics | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX578 | Senior Director, Care Integration | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX636 | Senior Director, Commercial Products | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX598 | Senior Director, Compliance | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX667 | Senior Director, Data & Analytics | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX675 | Senior Director, HR Business Partners & Employee Relations | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX666 | Senior Director, Head of Digital Experience | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX626 | Senior Director, Healthcare Informatics | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX670 | Senior Director, Hospital & Ancillary Relations | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX665 | Senior Director, Infrastructure & Security Operations | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| 0EX648 | Senior Director, Integrated Transitional Care | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |

| Job Code | Job Title | FLSA Status | Pay Grade | Minimum Annual | MidPoint Annual | Maximum Annual |
|----------|---|-------------|-----------|----------------|-----------------|-----------------|
| OEX237 | Senior Director, Marketing | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| OEX544 | Senior Director, Medical Management | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| OEX673 | Senior Director, Population Health | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| OEX649 | Senior Director, Product Configuration & Implementation | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| OEX242 | Senior Director, Quality Systems | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| OEX632 | Senior Director, Quality Transformation | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| OEX658 | Senior Director, Utilization Management Operations | Exempt | 132 | \$ 220,043.20 | \$ 302,536.00 | \$ 385,049.60 |
| OEX231 | Medical Director | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX232 | Medical Director - Behavioral Health | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX556 | Medical Director - Care Management | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX671 | Medical Director - Hospital & Ancillary Relations | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX553 | Medical Director - Inpatient | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX615 | Medical Director - Quality | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX619 | Medical Director - Quality Transformation | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX239 | Senior Director, Pharmaceutical Services | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX601 | Senior Human Resources Advisor | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX664 | Vice President, Actuarial Services | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX609 | Vice President, Business Relationship Management | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX674 | Vice President, Chief of Staff | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX611 | Vice President, Contracting | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX572 | Vice President, Finance | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX563 | Vice President, General Counsel | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX672 | Vice President, HR Strategic Initiatives & Business Partners | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX651 | Vice President, Health Equity | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX606 | Vice President, Hospital Relations | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX657 | Vice President, Member Experience | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX635 | Vice President, Mission | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX608 | Vice President, Operations | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX620 | Vice President, Property Management & Development | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX645 | Vice President, Provider Experience | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX585 | Vice President, Quality | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX587 | Vice President, Strategy | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX623 | Vice President, Technology Solutions | Exempt | 134 | \$ 246,355.20 | \$ 344,905.60 | \$ 443,435.20 |
| OEX574 | Senior Medical Director - Health Services | Exempt | 135 | \$ 280,841.60 | \$ 393,182.40 | \$ 505,523.20 |
| OEX625 | Vice President, Health Services Clinical Integration & Operations | Exempt | 135 | \$ 280,841.60 | \$ 393,182.40 | \$ 505,523.20 |
| OEX629 | Vice President, Health Services | Exempt | 136 | \$ 320,174.40 | \$ 448,219.20 | \$ 576,284.80 |
| OEX661 | Vice President, Medical Informatics | Exempt | 136 | \$ 320,174.40 | \$ 448,219.20 | \$ 576,284.80 |
| OEX575 | Chief Communications & Marketing Officer | Exempt | H | \$ 270,233.60 | \$ 378,310.40 | \$ 486,387.20 |
| OEX656 | Chief People Officer | Exempt | G | \$ 296,940.80 | \$ 415,708.80 | \$ 534,476.80 |
| OEX602 | Chief Quality Officer | Exempt | F | \$ 313,788.80 | \$ 439,316.80 | \$ 564,824.00 |
| OEX526 | Chief Digital and Information Officer | Exempt | E | \$ 313,788.80 | \$ 439,316.80 | \$ 564,824.00 |
| OEX528 | Chief Medical Officer | Exempt | D | \$ 350,376.00 | \$ 490,505.60 | \$ 630,656.00 |
| OEX543 | Chief Operating Officer | Exempt | C | \$ 402,438.40 | \$ 563,409.60 | \$ 724,380.80 |
| OEX525 | Chief Financial Officer | Exempt | B | \$ 431,017.60 | \$ 603,408.00 | \$ 775,819.20 |
| OEX524 | Chief Executive Officer | Exempt | A | \$ 579,217.60 | \$ 810,908.80 | \$ 1,042,600.00 |

ADMINISTRATION

6. DELEGATION OF AUTHORITY TO APPROVE AND EXECUTE THE MANAGEMENT SERVICES AGREEMENT WITH IEHP HEALTH ACCESS

Recommended Action:

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

Contact:

Jarrod McNaughton, Chief Executive Officer

Background:

IEHP Health Access (“Health Access”) is a joint powers agency created by the Counties of San Bernardino and Riverside in 2005. Health Access was originally created as a Quality Improvement Fee (“QIF”) plan to service the non-Medi-Cal membership of IEHP and to exclude the non-Medi-Cal managed care contracts from being included in the QIF calculation. With the sunset of the QIF, Health Access surrendered its Knox-Keene license and remained as an inactive joint powers agency. At this time, the Governing Board of IEHP Health Access has authorized its CEO to set up IEHP Health Access to offer Enhanced Care Management (“ECM”) services, including the execution of an MSA with IEHP. IEHP desires to provide certain management and administrative services to Health Access to ensure that IEHP Members can continue to seek out optimal care and vibrant health in the Inland Empire.

Discussion:

Health Access requires certain management and administrative services to support its operations, and IEHP is able and willing to offer its personnel, facilities, and other resources to provide said management and administrative services to Health Access pursuant to the terms of a MSA. Under the MSA, IEHP will provide those services that are requested by Health Access and within the scope of IEHP’s ability and capacity, including ECM care management, accounting, financial, legal, marketing, human resources, and IT services. Health Access may also be given office space in IEHP’s facilities and any related facility maintenance services. With this Delegation of Authority, the IEHP CEO will finalize and execute the Management Services Agreement with Health Access.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|----------------------|-------------------------|---------------------------|----------------------------|--------------------------|-----------------------|
| None | NA | NA | S. Oh 01/23/24 | A. Wang 01/23/24 | J. McNaughton |

ADMINISTRATION

7. APPROVE THE FIFTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH TENFOLD HEALTH

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fifth Amendment to the Professional Services Agreement (Agreement) with Tenfold Health for an additional amount not to exceed \$240,000 for consulting services related to the launch of IEHP’s new Care Division. The total amount payable under this Agreement shall not exceed \$5,472,330.00 through December 31, 2024.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

Tenfold Health provides consulting services to the Executive Team on strategy development, new products, and services implementation. IEHP established the Enterprise Goal Organizational Strength Goal #7 Future Network, which was approved by the Board in December 2023. This service or good will impact IEHP by achieving the Strategic Plan call for the launch of a Care Division.

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

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

The Governing Board had previously approved the Agreements as follows:

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

| Date Approved | MO# | Purpose | Term Expiration | Cost |
|----------------------|------------|--|------------------------|--------------------|
| 12/13/21 | 21-377 | Third Amendment for Strategy Planning, IEHP Foundation, & SVP and term extension | 12/31/24 | \$3,863,444 |
| 12/12/22 | 22-409 | Fourth Amendment for Long-Term Services for Supports (LTSS) consulting services | 12/31/24 | \$125,500 |
| Total Cost to date: | | | | \$5,232,330 |
| New Cost | | | | \$240,000 |
| Total Cost | | | | \$5,472,330 |

Discussion:

Under this Fifth Amendment Tenfold will advise and support the CEO and Executive Team on the process and launch of the new Care Division. Cost based on 30 hours per month for a monthly base of \$20,000 with 20% contingency. Specific areas of focus will include, but are not limited to, the following:

- Reviewing prior analysis and reports and conducting interviews with internal and external stakeholders.
- Developing a vision for what the Care Division will look like by 2030.
- Building out and managing the roadmap timelines and deliverables to achieve the 2030 vision (via divisional goals and strategies).
- Identifying the types and sequencing of providers and services it will provide.
- Assisting with the standing up of clinical operations and any MSO functions needed.
- Selecting a legal and organizational structure to ensure strong alignment and outcomes.
- Helping identify, onboard, and coach future leadership.
- Supporting the strategy and recruitment of physicians.

The additional cost of this Amendment shall not exceed \$240,000. The total cost (including this request) of this Agreement shall not exceed \$5,472,330 through December 31, 2024.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|----------------------|----------------------------|---------------------------|----------------------------|--------------------------|---------------------------|
| New Expenditure | D. Henderson 01/22/2024 | H. Clear 01/22/2024 | M. Popka 01/24/24 | N. Lacroix 01/22/24 | J. McNaughton 01/25/24 |

FINANCE DEPARTMENT

8. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-04898 FOR ACTUARIAL AND CONSULTING SERVICES TO, AND DELEGATION OF AUTHORITY TO APPROVE THE CONTRACTUAL DOCUMENTS WITH, MILLIMAN, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal #23-04898 (RFP #23-04898) to, and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign contractual documents with, Milliman, Inc.(Milliman) for the provision of Actuarial and Consulting Services for a total amount not to exceed \$1,406,000 for an initial term of three (3) years.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP requires Actuarial and Consulting Services to support its strategic objectives and enhance risk management, particularly in the areas of Centers for Medicare & Medicaid Services (CMS) bid submissions for Medicare Dual-Eligible Special Needs Plans (D-SNPs) and regulatory rate filings for Covered California plans. The necessity for these services arises from the need to address the complexities of actuarial services and to ensure compliance with the regulatory framework governing these sectors. By contracting with a specialized vendor, IEHP aims to gain access to expert insights and tools for more accurate risk assessment and management, thereby safeguarding IEHP's financial stability and integrity. This action is fundamental to maintaining IEHP's commitment to high-quality service for its members and sustaining its competitive edge in the healthcare industry.

IEHP has been in contract with Milliman for financial analysis and actuarial services since 2006. In recent years, Milliman has been providing actuarial consulting services and certification support mainly in the areas of CMS bid submission for Medicare Dual-Eligible Special Needs Plans (D-SNPs) and regulatory rate filings for Covered California plans.

As IEHP is approaching the April 30, 2024 expiration of the current contract with Milliman, the search for a qualified and experienced vendor to continue with the actuarial consulting services and certification support required for the D-SNPs and Covered California plans regulatory rate submissions is necessary. The vendor will be expected to uphold and potentially enhance the standards established through collaboration with Milliman since 2006, ensuring uninterrupted and exceptional service in Actuarial and Consulting.

Accordingly, on January 6, 2024, IEHP issued RFP #23-04898 for Actuarial and Consulting Services on Bonfire, its public third-party bidding website. The purpose of was to select a vendor to provide Actuarial and Consulting Services to IEHP, with the aim of enhancing capabilities in accurately assessing and managing the financial risks associated with current health plan offerings, particularly in the areas of CMS bid submissions for D-SNPs and regulatory rate filings for Covered California plans. RFP # 23-04898 closed on January 24, 2024, with three (3) bidders

submitting proposals. Each proposal was thoroughly reviewed and scored by Evaluation Committee members, with the following results.

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

| BIDDER | SCORE | RANK |
|---------------------------------|-------|------|
| 1. BDO USA, P.C, | 26.72 | 3 |
| 2. Health Management Associates | 48.02 | 2 |
| 3. Milliman, Inc. | 57.07 | 1 |

Second Round Pricing Scoring: (Out of 30)

| BIDDER | SCORE | RANK |
|---------------------------------|-------|------|
| 1. BDO USA, P.C, | 30.00 | 1 |
| 2. Health Management Associates | 17.83 | 2 |
| 3. Milliman, Inc. | 10.06 | 3 |

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

| BIDDER | SCORE | RANK |
|---------------------------------|-------|------|
| 1. BDO USA, P.C, | 56.72 | 3 |
| 2. Health Management Associates | 65.85 | 2 |
| 3. Milliman, Inc. | 67.13 | 1 |

After a thorough evaluation, the Evaluation Committee has recommended the award for RFP #23-04898 be made to Milliman. Milliman was selected as the most responsive and responsible bidder as they offered services that meet IEHP’s needs, including extensive experience in Medicare and Covered California sectors, robust actuarial expertise, effective risk management strategies, innovative consulting solutions, and strong compliance with regulatory standards.

Discussion:

The Evaluation Committee considered with following criteria in its decision to award RFP #23-04898 to Milliman:

1. **Actuarial Expertise:** Milliman’s depth of knowledge and experience in actuarial science, especially as it pertains to healthcare sectors like Medicare and Covered California. This includes their ability to provide accurate and reliable actuarial analyses and projections.
2. **Consulting Proficiency:** Milliman’s capability to offer high-quality consulting services, including strategic advice on risk management, financial planning, and compliance with healthcare regulations.
3. **Timeliness and Responsiveness:** Milliman’s commitment to meeting deadlines and responding promptly to IEHP's needs, ensuring timely and efficient delivery of all services.

4. **Data Security and Privacy:** Milliman’s adherence to stringent data security and privacy standards, safeguarding sensitive member information and ensuring compliance with relevant regulations.
5. **Track Record and References:** Milliman’s history of successful engagements and positive references from previous clients, indicating their reliability and effectiveness in providing actuarial and consulting services.
6. **Cost-Effectiveness:** Milliman’s ability to offer competitive pricing without compromising the quality of services.
7. **Adaptability and Innovation:** Milliman’s willingness and ability to adapt to changing regulatory environments and healthcare landscapes, and their use of innovative approaches to tackle complex actuarial and consulting challenges.

Milliman's cost estimate for the provision of Actuarial and Consulting Services is grounded in historical expenditure data, market rate comparisons, the specific scope of work of RFP #23-04898, and anticipated future needs based on their extensive experience providing similar services to IEHP, acknowledging IEHP's historically high engagement level and detailed analysis requirements. This approach ensures a cost-effective solution without compromising the quality of services essential for IEHP’s operations. A breakdown of estimated costs is listed below:

| Category | 2024 | 2025 | 2026 | Total 3-Year |
|---|------------------|------------------|------------------|--------------------|
| Covered CA | \$150,000 | \$200,000 | \$210,000 | \$560,000 |
| DSNP | \$200,000 | \$210,000 | \$220,000 | \$630,000 |
| Margin for ad hoc analysis and refills | \$50,000 | \$50,000 | \$50,000 | \$150,000 |
| Total Time Charges | \$400,000 | \$460,000 | \$480,000 | \$1,340,000 |
| Additional Charges for Milliman supporting products | \$22,000 | \$22,000 | \$22,000 | \$66,000 |
| Total Cost Proposed | \$422,000 | \$482,000 | \$502,000 | \$1,406,000 |

As such, IEHP seeks approval to award RFP #23-04898 to Milliman, Inc., and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign contractual documents with Milliman, Inc. for the provision of Actuarial and Consulting Services for a total amount not to exceed \$1,406,000 for an initial term of three (3) years.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|--------------------------|-------------------------|----------------------|----------------------|-------------------------|
| Included in CY2024 Budget | S. McCalley 1/26/2024 | C. Andrade 1/26/2024 | M. Popka 01/29/24 | C. Chio 1/26/2024 | K. Freeman 1/26/2024 |

FINANCE DEPARTMENT

9. APPROVE THE LEASE AGREEMENT WITH BREIT INDUSTRIAL CANYON CA1W06 LLC, A DELAWARE LIMITED LIABILITY COMPANY

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Lease Agreement (Lease) with Breit Industrial Canyon CA1W06 LLC, a Delaware limited liability company (Breit) for a 13,896 square foot Warehouse located at 10825 Seventh Street Suite F, Rancho Cucamonga, CA 91730, for an amount not to exceed \$389,310.35 for a term of 17 months effective March 1, 2024 through August 31, 2025.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP requires an additional Warehouse to store Emergency supplies for IEHPs business continuity planning. IEHP is currently storing 750 pallets of Emergency food and water and other materials at the 9500 Cleveland Avenue building. The additional warehouse is only needed for a short 17-month lease term until construction can be completed on a permanent solution for storing the emergency supplies on the IEHP Campus.

IEHP is currently leasing a 18,528 square foot warehouse located at 10825 Seventh Street Suite G with Breit through December 31, 2026 for an amount not to exceed \$1,551,258.00. This Warehouse Lease is unrelated to this new Lease request.

Discussion:

IEHP is requesting approval to enter in a lease on a warehouse building located at 10825 7th Street, Rancho Cucamonga, California 91730, which is in close proximity to IEHP’s headquarters as well as the current offsite warehouse. The building has approximately 13,896 rentable square feet and can accommodate IEHP’s immediate need for the storage of the emergency supplies.

Under the Lease Agreement, the leased term is 17 months, effective March 1, 2024 through August 31, 2025.

The Base Rent and CAM Payment for the lease term are denoted below:

| Period | Monthly Base Rent | Annual Rental Increase | Monthly CAM Payment | Total Monthly Rent |
|------------------|-------------------|------------------------|---------------------|--------------------|
| 3/1/24 – 2/28/25 | \$20,149.20 | - | \$1,250.64 | \$21,399.84 |
| 3/1/25 – 8/31/25 | \$20,955.17 | 3.8% | \$1,250.64 | \$22,205.81 |

The summary breakdown of total costs related to this Lease are:

| Warehouse 17-Month Lease Cost | |
|--------------------------------------|---------------------|
| Rental Cost | \$367,827.13 |
| Refundable Security Deposit | \$21,483.22 |
| Total Cost Not to Exceed: | \$389,310.35 |

The cost of this Lease shall not to exceed \$389,310.35 for 17 months effective March 1, 2024 through August 31, 2025.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|--------------------------|--------------------|----------------------|-------------------|------------------------|
| Included in CY2024 Budget | S. McCalley 1/18/2024 | N/A | M. Popka 01/19/24 | R. Fleig 01/14/24 | K. Freeman 01/30/24 |

FINANCE DEPARTMENT

10. APPROVE THE PUBLIC WORKS CONTRACT WITH MACKONE DEVELOPMENT, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the Public Works Contract with Mackone Development, Inc. (Mackone) for the Parking Lot Tree and Tree Well Removal Project for an amount not to exceed \$133,596.10 through June 30, 2024.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP requires tree and tree well removal services in preparation for the installation of the carports as part of the Atrium Solar Photovoltaic project. It was identified that three rows of tree wells in the south parking lot of IEHP's main campus will need to be cleared. The scope of work is based on the engineered drawings for the South Parking Lot Tree and Tree Well Removal Project, which includes removal of 31 existing landscape trees. Removal of 28 tree wells and capping of irrigation. Grind stumps and removal of roots. Removal of any stones, rocks, or debris interfering with leveling of area. Level and patch all removed tree wells with cold pack asphalt to match existing parking lot.

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 South Parking Lot's Tree Removal 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.

Discussion:

Under the Public Works Contract, Mackone will conduct Tree and Tree Well Removal services to the South Parking lot of the IEHP campus. Upon IEHP's issuance of the Notice to Proceed, Mackone shall complete all work required for the South Parking Lot Parking Tree and Tree Well Removal project within 45 calendars days.

The cost breakdown of the project is provided as follows.

| South Parking Tree Well and Tree Well Removal Quote | |
|--|----------------------|
| Mobilization | \$ 13,715.03 |
| Tree Removal and Stump Grinding | \$ 54,259.41 |
| Pothole Repair and Road Patching | \$ 29,944.06 |
| Electrical Pull Boxes and Precast Concrete | \$ 13,411.58 |
| Contingency | \$ 22,266.02 |
| Project Total | \$ 133,596.10 |

After final budget review, Mackone’s final bid proposal is \$111,330.08. For unforeseen field conditions or change orders, IEHP has incorporated a 20% contingency of \$22,266.02 to the construction budget. The cost of this Public Works Contract with Mackone shall not to exceed \$133,596.10 through June 30, 2024.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|----------------------------|--------------------|-----------------------|---------------------------|------------------------|
| Included in CY2023 Budget | Shyri McCalley 01/18/24 | C. Goss 1/17/24 | M. Popka 01/22/24] | Richard Fleig 01/14/24 | K. Freeman 01/30/24 |

FINANCE DEPARTMENT

11. APPROVE THE FOURTH AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH SECURITAS SECURITY SERVICES USA INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the Fourth Amendment to the Professional Service Agreement (Agreement) with Securitas Security Services USA Inc. (Securitas) for the provision of Security Services for an additional amount not to exceed \$2,985,000.00 and extend the term for an additional one (1) year through March 31, 2025. The total amount payable under this Agreement shall not exceed \$10,299,886.02 through March 31, 2025.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP continues to utilize professional security services for the Atrium, Empire Lakes campus and CRC locations to enhance security of the facilities for public and team member safety. IEHP has expanded the scope of services with Securitas to include an option to provide an armed guard at each IEHP location based on security assessments and to be proactive to any potential heightened security risks.

On November 1, 2017, under Minute Order 16-64, the Agreement with Securitas was executed for security services at IEHP’s satellite locations.

On January 11, 2021, under Minute Order 21-12, in anticipation of the termination of the Management Agreement between IEHP and Trigild for property management services, the Governing Board approved a Delegation of Authority to enter agreements with, or accept an assignment of rights of, Trigild’s vendors, to ensure continuity of services. Under Minute Order 21-165 an Agreement with Securitas was signed into effect on June 1, 2021.

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

| Date Approved | MO# | Purpose | Term Expiration | Cost |
|----------------------|------------|--------------------------------|------------------------|-----------------|
| 11/01/17 | 16-64 | Professional Service Agreement | 09/30/22 | \$143,000.00 |
| 06/14/21 | 21-165 | First Amendment | 09/30/22 | \$3,109,412.16 |
| 12/12/22 | 22-389 | Second Amendment | 03/31/23 | \$1,220,299.60 |
| 04/10/23 | 23-069 | Third Amendment | 03/31/24 | \$2,985,000.00 |
| Total Cost to date: | | | | \$7,314,886.02 |
| New Cost | | | | \$2,985,000.00 |
| Total Cost | | | | \$10,299,886.02 |

Discussion:

For the continued safety of IEHP team members, IEHP will be extending the Agreement with Securitas for an additional one (1) year, effective April 1, 2024, through March 31, 2025. The cost breakdown of the Fourth Amendment is as follows:

| Fourth Amendment Costs | |
|-----------------------------------|-----------------------|
| Service | Cost |
| Guard and Transportation Service | \$2,756,487.68 |
| Ad hoc/Special Events Contingency | \$204,688.96 |
| Holiday Contingency | \$23,823.36 |
| Total | \$2,985,000.00 |

The additional cost of this Fourth Amendment shall not exceed \$2,985,000.00 effective April 1, 2024. The total cost (including this request) of this Agreement shall not exceed \$10,299,886.02 through March 31, 2025.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|--------------------------|---------------------------|----------------------------|--------------------------|------------------------|
| Included in CY2024 Budget | S. McCalley 1/18/2024 | C. Goss 1/17/2024 | M. Popka 01/19/24 | R. Fleig 01/14/24 | K. Freeman 01/30/24 |

FINANCE DEPARTMENT

12. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-04867 TO, AND DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH MARIPOSA LANDSCAPES, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal #23-04867 (RFP #23-04867) and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign a Professional Service Agreement (Agreement) with Mariposa Landscapes, Inc. (Mariposa Landscapes) for the provision of Campus Landscape Maintenance Program Services for an amount not to exceed \$530,161.47 for a one (1) year term.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

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

IEHP is contracted with Mission Landscape through February 29, 2024, for campus landscape maintenance services, for which they provide all exterior landscape and irrigation services and maintenance for the Atrium and Center. Services are rendered on weekly basis, and as needed for emergency requests for repairs.

IEHP has recently developed an updated scope of work for the campus landscape maintenance program to adhere to future requirements for aesthetics and grounds maintenance, include additional services such as street sweeping and pressure washing, and expand the service area to the new Community Resource Centers (CRCs) located in San Bernardino and Indio. On November 9, 2023, IEHP issued RFP #23-04867 on Bonfire, its public third-party bidding website, to identify a vendor to provide the services set forth in this expanded scope. As a result, 12 bidders attended the mandatory job walk with three (3) submitting proposals.

First Round Scoring: Company Profile and Evaluation Criteria:

| Bidder | Score (out of 70) |
|-------------------------------------|-------------------|
| Mariposa Landscapes, Inc. | 64.64 |
| Mission Landscape Companies, Inc. | 64.05 |
| BrightView Landscape Services, Inc. | 62.48 |

Second Round Scoring: Pricing

| Bidder | Score (out of 30) |
|-------------------------------------|-------------------|
| Mariposa Landscapes, Inc. | 30 |
| Mission Landscape Companies, Inc. | 26.53 |
| BrightView Landscape Services, Inc. | 20.51 |

Final Scoring:

| Bidder | Score (out of 100) |
|-------------------------------------|--------------------|
| Mariposa Landscapes, Inc. | 94.64 |
| Mission Landscape Companies, Inc. | 90.58 |
| BrightView Landscape Services, Inc. | 82.99 |

Based on the total combined score of 94.64, IEHP Selected Mariposa Landscapes, Inc. as the most qualified and responsive vendor for Campus Landscape Maintenance Program Services.

Discussion:

Mariposa Landscapes will furnish all labor, supervision, tools, machinery, safety equipment, materials and proper licensing required to provide labor, material, and equipment to perform the Campus Landscape Maintenance Program services for IEHP at four (4) locations: the Atrium, the Center, the new San Bernardino CRC and the new Indio CRC. The tasks associated with this service include grounds maintenance of trees, plants, grass, ground cover, shrub, and vines, street sweeping, pressure washing, and the management and repair of irrigation equipment and operations for the campus.

IEHP seeks approval to award RFP #23-04867 to and Delegation of Authority to enter into an Agreement with Mariposa Landscapes for Campus Landscape Maintenance Program Services for a term of one (1) year.

Mariposa Landscapes was awarded the contract at the cost of \$430,161.47. IEHP intends to apply a contingency cost of \$100,000.00 to cover any ad hoc/out of scope services or landscape repairs.

The cost of this Agreement shall not to exceed \$530,161.47 for one (1) year.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|------------------------|----------------------|----------------------|-------------------|------------------------|
| Included in CY2024 Budget | S. McCalley 1/23/24 | C. McNair 1/22/24 | M. Popka 01/25/23 | R. Fleig 01/22/24 | K. Freeman 01/30/24 |

FINANCE DEPARTMENT

13. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-04916 TO, AND DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH PRO ENGINEERING CONSULTING AND IDS GROUP, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal (RFP) #23-04916 and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign Professional Services Agreements (Agreements) with Pro Engineering Consulting (Pro Engineering) and IDS Group, Inc. (IDS) for the provision of Mechanical, Electrical, Plumbing and Structural Tenant Improvement Design Services (MEPS) for an amount not to exceed \$500,000 for each vendor for a term of one year. The combined total amount payable to Pro Engineering and IDS for MEPS shall not exceed \$1,000,000.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP requires as-needed and on-call MEPS tenant improvement design services to prepare engineered designs, specifications, drawings, rough order of magnitude (ROM) costs, and construction administration for planned construction projects.

On June 5, 2023, under Minute Order 23-124, the Governing Board approved the Award of RFP #22-04162 and Delegation of Authority to Approve the Professional Services Agreement with IMEG Corp for MEPS tenant improvement design services for an amount not to exceed \$500,000 for a term of one (1) year.

Due to the volume of planned construction projects for CY 2024, and IEHP increased demand for MEPS services, IEHP soon realized additional resources were required for on call services for any general tenant improvement projects. Accordingly, on October 13, 2023, IEHP issued RFP #23-04916 for MEPS Tenant Improvement Design Services on Bonfire, its public third-party bidding website. As a result, three (3) vendors submitted proposals, including IMEG, who was immediately eliminated as they are currently contracted with IEHP for these services.

First Round Scoring: Company Profile and Evaluation Criteria:

| Bidder | Score (out of 70) |
|----------------------------|-------------------|
| Pro Engineering Consulting | 51.91 |
| IDS Group, Inc. | 58.2 |

Second Round Scoring: Pricing

| Bidder | Score (out of 30) |
|----------------------------|-------------------|
| Pro Engineering Consulting | 30 |
| IDS Group, Inc. | 18.4 |

Final Scoring:

| Bidder | Score (out of 100) |
|----------------------------|--------------------|
| Pro Engineering Consulting | 81.91 |
| IDS Group, Inc. | 76.6 |

Due to the volume of planned construction projects for CY 2024, and the need for on call services for any general tenant improvement projects, IEHP has selected both bidders, Pro Engineering and IDS, to provide Mechanical, Electrical, Plumbing and Structural Tenant Improvement Design Services.

Discussion:

IEHP seeks approval to award RFP #23-04916 to, and Delegation of Authority to enter into individual Agreements with, Pro Engineering and IDS for as-needed and on-call MEPS tenant improvement design services to prepare engineered designs, specifications, drawings, ROM costs. Each agreement shall be for a term of one (1) year, for an amount not to exceed \$500,000.00.

The Agreements with Pro Engineering and IDS for MEPS, shall not to exceed a combined cost of \$1,000,000 for one (1) year.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|------------------------|--------------------|----------------------|-------------------|------------------------|
| Included in CY2024 Budget | S. McCalley 1/23/24 | C. Goss 1/22/24 | M. Popka 01/25/23 | R. Fleig 01/22/24 | K. Freeman 01/30/24 |

FINANCE DEPARTMENT

14. DELEGATION OF AUTHORITY TO APPROVE THE ANNUAL INSURANCE POLICY RENEWALS AND SIGNATORY AUTHORITY TO EXECUTE THE INSURANCE POLICY RENEWALS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) delegate the authority to approve the renewal of the Property and Casualty policies for Policy Period March 29, 2024 through March 28, 2025 and Cyber, Management and Fiduciary Liability policies for Policy Period April 1, 2024 through March 31, 2025, to the Chief Executive Officer or his designee for an estimated total cost not to exceed \$3.7 million, which includes an estimate for applicable taxes and fees and a 20% contingency on the Property & Casualty policies for procuring additional coverage as may be necessary throughout the policy year. IEHP is also seeking authority for the Chief Executive Officer or his designee, after legal review and approval, to sign policy documents pertaining to the insurance renewal.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Aon Risk Services and Alliant Services were contracted by IEHP to procure required insurance based on IEHP’s insurance needs. The procurement process involved these brokers identifying appropriate insurance companies who can provide the adequate insurance coverage at the reasonable cost based on IEHP’s coverage requirements.

Discussion:

IEHP is diligently working with its brokers to explore different options to minimize premium increase while ensuring adequate coverage for IEHP’s risk exposure. Based on the information provided by our insurance brokers so far, we are proposing the following:

| Insurance Policy | Expiring Premiums ⁽¹⁾ | Estimated Premiums ⁽¹⁾ | Est. Renewal Incr. % | Comments |
|--|----------------------------------|-----------------------------------|----------------------|--------------------------------|
| Commercial General Liability | \$59,117 | \$66,865 | 13% | |
| Commercial Auto Liability | \$30,713 | \$36,878 | 20% | |
| Commercial Property | \$127,384 | \$165,913 | 30% | Increased Total Insured Value. |
| Commercial Umbrella Liability (\$40 million) | \$104,929 | \$118,345 | 13% | |
| DIC - Earthquake (\$100 million) | \$450,902 | \$600,297 | 33% | Increased Total Insured Value. |
| Total - Property & Casualty | \$773,045⁽²⁾ | \$988,298⁽³⁾ | 28% | |
| Primary D&O/EPL (\$5 million shared) | \$376,114 | \$380,876 | 1% | |
| Excess D&O/EPL (\$5 million) | \$215,000 | \$236,500 | 10% | |
| Excess D&O Side A (\$5 million) | \$50,000 | \$55,000 | 10% | |

CONSENT AGENDA

| | | | | |
|-------------------------------------|--|---|-----------------------------|---|
| Primary MCE&O (\$5 million) | \$283,895 | \$312,285 | 10% | |
| Insurance Policy | Expiring Premiums⁽¹⁾ | Estimated Premiums⁽¹⁾ | Est. Renewal Incr. % | Comments |
| Excess MCE&O (\$5 million) | \$175,000 | \$192,500 | 10% | |
| Excess MCE&O (\$10 million) | \$161,455 | \$177,601 | 10% | |
| Total – Management Liability | \$1,261,464 | \$1,354,761⁽³⁾ | 7% | |
| Primary Cyber (\$10 million) | \$525,000 | \$561,750 | 7% | |
| Excess Cyber (\$10 million) | \$446,250 | \$477,488 | 7% | |
| Total – Cyber Liability | \$971,250 | \$1,039,238⁽³⁾ | 7% | |
| Fiduciary Liability (\$5 million) | \$16,036 | \$16,415 | 2% | Coverage procured through Alliant Services. |
| Total | \$3,021,795 | \$3,398,712⁽³⁾ | 12% | |

⁽¹⁾ Premiums do not include taxes and fees.

⁽²⁾ Expiring annual premiums include pro-rated premium in the amount of \$48,072 for adding the 83240 Highway 111, Indio building to the respective Property & Casualty policies.

⁽³⁾ Amounts are estimated premium indicators as actual quotes have not been provided by the insurance carriers.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|----------------------------|---------------------|--------------------|---------------------|---------------------|------------------------|
| Included in CY 2024 budget | C. Chio 01/25/24 | NA | A. Wang 01/26/24 | C. Chio 01/25/24 | K. Freeman 01/26/24 |

HEALTH SERVICES DEPARTMENT

15. DELEGATION OF AUTHORITY TO EXECUTE MEMORANDA OF UNDERSTANDING FOR THE COMMUNITY HEALTH WORKER PILOT PROGRAM

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, and after legal review and approval, execute Memorandums of Understanding with Community Based Organizations (CBOs), Network Providers, San Bernardino County Superintendent of Schools (SBCSS), Riverside County Office of Education (RCOE), Local Educational Agencies (LEAs), Local Health Jurisdictions (LHJs), and San Bernardino and Riverside Public Health Agencies, for the IEHP’s CHW Pilot Program, through December 31, 2026.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

In September 2022, the Department of Health Care Services (DHCS) released All-Plan Letter (APL) 22-016 CHW Benefit, which outlines qualifications for becoming a CHW and defines eligible populations for CHW services. In response to the CHW benefit, IEHP launched the CHW Pilot Program. The CHW Pilot Program aims to deliver an immersive experience for program participants into managed care and first-hand exposure to the important work IEHP is doing throughout the community. The CHW Pilot Program includes opportunities for practical learning by engaging in internships hosted by CBOs and/or Providers within the IEHP network. To date, 20 CHWs have completed the CHW Residency Program and 11 are currently employed as CHWs in the (1-year) Pilot Program. They have impacted preventive and chronic care measures in several focused populations such as pediatrics, members who have been identified as pre-diabetic as well as with a diagnosis of diabetes, and community members who are unhoused. Additional sites will include local educational agencies and public health agencies to further assist organizations to build capacity.

The Governing Board previously approved the following:

| Date Approved | MO# | Purpose | Term Expiration | Cost |
|----------------------|------------|--|------------------------|-------------|
| 08/14/2023 | 23-180 | Ratify and Approve MOUs for the CHW Pilot Program and Delegation of Authority to approve subsequent MOUs | 06/30/2024 | N/A |
| 10/10/23 | 23-225 | Extend the term of the Delegation of Authority to enter into MOU Agreements for the Pilot Program | 12/31/2024 | N/A |

Due to the visibility of the program, there are currently 82 provider organizations requesting assistance with building their CHW model. The CHW initiative has opened opportunities to align with various initiatives such as The Student Behavioral Health Incentive Program, California

Department of Education’s Community Schools Initiative, and IEHP Quality initiatives. The team has also expanded into LEAs and public health systems who expressed high levels of interest in piloting CHWs at their sites. IEHP’s CHW Pilot Program continues to be successful by providing services and activities such as:

- Engaging with difficult to reach populations
- Addressing social determinants of health
- Assisting with navigation of the health care system and referrals
- Performing health education and outreach
- Closing gaps in care

Discussion:

Given the continued success of the CHW Pilot Program, IEHP would also like to extend the term of the CHW Pilot Program through December 31, 2026, to support additional cohorts.

Participation in the CHW Pilot Program has been limited to CBOs and Network Providers. However, IEHP has identified additional organizations who have expressed interested in participating in the CHW Pilot Program. Accordingly, IEHP is requesting Delegation of Authority to enter into MOUs with Local Health Jurisdictions (LHJs), San Bernardino and Riverside County Public Health Agencies, San Bernardino County Superintendent of Schools (SBCSS), Riverside County Office of Education (RCOE), and the following Local Educational Agencies (LEAs) to participate in the CHW Pilot Program:

- Adelanto Elementary
- Alta Loma Elementary
- Alvord Unified
- Apple Valley Unified
- Baker Valley Unified
- Banning Unified
- Barstow Unified
- Bear Valley Unified
- Beaumont Unified
- Central Elementary
- Chaffey Joint Union High
- Chino Valley Unified
- Coachella Valley Unified
- Colton Joint Unified
- Corona-Norco Unified
- Cucamonga Elementary
- Desert Center Unified
- Desert Sands Unified
- Etiwanda Elementary
- Fontana Unified
- Guasti Elementary
- Helendale Elementary
- Hemet Unified School District
- Hesperia Unified
- Jurupa Unified
- Lake Elsinore Unified
- Los Flores Elementary
- Lucerne Valley Unified
- Menifee Union
- Moreno Valley Unified
- Morongo Unified
- Mountain View Elementary
- Mt.Baldy Joint Elementary
- Murrieta Valley Unified
- Needles Unified
- Nuvview Unified School District
- Ontario-Montclair School District
- Oro Grande
- Palo Verde Unified
- Palm Springs Unified School District
- Perris Elementary
- Perris Union High
- Redlands Unified
- Rialto Unified School District
- Rim of the World Unified
- Riverside Unified
- Romoland Elementary
- San Jacinto Unified
- Silver Valley Unified
- Snowline Joint Unified
- Temecula Valley Unified
- Trona Joint Unified
- Upland Unified
- Val Verde Unified
- Victor Elementary
- Victor Valley Union High School District
- Yucaipa-Calimesa Joint Unified
- Charter schools within the Inland Empire

CONSENT AGENDA

The CHW Pilot Program shall be effective through December 31, 2026. There is no compensation that will be exchanged under present and future MOUs.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|----------------------|-------------------------|---------------------------|----------------------------|--------------------------|-----------------------|
| None | N/A | N/A | M. Popka 01/12/24 | A. Rai 01/03/24 | T. Wada 01/12/24 |

INFORMATION TECHNOLOGY DEPARTMENT

16. DELEGATION OF AUTHORITY TO APPROVE SALES SERVICE ORDER #496921 WITH ALTERA DIGITAL HEALTH INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Sales Service Order #496921 to the Master Client Agreement (MCA) with Altera Digital Health for an amount not to exceed \$12,000 for an additional term of six (6) months. The total amount payable under this MCA shall not exceed \$12,064,852 through December 31, 2025.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP utilizes Altera’s dbMotion application, an enterprise interoperability and population health platform for the provision of a comprehensive solution for real time exchange of patient data across IEHP and the Plan’s partnered providers’ clinical systems. The dbMotion solution supports the goals of improving IEHP’s ability to contribute to the advancement of leading quality care and ability to facilitate clinical excellence.

dbMotion was originally sourced through a Request for Proposal (RFP) which was released in November 2014 to provision an Electronic Medical Record (EMR) integration solution. IEHP received RFP responses back from (6) vendors and Altera Digital Health Inc. formally known as Allscripts Healthcare LLC., was the vendor selected and awarded the winning bid.

In October 2015, IEHP entered into an MCA for an electronic healthcare technology system and related services.

The Governing Board has previously approved the following agreements, amendments, and orders with Altera Digital Health Inc., as follows:

| Board Date | MO# | Purpose | Term Expiration | Cost |
|-------------------|------------|---|------------------------|-------------|
| 09/14/2015 | 15-217 | Approved the Master Client Agreement (MCA) with Allscripts to obtain an Electronic Medical Record integration solution. | 10/05/2020 | \$5,000,000 |
| 03/13/2017 | 17-31 | Approved First Amendment to the MCA with Allscripts for the provision of additional compliance filing protocols. | 10/05/2020 | No Cost |

| Board Date | MO# | Purpose | Term Expiration | Cost |
|-------------------|------------|---|------------------------|---|
| 03/12/2018 | 18-91 | Approved Second Amendment to the MCA with Allscripts to include IBM Initiate's Enterprise Master Patient Index (EMPI) licensing and associated automation tools in support of expanded dbMotion integration capabilities. | 10/05/2020 | No Cost |
| 10/16/2020 | 20-298 | Approved Third Amendment to the MCA with Allscripts for a term extension and additional funding. | 09/31/2025 | \$5,000,000 |
| 01/11/2021 | 21-9 | Approved the Modification Amendment to the MCA with Allscripts | 09/31/2025 | \$99,000 apportioned from MO 20-298. No new funding requested. |
| 07/12/2021 | 21-209 | Approved Allscripts Sales Service Order (SSO) Contract Number 38112 for Carequality integration services. | 06/29/2022 | \$31,350 apportioned from MO 20-298. No new funding requested. |
| 09/13/2021 | 21-272 | Approved SSO Number 425344 for Care Director Third Party Application Launch Services for one (1) year. | 09/27/2022 | \$22,425 apportioned from MO 20-298. No new funding requested. |
| 09/13/2021 | 21-272 | Approved SSO Number 408199 for dbMotion Connect Ancillary Systems Interface development services for three (3) years. | 09/27/2024 | \$280,950 apportioned from MO 20-298. No new funding requested. |
| 10/11/2022 | 22-328 | Approved Seventh Amendment to the MCA to account for the divestiture and transfer of corporate ownership from Allscripts Healthcare, LLC (Allscripts) to Altera | 09/31/2025 | No Cost |
| 11/14/2022 | 22-369 | Approved Sales Service Orders to the MCA for electronic healthcare technology and development services. | 12/31/2023 | \$150,000 |
| 01/30/2023 | 23-013 | Approved Sales Service Order to the MCA for the provision of increased number of sources integrated into the platform. | 12/31/2025 | \$1,672,842 |

| Board Date | MO# | Purpose | Term Expiration | Cost |
|----------------------------|--------|---|-----------------|---------------------|
| 04/10/2023 | 23-073 | Approved Sales Service Order to the MCA for two provisions: 1) CarePort to MedAllies National Network Integration support and 2) Professional services for the dbMotion System Upgrade. | 12/31/2025 | \$230,010 |
| Total Cost to Date: | | | | \$12,052,852 |
| New Cost: | | | | \$12,000 |
| Total Cost: | | | | \$12,064,852 |

Discussion:

In order to meet regulatory requirements from the Department of Health Care Services (DHCS), IEHP is required to provide medication and reconciliation information as part of a comprehensive transitional care service. The dbMotion solution provides for integrated connectivity with provider partners/facilities through connections. These connections enable timely sharing of information that allow clinical teams immediate access to patient data to provide the information needed for coordination of care plans and transitions of care services. These connections additionally prevent delays waiting for facilities to respond to requests.

IEHP needs 10 new connections to enable the expansion of services to 10 out of network provider partners. Whether a Member is in network or out of network it is vital for care information to be readily available to utilization teams. The additional connections will provide clinical information needed by our Utilization Management departments that are not currently available from any other source system. The sales order presented provides for 10 connections to enable the exchange of Member data.

The cost for the 10 additional connections shall not exceed \$12,000.00.

The additional cost of this Sales Service Order shall not exceed \$12,000 effective upon the execution of the order. The total cost (including this request) of the MCA shall not exceed \$12,064,852 through December 31, 2025.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|----------------------|---------------------|----------------------|-----------------------|-----------------------------|
| Included in CY2024 Budget | K. Tsui 1/12/2024 | S. Cox 1/12/2024 | M. Popka 01/17/24 | J. Maass 1/11/2024 | V. Devabhaktuni 01/19/24 |

INFORMATION TECHNOLOGY

17. DELEGATION OF AUTHORITY TO APPROVE THE SECOND AMENDMENT TO THE SOFTWARE LICENSE AGREEMENT WITH CLINICAL ARCHITECTURE, LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive (CEO) or his designee to, after legal review and approval, sign the Second Amendment to the Software License Agreement (Agreement) with Clinical Architecture, LLC (Clinical Architecture) for the provision of Symedical and Pivot software solution components and implementation for an additional amount not to exceed \$800,000 and extend the term for an additional one (1) year. The total amount payable under this Agreement shall not exceed \$2,098,586.00 through March 06, 2025.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP receives millions of clinical files from approximately 400 providers, hospitals and ancillary providers. IEHP requires software to process these clinical files and parse the data into categories such as diagnosis, vital signs, social history, medications, lab results, immunizations in real time. In addition, it allows the normalization or cleansing of the data without losing integrity of the way it came to IEHP thus satisfying auditor and National Committee for Quality Assurance (NCQA) requirements of lineage giving clear evidence of the whole process. Clinical Architecture’s Symedical and Pivot software provides these solutions.

IEHP has utilized Symedical and Pivot software since 2015 as a component of the Allscripts provisioned Electronic Medical Record (EMR) solution. With the expansion of the CMS interoperability and patient access final rule in 2020, IEHP required the expansion of data ingestion and normalization services, which Clinical Architecture provided. IEHP contracted independently in 2021 for the software license agreement under Minute Order 21-72.

Clinical Architecture is being procured as a single source solution and is unique in its integration with Allscripts and dbMotion. While there are other medical terminology solutions that can provide standardization, IEHP currently uses dbMotion which specifically utilizes Clinical Architecture. Several Federal agencies (Veterans Affairs, Center for Disease Control, etc.) use Clinical Architecture as a sole source as no other vendor can integrate in the same manner with the current systems.

The Governing Board had previously approved the Agreement as follows:

| Date Approved | MO# | Purpose | Term Expiration | Cost |
|----------------------|------------|--|------------------------|----------------|
| 03/08/2021 | 21-72 | Symedical and Pivot solution components and implementation | 03/07/2024 | \$1,298,586.00 |

| Date Approved | MO# | Purpose | Term Expiration | Cost |
|----------------------------|--------|---|-----------------|-----------------------|
| 08/09/2021 | 21-242 | Incorporation of a HIPPA Business Associate Agreement (BAA) | 03/07/2024 | \$0 |
| Total Cost to date: | | | | \$1,298,586.00 |
| New Cost | | | | \$800,000.00 |
| Total Cost | | | | \$2,098,586.00 |

Discussion:

Data capture capabilities have become more sophisticated in recent years and with this evolution IEHP’s solution partners are able to provide beneficial components within their software that enable an increase in data capture from clinical files received. IEHP would therefore be able to expand the use of the Symedical software through this amendment by incorporating the Sift (Semantic Interpretation of Free Text) manager engine to maximize on the software’s capability to sort unstructured data more effectively.

Under this Second Amendment, IEHP will continue its utilization of the Clinical Architecture Symedical and Pivot solutions, and will add on a new service, the Symedical Sift Manager and Engine (Web Services / Application Programming Interface (API).

The Symedical Sift Manager and Engine (Sift) is a Symedical module that targets specific clinical concepts of interest in order to capture and code them into structured data. While structured data is critically important in healthcare, it is believed that as much as 80% of what is known about a patient/member is stored in “unstructured text”. This includes the text found in physician notes, lab reports and other areas used to describe a patient/member’s condition, social factors, care plans, etc. Sift can find, capture, and code that concept and its measurement value to expand the actionable data available for clinical care and payment processes.

The table below denotes the total cost of this amendment.

| Symedical and Pivot | |
|--|----------------------|
| Annual Base Fee | \$ 500,000.00 |
| Per Interface Volume Fee | \$ 75,000.00 |
| Sift Manager and Engine (Web Services/APIs) | |
| Annual Fee | \$ 200,000.00 |
| Sift Implementation One-Time Fee | \$ 25,000.00 |
| Total Second Amendment Not to Exceed Cost | \$ 800,000.00 |

The additional cost of this Second Amendment shall not exceed \$800,000.00. The total cost (including this request) of this Agreement shall not exceed \$2,098,586.00 through March 6, 2025.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|--------------------|-----------------------|----------------------|----------------------|-----------------------------|
| Included in CY2024 Budget | K.Tsui 1/8/2024 | M. Maury 1/09/2024 | M. Popka 01/12/24 | J. Maass 1/5/2024 | V. Devabhaktuni 01/19/24 |

INFORMATION TECHNOLOGY

18. APPROVE THE FUNDING INCREASE TO THE PROFESSIONAL SERVICES AGREEMENT WITH CONDUENT BUSINESS SERVICES LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the funding increase to the Professional Services Agreement (Agreement) with Conduent Business Services LLC. (Conduent) for licensing and maintenance support for an additional amount not to exceed \$4,219,162.50 with no term extension. The total amount payable under the Agreement shall not exceed \$26,846,078.50 through September 07, 2025.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP has utilized Conduent's Meditrac system as the Core Claims Processing, Administration and Eligibility system since it replaced the legacy Diamond system in 2018. The Meditrac system supports IEHP's Medi-Cal and DSNP (Medicare dual eligible) lines of business. Maintaining current agreements for standard licensing, maintenance, service support, and professional hours for enhancement services is crucial to maintaining the Conduent System infrastructure that supports a myriad of IEHP Business unit operations and electronic workflows.

Conduent was sourced through the Request for Proposal process in September 2014, when IEHP Procurement publicly released the RFP for the Core System replacement solution. In June 2015 under Minute Order 15-143, the Governing Board approved the Delegation of Authority for IEHP to sign an Agreement with HSP, now known as Conduent, for the on-site Core Replacement System solution. The General Terms of the resultant contract were signed and executed on September 9, 2015, for an amount not to exceed \$34.265 million through September 2020.

The Governing Board had previously approved the Agreement as follows:

| Date Approved | MO# | Purpose | Term Expiration | Cost |
|----------------------|------------|---|------------------------|-------------|
| 06/22/2017 | 17-88 | Delegated approval to enter into Agreements for further enhancement and implementation services | 09/30/2020 | \$4,500,000 |
| 02/11/2019 | 19-34 | Approval of no-cost term extension of August 2018 executed Agreement for post go-live professional services support | 08/31/2019 | No cost |
| 08/12/2019 | 19-150 | Amendment for funding increase and term extension to the Agreement for post go-live services | 12/31/2021 | \$2,750,000 |
| 07/13/2020 | 20-183 | Approval of the Tenth Change Order and funding increase to the Agreement | 12/31/2021 | \$1,500,000 |

| Date Approved | MO# | Purpose | Term Expiration | Cost |
|----------------------------|------------|---|------------------------|------------------------|
| 11/09/2020 | 20-317 | Funding increase to the Agreement for support services fee coverage during the fiscal year to calendar year budget conversion | 12/31/2021 | \$600,000 |
| 12/14/2020 | 20-353 | Approval of SOW 2021 and funding increase for continued software licensing, maintenance, and enhancement services | 06/30/2022 | \$3,000,000 |
| 06/14/2021 | 21-162 | Funding increase to the Agreement for software licensing, maintenance, and enhancement services | 06/30/2022 | \$2,500,000 |
| 03/14/2022 | 22-058 | Funding increase to the Agreement for software maintenance and support services | 06/30/2022 | \$2,600,000 |
| 07/11/2022 | 22-259 | Approval of no-cost term extension of SOW 2021 | 08/31/2022 | No Cost |
| 09/12/2022 | 22-299 | Approval of no-cost term extension of SOW 2021 | 10/31/2022 | No Cost |
| 11/14/2023 | 22-365 | Approval of SOW 2022 | 12/31/2024 | \$2,476,916 |
| 11/14/2023 | 22-365 | Approval of no cost First Amendment to Software Maintenance and Assurance Agreement and No cost First Amendment to the Software License Agreement | 09/07/2025 | No Cost |
| 11/14/2023 | 22-365 | Funding increase to the Agreement for maintenance and licensing for fiscal 2023 | 12/31/2023 | \$2,700,000 |
| Total Cost to date: | | | | \$22,626,916 |
| New Cost | | | | \$4,219,162.50 |
| Total Cost | | | | \$26,846,078.50 |

Discussion:

IEHP’s current Agreement with Conduent provides licensing and enhancement maintenance through September 07, 2025. Funding was previously approved through December 31, 2023 and as such IEHP requires an additional \$4,219,162.50 to support an additional 21 months of services through the term of the Agreement.

Under the Agreement, the following software licensing, maintenance, enhancement, and standard support services are included:

- Monthly maintenance on Interfaces
- Monthly maintenance on Enhancements
- Monthly maintenance on Licenses
- iConnect Developer’s License Fee

IEHP is requesting additional funding for the remaining 21 months of the Agreement. The table below denotes the total cost of this funding increase:

| | |
|---------------------------------|-----------------------|
| Monthly Cost | \$200,912.50 |
| Total Not to Exceed Cost | \$4,219,162.50 |

The additional cost of this Agreement shall not exceed \$4,219,162.50. The total cost (including this request) of this Agreement shall not exceed \$26,846,078.50 through September 07, 2025.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|-------------------------|---------------------------|----------------------------|--------------------------|-----------------------------|
| Included in CY2024 Budget | K. Tsui 1/12/2024 | S. Cox 1/12/2024 | M. Popka 01/17/24 | J. Maass 01/11/2024 | V. Devabhaktuni 01/19/24 |

INFORMATION TECHNOLOGY

19. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-04612 TO, AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH, INSPIRA ENTERPRISE, INC. DBA INSPIRA CYBERSECURITY AND IT SOLUTIONS INC. FOR TEXAS STATE.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal (RFP) #23-04612 to, and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign contractual documents with, Inspira Enterprise, Inc. dba Inspira Cybersecurity and IT Solutions Inc. for Texas State (Inspira) for the provision of a Managed Security Service Provider (MSSP) solution for an amount not to exceed \$5,000,000.00 for a period of five (5) years.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

An increasing number of health care entities in the State of California, including several IEHP suppliers, have been compromised by cyber breaches such as ransomware, resulting in damages caused from inadequate incident response capability and readiness, which can devastate normal business operations.

IEHP seeks to enter into a contractual relationship with a vendor who will monitor, track and mitigate cybersecurity events by performing incident detection, co-manage responses to threats for all IEHP technology assets that support business operations, and ensure service delivery to our members while protecting the confidentiality of vital information.

On May 15, 2023, IEHP issued RFP #23-04612 via Bonfire, its public third-party bidding website for Managed Security Services. As a result, 66 bidders indicated interest, with 10 submitting proposals.

First round Technical Proposal Scoring (Out of 70):

| Bidder | Score |
|--------------------------------|--------------------------|
| Wipro | 47.22 |
| Inspira Enterprise, Inc. | 47.14 |
| Persistent | 45.56 |
| Mphasis | 44.38 |
| HTC Global Services | 42.53 |
| Digital Scepter | 40.12 |
| Securely Managed LLC | 39.83 |
| MGT of America Consulting, LLC | 38.75 |
| Villa-Tech, Inc. | 37.68 |
| QOMPLX | Vendor Withdrew Proposal |

Second round Pricing Scoring (Out of 30):

| Bidder | Score |
|--------------------------|--------------|
| Mphasis | 30.00 |
| Inspira Enterprise, Inc. | 26.56 |
| Wipro | 10.10 |
| Persistent | 9.41 |

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

| Bidder | Score |
|--------------------------|--------------|
| Mphasis | 74.38 |
| Inspira Enterprise, Inc. | 73.69 |
| Wipro | 56.63 |
| Persistent | 55.65 |

Third round Demo Scoring (Out of 10):

| Bidder | Score |
|--------------------------|--------------|
| Inspira Enterprise, Inc. | 7.72 |
| Wipro | 7.06 |
| Persistent | 6.28 |
| Mphasis | 6.06 |

Final Scoring (Out of 110):

| Bidder | Score |
|--------------------------|--------------|
| Inspira Enterprise, Inc. | 81.41 |
| Mphasis | 80.44 |
| Wipro | 63.69 |
| Persistent | 61.93 |

After thorough evaluations, the Evaluation Committee recommended an award be made to Inspira. While other bidders offered competitive proposals, the Evaluation Committee members determined Inspira to be the most responsive and responsible bidder. The scoring of the final two vendors was very close. IEHP’s selection of Inspira was based on the strength of their proposal, experience with clients similar in size and scope to IEHP, technical capabilities, and demonstration which provided the overall best value to IEHP. Experience and technical capabilities are core to the successful execution of incident detection and response and were weighted more heavily than pricing.

Discussion:

Inspira will deliver a scope of work that clearly delineates the essential deliverables and significant milestones pertinent to the MSSP program including:

1. Analysis and review of current architecture and collaborative solution design.
2. System deployment enabling threat intelligence, attack surface management and processes and workflows for incident detection and response.

3. Active monitoring, detection, response and mitigation.
4. Continuous refinement of security measures, regular training for staff and periodic assessments
5. Post-implementation support.

IEHP’s lines of business must meet federal and state requirements for cybersecurity and data privacy. These mandates and directives require robust capabilities, rigorous vigilance, and well tested readiness to detect anomalies, and the ability to respond to and mitigate impact of threats swiftly. Implementation of Inspira’s MSSP solution will allow IEHP to maintain compliance with regulatory requirements.

IEHP’s providers and Members are highly dependent on the uninterrupted operations of critical business applications such as transportation and meal services, call centers, prior-authorization, telehealth and claims processing.

Additionally, this solution supports IEHP’s Organizational Strength ([OS 2.1]), Improve Security Posture) strategic initiative by reducing the risk of attack surface and strengthening securities and policies relating to data protection and information security.

The total not to exceed cost for this MSSP solution with Inspira is \$5,000,000 inclusive of a 16% contingency for potential customizations and right sizing of the solution and services. The cost breakdown is denoted in the following table:

| Year | Software | Prof Services | Total |
|--------------------------------|------------|---------------|---------------------|
| 1 | \$ 357,400 | \$ 517,600 | \$ 875,000 |
| 2 | \$ 357,400 | \$ 512,600 | \$ 870,000 |
| 3 | \$ 357,400 | \$ 502,600 | \$ 860,000 |
| 4 | \$ 357,400 | \$ 497,600 | \$ 855,000 |
| 5 | \$ 357,400 | \$ 492,600 | \$ 850,000 |
| Total | | | \$ 4,310,000 |
| 16% Contingency | | | \$ 690,000 |
| Total Not Exceed Amount | | | \$ 5,000,000 |

IEHP seeks approval to award and enter into a contractual document with Inspira for Managed Security Services. The cost of this Agreement will not exceed \$5,000,000 for a term of five (5) years.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|---------------------|--------------------|----------------------|------------------------|-----------------------------|
| Included in CY2024 Budget | K. Tsui 1/8/2024 | S. Cox 1/8/2024 | M. Popka 01/12/24 | J. Maass 01/05/2024 | V. Devabhaktuni 01/19/24 |

INFORMATION TECHNOLOGY

20. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-05268 TO, AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH, INVENT HEALTH INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal (RFP) #23-05268 and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign contractual documents with Invent Health Inc. (Invent Health) for the provision of a Risk Adjustment Platform for an amount not to exceed \$1,450,000 for a one-year term.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP seeks to contract with a partner to implement a comprehensive risk adjustment software platform. Risk adjustment coding is critical for healthcare organizations like IEHP. Risk scores are used to estimate the cost to treat a patient each year, based on the patient’s specific health needs. Adequate risk adjustment also helps to ensure that payments billed and received are sufficient to meet the anticipated costs of the member’s care. Risk adjustment also promotes fair and accurate comparisons of health care outcomes across measured entities which are vital to IEHP’s quality metrics.

On November 13, 2023, IEHP issued Request for Proposal (RFP) #23-05268 on Bonfire, its public third-party bidding website. As a result, 68 bidders indicated interest, with 8 submitting proposals.

The purpose of RFP #23-05268 is to procure a vendor will provide a complete risk adjustment solution that includes risk adjustment coding for all lines of business at IEHP including but not limited to Medicare, Medi-Cal and Covered California (CCA). In addition, they will provide an efficient coding platform with complex reporting and an application for risk-gap identification.

The scoring for RFP #23-05268 is detailed below:

Technical proposal scores without cost (out of 70):

| Bidder | Score |
|----------------------------|--------------|
| Raapid | 39.71 |
| Arcadia | 40.77 |
| EXL Health | 41.49 |
| DataLink Service Fund, LLC | 42.64 |
| OptumInsight, Inc. | 43.86 |
| Invent Health | 44.34 |

Technical proposal scores including cost (out of 100):

| Bidder | Score |
|----------------------------|--------------|
| Arcadia | 41.39 |
| EXL Health | 41.85 |
| OptumInsight Inc. | 45.19 |
| Invent Health | 46.22 |
| Raapid | 58.65 |
| DataLink Service Fund, LLC | 72.64 |

Down-selected vendors

| Bidder | Justification |
|---------------|--|
| Raapid | Cannot meet IEHP scope requirements |
| Arcadia | Lowest technical score, failed IT security assessment. |

Demonstration scores (out of 10):

| Bidder | Score |
|----------------------------|-------------------|
| DataLink Service Fund, LLC | Withdrew Proposal |
| EXL Health | 7.4 |
| Invent Health | 7.6 |
| OptumInsight Inc. | 7.7 |

Final total scores (out of 110):

| Bidder | Score |
|----------------------|--------------|
| EXL Health | 72.38 |
| OptumInsight Inc. | 72.74 |
| Invent Health | 81.94 |

After thorough review, the Evaluation Committee recommended RFP #23-05268 be awarded to Invent Health. While other bidders offered competitive proposals, the Evaluation Committee members determined Invent Health to be the most responsive and responsible bidder. Invent Health scored the highest points overall and were the lowest priced bid. Based on their proposal, experience, and demonstration, Invent Health’s offer is the best value to IEHP in support of Risk Adjustment Platform needs.

Discussion:

Invent Health will deliver a scope of work that clearly delineates performance metrics including:

- Daily medical record reviews, focused on improvement of productivity and accuracy of medical record coding,
- Data quality review, focused on provider coding and accuracy of data input, and
- Chronic condition recapture rates focused on patient’s recurring chronic conditions, comorbidity, and disease progressions through the course of their care for accuracy of the risk score.

This new risk adjustment platform will allow IEHP to identify and focus on risk adjustment strategies with high returns and enable IEHP to allocate internal resources in an efficient manner. Invent Health’s software platform also includes gap analysis and provider interfaces for patient health management, which supports IEHP's Vision to provide Optimal Care & Vibrant Health to our members and will improve data quality as it relates to medical records and improve coordination of patient care.

The total not to exceed cost for this Risk Adjustment software solution with Invent Health is \$1,450,000, which is inclusive of a 19% contingency for potential customizations of the solution and services.

The table below denotes Invent Health’s estimated annual cost proposal.

| Vendor Name | Annual price |
|--|--------------------|
| Invent Health Inc. | \$1,218,508 |
| ~19% Contingency | \$231,492 |
| Total not to exceed amount - Year 1 | \$1,450,000 |

IEHP seeks approval to award RFP #23-05268 to Invent Health, and authority to enter into a contractual document with Invent Health for a Risk Adjustment Platform Solution for an estimated annual cost not to exceed \$1,450,000 for a one (1) year term.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|-----------------------|----------------------|----------------------|------------------------|-----------------------------|
| Included in CY2024 Budget | K. Tsui 01/15/2024 | S. Cox 01/16/2024 | M. Popka 01/18/24 | J. Maass 01/12/2024 | V. Devabhaktuni 01/19/24 |

INFORMATION TECHNOLOGY

21. DELEGATION OF AUTHORITY TO APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH SMILE CDR, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive (CEO) or his designee to, after legal review and approval, to sign the First Amendment to the Professional Services Agreement (Agreement) with Smile CDR Inc. for the provision of interoperability solution services for an additional amount not to exceed \$720,000 and extend the term for an additional two (2) years through March 31, 2026. The total amount payable under this Agreement shall not exceed \$2,106,500 through March 31, 2026.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP requires this service to meet the Center for Medicare and Medicaid Services (CMS) regulations for health plans serving Medicaid, Medicare Advantage, and the Federally Facilitated Exchanges. Health plans are required to share health information, at the direction and approval of enrolled members, with 3rd party applications. The primary goal of the CMS rule is to ensure patients have seamless access to their health information and that such information will follow them through the lifecycle of their health care journey.

Smile CDR Inc. provides interoperability solution services that fulfill the CMS regulations. The software is needed to maintain the functionality of converting and storing clinical data to Fast Healthcare Interoperability Resources (FHIR) standards enabling data to be formatted and exchanged between multiple platforms. IEHP has contracted with Smile CDR Inc. since April 2021 for these services. Smile CDR Inc. was selected as a result of RFP # 20-02943 in December 2020 for the solution development and licensing.

The Governing Board had previously approved the Agreement as follows:

| Date Approved | MO# | Purpose | Term Expiration | Cost |
|----------------------------|------------|------------------------------------|------------------------|-----------------------|
| 02/08/2021 | 21-52 | Interoperability solution services | 03/31/2024 | \$1,386,500.00 |
| Total Cost to date: | | | | \$1,386,500.00 |
| New Cost | | | | \$720,000.00 |
| Total Cost | | | | \$2,106,500.00 |

Discussion:

IEHP would like to continue using Smile CDR Inc’s core software that integrates with IEHP’s internal systems and data sources for the provision of interoperability services described in CMS

Interoperability and Patient Access Final Rule by extending the term for an additional two (2) years through March 31, 2026 for the following services:

- Consent and Identity Management that can:
 - Obtain IEHP Member consent for 3rd-party applications.
 - Allow for each Member to view, track, and access their health information.
 - Integrate with the existing Member portal.
- 3rd Party Application Support through provision of:
 - A registration and onboarding process for 3rd-party applications to connect to IEHP’s Patient Access Application Programming Interface (API).
 - A 3rd party attestation process that obtains information about a 3rd party application’s privacy policy and shares that information with Members.
 - Security risk assessment of 3rd party applications to evaluate and approve access to IEHP’s Patient Access API.
 - Customer service support for 3rd party developer questions and troubleshooting.
- An API that allows Members to access their own administrative and clinical data.
- Other additional requirements such as the solution’s ability to:
 - Provide a Provider Directory API that is updated monthly and available 24/7
 - Comply with HL7 SMART App Launch Framework standards.
 - Keep up to date with any future regulation requirements from CMS.
 - Log events and performance metrics.
 - Extract or load data into IEHP’s data store using approved, secure, and supported technologies.

The software renewal costs associated with the First Amendment are as follows:

| Description | Price |
|------------------------------------|---------------------|
| Production Software License Year 1 | \$360,000.00 |
| Production Software License Year 2 | \$360,000.00 |
| Total | \$720,000.00 |

The additional cost of this First Amendment shall not exceed \$720,000. The total cost (including this request) of this Agreement shall not exceed \$2,106,500 through March 31, 2026.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|-----------------------|--------------------------|----------------------|------------------------|------------------------------|
| Included in CY2024 Budget | K. Tsui 01/03/2024 | D. Burnett 01/03/2024 | M. Popka 01/12/24 | J. Maass 01/02/2024 | V. Devabhaktuni 1/19/2024 |

INFORMATION TECHNOLOGY

22. DELEGATION OF AUTHORITY TO SIGN CONTRACTUAL DOCUMENTS FOR THE ELECTRONIC DATA INTERCHANGE UPGRADE, AND APPROVE ADDITIONAL FUNDING FOR SUPPORT AND MAINTENANCE FEES TO THE MASTER SERVICE AND SOFTWARE AGREEMENT WITH EDIFECs INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Authorize the Chief Executive (CEO) or his designee to, after legal review and approval, sign contractual documents for the provision of the Electronic Data Interchange (EDI) upgrade at a cost not to exceed \$963,677; and approve additional funding for annual technical support and maintenance (TSM) fees at a cost not to exceed \$1,001,708 for a term of one (1) year through December 31, 2024. The total amount payable under Master License and Software Agreement (MLSA) shall not exceed \$20,251,296 through May 14, 2028.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

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

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

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

Edifecs was initially selected via competitive procurement (RFP) in 2018 and IEHP is now requesting to proceed with a single source procurement for the software upgrade, and continuation of support and maintenance. Single source procurement is justified as Edifecs is the only CORE authorized certification testing vendor and has extensive familiarity of IEHP's transactions process. Contracting with Edifecs allows IEHP to leverage its current CORE solution to reduce cost and time that would be required to onboard and implement a new vendor for the same provision to achieve the required HIPAA compliance and regulatory requirements. Switching to an alternative solution at this juncture would not only pose a considerable disruption to day-to-day

operations but would also entail substantial financial implications. The costs associated with transitioning to a new solution, include software adoption, employee training, and potential productivity downtime, are projected to be financially prohibitive.

The Governing Board approved the Agreement and Amendments as follows:

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

| Board Date | MO# | Purpose | Term Expiration | Cost |
|---|------------|---|------------------------|---------------------|
| 05/17/2021 | 21-112 | Approved Statement of Work #2099 and Statement of Work #2155 Agreement for the provision of Magellan Process Enhancement to the EDI and Encounter Solution. | 12/15/2023 | \$89,657 |
| 08/11/2021 | 21-241 | Approved the funding increase to the Agreement for the provision of EDI and Encounter Solution Project and approve funding increase of \$20,450 for provision solution to meet CAQH and CORE. | 12/15/2023 | \$2,059,451 |
| 11/11/2021 | 21-310 | Delegation of Authority to approve the Statement of Work #2289 to the Agreement for the provision of CAQH CORE recertification services. | 12/15/2023 | \$36,000 |
| 06/22/2022 | 22-232 | Approved the Tenth Amendment to the Agreement for an additional block of 200,000 Plan-Members worth of net perpetual licensing. | 12/15/2023 | \$800,500 |
| 06/22/2023 | 23-078 | Approved the Eleventh Amendment to the Agreement for a term extension to the MLSA and the provision of an Encounter Management and Edge Server SaaS Solutions. | 05/14/2028 | \$2,070,857 |
| 12/15/2023 | 23-296 | Delegation of Authority to approve the Twelfth Amendment to the MLSA for provision of the Operating Rules Hosted Solution and term extension. | 12/15/2026 | \$772,648 |
| 01/10/2024 | 24-009 | Delegation of Authority to approve the Thirteenth Amendment to update the Software as a Service (SaaS) terms and third-party license terms and conditions. | 05/14/2028 | No Cost |
| Total Cost to date: | | | | \$18,285,911 |
| New Cost for the EDI Upgrade: | | | | \$963,677 |
| New Cost for Technical Support and Maintenance (TSM) Fees: | | | | \$1,001,708 |
| Total Not to Exceed (NTE): | | | | \$20,251,296 |

Discussion:

As standard process, software vendors improve and enhance their solutions to meet new technical requirements and to reduce security risks. Edifecs has released a new version of the Transaction Management (TM) and Encounter Management (EM) which replaces the current versions TM (V8.6) and EM (V8.8) which have reached their end of product life. IEHP will need to upgrade to ensure continued support services.

IEHP is seeking approval to proceed with an EDI upgrade, which includes the transition to the EDI Smart Trading, Transaction Management, and Encounter Management software at a cost not-

to-exceed \$963,677, which is inclusive of a 20% contingency cost for potential customizations and rightsizing of the solution and services for IEHP needs. The EDI Upgrade includes the following:

1. EDI (Smart Trading) – New user interface, EDI Dashboards for improved visibility, lifecycle management and claims lifecycle analysis.
2. Transaction Management (TM) v.9.2.8 – Supports centralized deployment across servers, capability to mask sensitive information and transmission centric dashboard that provides insights into the type of transmission being exchanged with the trading partners.
3. Edifecs Encounter Management – Updates existing EM customer process and reports.
4. Testing Support
5. Edifecs EM Training

IEHP is additionally requesting funding, to cover the cost of the TSM fees for an amount not to exceed \$1,001,708, through December 31, 2024. The TSM fees are recurring annual fees which are renewed on a yearly basis for existing Edifecs products. Without the upgrade, patches and support to the currently installed versions will end, posing a security risk in event of any software bug or other threat is identified.

The additional cost of the upgrade, and TSM fees, shall not exceed \$1,965,385. The total cost (including this request) of this Master License and Software Agreement (MLSA) shall not exceed \$20,251,296 through May 14, 2028.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|-------------------------|---------------------------|----------------------------|--------------------------|------------------------------|
| Included in CY2024 Budget | K. Tsui 01/16/2024 | M. Maury 1/17/2024 | M. Popka 01/17/24 | J. Maass 01/16/2024 | V. Devabhaktuni 1/19/2024 |

INFORMATION TECHNOLOGY

23. DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS TO THE MASTER SERVICES AGREEMENT WITH FUSION RISK MANAGEMENT

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign contractual documents related Master Services Agreement (MSA) with Fusion Risk Management for the continued use of Business Continuity Software for an additional amount not to exceed \$453,286. The total amount payable under this MSA shall not exceed \$949,226.20 through March 31, 2026.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

Disaster Recovery and Business Continuity planning strategies are mandatory for health care organizations and can carry steep penalties and fines for noncompliance under the Health Insurance Portability and Accountability Act (HIPAA). Healthcare data is considered critical/sensitive information, health information systems and databases require advanced data management capabilities. This includes the establishment of actionable Disaster Recovery and Business Continuity plans, which give IEHP the ability to maintain essential processes before, during and after a disaster.

On April 16, 2020, IEHP Procurement issued Request for Proposal (RFP) # 19-02027 for a Business Continuity Software Solution. Fusion Risk Management was the successful bidder and has been providing services to IEHP under the MSA since April 1, 2021.

IEHP has utilized the software to develop Business Continuity plans for all departments, enabling IEHP to identify critical processes and impacted systems and to have documented and actionable plans to adapt to evolving challenges and resume critical business operations when impacted by disaster situations. IEHP leadership regularly utilizes this Business Continuity software to review and update the plans. The plans are also subject to submission to the Department of Health Care Services (DHCS) upon request and with the utilization of the Fusion Framework Software these plans are readily available.

IEHP has approved the following contractual documents with Fusion Risk Management:

| Date Approved | MO# | Purpose | Term Expiration | Cost |
|----------------------------|-------|---|-----------------|---------------------|
| 04/01/2021 | 16-64 | Approval of the RFP Award and Master Services Agreement | 03/31/2022 | \$128,686.65 |
| 04/01/2022 | 16-64 | Amendment No. 1 to implement annual increase for licensing, add print module and post implementation support. | 04/01/2023 | \$164,754.00 |
| 04/01/2023 | 16-64 | PO for annual licensing and support | 03/31/2024 | \$186,172.02 |
| 07/05/2023 | 16-64 | Amendment No. 2 to add 34 additional software licenses needed for department growth. | 03/31/2024 | \$13,428.52 |
| 12/31/2023 | PO | Purchase Order to add 10 additional service hours for special project work | 01/09/2025 | \$2,900.00 |
| Total Cost to date: | | | | \$495,941.19 |
| New Cost | | | | \$453,285.01 |
| Total Cost | | | | \$949,226.20 |

Discussion:

IEHP is seeking approval to sign contractual documents with Fusion Risk Management for continued utilization of services for two additional years and additional software licenses.

IEHP will increase the number of software users from 234 to 275, to support increased utilization of the software and expansion to additional departments and team members.

The table below denotes the total estimated subscription and support costs for the additional term and software licenses.

| Term | Subscription Costs | Support Costs | Total |
|-------------------------|--------------------|---------------|---------------------|
| 04/01/2024 – 03/31/2025 | \$177,491.28 | \$49,921.86 | \$227,413.14 |
| 04/01/2025 - 03/31/2026 | \$191,690.58 | \$34,181.29 | \$225,871.87 |
| Total new cost | | | \$453,285.01 |

The additional cost of any contractual documents shall not exceed \$453,286. The total cost (including this request) of this MSA shall not exceed \$949,226.20 through March 31, 2026.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|-----------------------|----------------------|----------------------|------------------------|-------------------------------|
| Included in CY2024 Budget | K. Tsui 01/08/2024 | S. Cox 01/11/2024 | M. Popka 01/17/24 | J. Maass 01/10/2024 | V. Devabhaktuni 01/19/2024 |

MARKETING DEPARTMENT

24. RATIFY AND APPROVE THE INCREASE IN FUNDING TO PURCHASE ORDER IHP3004361 WITH GOOGLE LLC

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve a Funding Increase to the Purchase Order (PO) IHP3004361 with Google LLC (Google) for Online Advertising Services for an additional cost of \$150,000. The total payable under this PO shall not exceed \$350,000 through December 31, 2023.

Contact:

Michelle Rai, Chief Communications and Marketing Officer

Background:

Google offers online advertising services as a highly effective means of directing relevant and qualified traffic precisely when individuals are actively searching for the products or services IEHP provides. Since January 2023, Google has been instrumental in promoting marketing campaigns for IEHP’s various lines of businesses (LOBs), including but not limited to Medi-Cal, and most recently, Covered California (CCA).

Per Section 5.1 of IEHP’s Purchasing Manual, advertising is exempt from obtaining competitive bids. IEHP selected to go with Google due to setup and advance technology to reach more demographics in online media space.

Accordingly, on January 1, 2023, IEHP approved the PO with Google, in an amount not to exceed \$200,000, through December 31, 2023.

Discussion:

In November 2023, IEHP implemented the product launch of CCA. In response, IEHP started generating online advertising services for the CCA product line, via Google Advertising.

The service costs associated with the new CCA LOB, for November and December 2023, exceeded the original budget.

IEHP will require an additional \$150,000 to cover expenditures through December 31, 2023.

Below is a breakdown of costs associate with Google Advertising:

| Date Approved | PO# | Purpose | Term Expiration | Cost |
|----------------------|------------|---|------------------------|-------------|
| 01/01/23 | IHP3004361 | Online Advertising Services (Google Advertising) | 12/31/23 | \$200,000 |
| Total Cost to Date: | | | | \$200,000 |
| New Cost | | | | \$150,000 |
| Total Cost | | | | \$350,000 |

CONSENT AGENDA

On February 1, 2024, IEHP will transition billing of Google’s online advertising services to their media buyer, Ntooitive, therefore, any funding for online advertising services in 2024 will be allocated to Ntooitive.

IEHP is requesting the ratification and approval for an increase in funding to PO IHP3004361 with Google for an additional amount not to exceed \$150,000. The total cost (including this request) shall not exceed \$350,000 through December 31, 2023.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|-------------------------|---------------------------|----------------------------|--------------------------|-----------------------|
| Included in CY2023 Budget | L. Herrera 1/12/2024 | S. Albritton 1/4/2024 | M. Popka 1/12/2024 | B. Kan 1/12/2024 | M. Rai 1/12/2024 |

OPERATIONS DEPARTMENT

25. RATIFY AND APPROVE THE SITE AGREEMENT WITH LOMA LINDA UNIVERSITY SHARED SERVICES– CARELINK SOLUTIONS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Site Agreement (Agreement) with Loma Linda University Shared Services (LLUSS) for the provision of granting secure access to the CareLink Solutions for the purpose of care, treatment, and services of patients who have received care or treatment at one or more of the CareConnect Partners' sites or require access to referrals, medical records and insurance information for health care organization's managed care members. There are no associated costs for this Agreement.

Contact:

Susie White, Chief Operating Officer

Background:

CareLink Solutions is a web-based service developed by EPIC Systems Corporation to provide physicians who refer patients to CareLink facilities secure access to information about their patients' treatment. LLUSS has implemented CareLink as part of the LLUSS electronic health record platform, providing certain access to the secure electronic database of confidential patient information included within the LLUSS electronic health record platform; including but not limited to clinical and hospital treatment records, physician notes, laboratory and imaging records, patient demographic information, insurance and third-party payer information and other information. IEHP requires LLUSS – CareLink Solutions to obtain access to the electronic health record for Loma Linda System Hospitals and Riverside University Health System (RUHS). This access is valuable to IEHP for the purposes of care coordination, continuity of care, and for treatment decisions for IEHP Members. It is a regulatory requirement for health care providers and managed care plans to share health care information for these purposes and for the purpose of claims adjudication. This service will ensure a secure electronic environment for health care data exchange.

Discussion:

The Agreement allows for IEHP Team Members that provide care coordination, treatment authorization, and claims adjudication to have access to IEHP Members' electronic health records if they received care at a Care Connect Partners sites. The CareLink Solutions Site Agreement provides:

- a. Secure communication between Loma Linda University Systems and Riverside University Health Systems and IEHP.
- b. CareLink Solutions is designed to permit, among other things, IEHP to communicate with practitioners, order, refer, or otherwise arrange for clinical services, and to obtain health facility sharing the LLUSS electronic health record Platform.

IEHP requests the Governing Board ratify and approve the Agreement effective April 26, 2023 at no cost.

CONSENT AGENDA

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|----------------------|-------------------------|---------------------------|----------------------------|--------------------------|-----------------------|
| None | NA | NA | M. Popka 01/12/24 | N. DeVries 1/19/2024 | |

OPERATIONS DEPARTMENT

26. APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH FREED ASSOCIATES

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the First Amendment to the Professional Services Agreement (Agreement) with Freed Associates (Freed) for the provision of program management support of the Covered California program initiatives that extends the term of the Agreement for an additional two (2) months through April 30, 2024. There are no costs or scope change associated with this First Amendment and the total cost this Agreement remains unchanged for an amount not to exceed \$1,459,147 through April 30, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

In 2019, California Senate Bill 260 established a process to improve continuity in access to healthcare for individuals who lose eligibility for Medi-Cal. Covered California facilitates automatic enrollment for these individuals into the lowest cost Silver Plan in each county. With over 1.5 million Medi-Cal members, IEHP can provide continuity of coverage for current members by offering Covered California plans.

IEHP has partnered with Freed since 2016 to support a myriad of different projects (e.g., CalAIM, D-SNP, and the Student Behavioral Health Integration Programs). Freed has knowledge of the program management needs, IEHP capabilities, culture, and decision-making environment. Over the last seven (7) years, Freed has successfully partnered with IEHP to implement CORE systems, provide best practice recommendations on enterprise data management, reporting, and analytics in addition to actively supporting CalAIM and D-SNP.

In September 2022 Freed was selected as a sole source procurement due to their extensive knowledge of IEHP, its processes and systems. Further, Freed's rates were aligned with other IEHP contract consultants for similar services.

Discussion:

This no cost First Amendment extends the term of the Agreement for two (2) additional months, through April 30, 2024, to address the specific resources and services necessary for the Covered California project.

In total, IEHP is requesting the extension of this Agreement utilizing existing funds (included in the previously approved \$1,459,147) for the Covered California Product services, through April 30, 2024.

| Date approved | MO# | Purpose | Term Expiration | Cost |
|----------------------|------------|---|------------------------|-------------|
| 9/12/2022 | 22-304 | Program Management support for the Covered California Program | March 1, 2024 | \$1,459,147 |
| Total Cost to date | | | | \$1,459,147 |
| New Cost | | | | \$0 |
| Total Cost | | | | \$1,459,147 |

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|-------------------------|---------------------------|----------------------------|--------------------------|------------------------|
| Included in CY2024 Budget | C. Aguirre 1/12/24 | C. Goss 1/18/24 | M. Popka 1/19/24 | C. Le 1/12/24 | S. White 01/16/2024 |

QUALITY DEPARTMENT

27. OVERVIEW OF THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE HEALTH EQUITY ACCREDITATION PROCESS

Recommended Action:

Review and File

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

IEHP has participated in the National Committee for Quality Assurance (NCQA) Health Plan Accreditation process for over 20 years. In October 2023, IEHP pursued Health Equity Accreditation for the first time. Health Equity Accreditation is required for Covered CA participation and is required by Department of Health Care Services (DHCS) as part of the CalAim initiative.

NCQA defines health equity as “the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.” NCQA’s Health Equity Accreditation program focuses on the reduction of health disparities by:

- Building an internal culture that supports health equity work.
- Collecting data, which will be used to create language services and provider networks that are sensitive to a member’s cultural and linguistic needs.
- Identifying opportunities to improve care.

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

- HE 1: Organizational Readiness
 - Building a Diverse Staff
- HE 2: Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data
 - Appropriate collection of data
 - Privacy protections for data
- HE 3: Access and Availability of Language Services
 - Written documents, spoken language services, and notification of services
- HE 4: Practitioner Network Cultural Responsiveness
 - Collection of Provider race/ethnicity and language data
 - Develop process to share information with Members
- HE 5: Culturally and Linguistically Appropriate Service Programs
 - Development of Program Description and Annual Evaluation
- HE 6: Reducing Health Care Disparities
 - Reporting stratified measures
 - Use data to address disparities

Discussion:

On December 12, 2023, the Closing Conference call was held with NCQA. During this call, the NCQA surveyor shared IEHP’s Strengths, Survey Process Recommendations, and provided an overview of the Post Survey Process.

The surveyor informed IEHP that all standards were “met” and that the plan receive a score of 100%. The following strengths of IEHP’s submission were noted:

- Dedicated and knowledgeable staff
- Documentation well prepared and presented
- Promoting Organizational Diversity, Equity and Inclusion
- Reports demonstrate good quantitative and qualitative analysis
- Assessing and addressing Members cultural, ethnic, racial and linguistic needs

The surveyor did not identify any opportunities for improvement and said IEHP was well positioned to pursue NCQA’s Health Equity Plus Accreditation, the next step for organizations further along in their health equity journey.

IEHP received notification of official results and accreditation seal on December 21, 2023. This accreditation is valid until December 21, 2026.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------|------------------|--------------------|---------------------|--------------------------|----------------------|
| None | NA | NA | N/A | J. Diekmann 1/10/2024 | E. Juhn 1/17/2024 |

QUALITY DEPARTMENT

28. APPROVE THE 2024 QUALITY MANAGEMENT PROGRAM DESCRIPTION AND THE QUALITY IMPROVEMENT AND QUALITY MANAGEMENT WORKPLAN

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the 2024 Quality Management Program Description and the Quality Improvement and Quality Management Workplan as presented.

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

IEHP supports an active, ongoing, and comprehensive quality management program. The primary goal is to continuously monitor and improve the quality of care, access to care and service, and patient safety delivered to IEHP Members. The Quality Management (QM) Program provides a formal process to systematically monitor and objectively evaluate, track, and trend the quality of care provided to IEHP's Members. This comprehensive delivery system includes activities focused on clinical quality, patient safety, behavioral health, care management, culturally and linguistically appropriate services, and coordination of care. These efforts are aligned with IEHP's mission, vision, and values and IEHP's Strategic Plan.

The Quality Management & Health Equity Transformation Committee (QHETC), overseen by the Chief Quality and Chief Medical Officers, provides direction to the QM Program and is responsible for improving the quality of care for IEHP's Members. QHETC membership includes both internal IEHP staff and external network partners including, but not limited to, Independent Physician Association (IPA) Medical Directors who represent network practitioners, and representatives from Riverside County and San Bernardino County Public Health Departments. Key IEHP departments are also represented. The QHETC reviews findings and recommendations from various sub-committees including:

- Quality Improvement Council
- Quality Improvement Subcommittee
- Population Health Management Subcommittee
- Member Experience Subcommittee
- Utilization Management Subcommittee
- Peer Review Subcommittee
- Pharmacy and Therapeutics Subcommittee
- Credentialing Subcommittee
- Delegation Oversight Committee
- D-SNP Model of Care Subcommittee
- Provider Network Access Subcommittee
- Member Committees (Persons with Disabilities Workgroup, Public Policy Participation Committee)

QM Program activities meet regulatory requirements by the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC) and Centers for Medicare and Medicaid Services (CMS). How well an organization meets these requirements indicates how successfully it can provide access to quality care. Additionally, QHETC has the primary responsibility to oversee compliance with IEHP’s National Committee for Quality Assurance (NCQA) accreditation standards and does so by following the annual QI/QM Workplan.

Discussion:

The 2024 QM Program Description was updated to reflect new Quality Improvement (QI) processes and initiatives. QI programs are designed to improve quality of care, access to care, improve quality of services and promote safe practices. Per regulatory and accreditation requirements and standards, IEHP is required to have a workplan that tracks ongoing progress of QI activities throughout the year. The workplan must address annual planned QI activities and objectives for improving; Quality of Clinical Care, Safety of Clinical Care, Quality of Service and Member/Provider Experience. The QI/QM Workplan also includes a timeframe for each activity’s completion, the IEHP Department responsible, monitoring of previous identified issues and overall evaluation of the QI program. The QI/QM Workplan is being shared with the Board as an attachment for review.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------|------------------|--------------------|---------------------|--------------------------|----------------------|
| None | NA | NA | N/A | J. Diekmann 1/10/2024 | E. Juhn 1/17/2024 |

PROVIDER CONTRACTING DEPARTMENT

29. RATIFY AND APPROVAL OF THE STANDARD TEMPLATES

Recommended Action:

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

Contact:

Susie White, Chief Operating Officer

Background:

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

Discussion:

The following new standard template is being presented to the Governing Board for ratified approval, effective February 1, 2024:

- 1) Master Hospice Agreement Template

Fiscal Impact:

N/A

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

30. APPROVAL OF THE EVERGREEN CONTRACTS

Recommended Action:

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

Contact:

Keenan Freeman, Chief Financial Officer

Background:

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

Discussion:

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

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

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

Additional (1) year term:

- 2) Riverside Community Hospital - Hospital Per Diem Agreement – Riverside

Additional three (3) year term:

- 3) Community Hospital of San Bernardino – Hospital Per Diem Agreement – San Bernardino
- 4) St Bernardine Medical Center - Hospital Per Diem Agreement – San Bernardino

Additional five (5) year term:

- 5) DJO Global Inc dba DJO LLC – Ancillary Agreement – Carlsbad
- 6) Total Contact Medical Inc dba Total Contact Prosthetics and Orthotics- Ancillary Agreement – Santa Fe Springs
- 7) Acel Johnston LMFT Inc- Participating Provider Agreement - Behavioral Health – Redlands
- 8) Barbara Allyn Barry - Participating Provider Agreement - Behavioral Health – Rancho Mirage
- 9) Barbara Gill - Participating Provider Agreement - Behavioral Health – Temecula
- 10) Barstow Healthy Lifestyle Consultation Inc dba Barstow Psychotherapy – Participating Provider Agreement - Behavioral Health - Barstow
- 11) Geetha Puri MD PC - Participating Provider Agreement - Behavioral Health - Victorville
- 12) Lee Shaw Jr dba Lee Shaw Jr LLC - Participating Provider Agreement - Behavioral Health – Riverside
- 13) Mandy Aleshinloye - Participating Provider Agreement - Behavioral Health – Redlands
- 14) Marybel Gonzalez dba Ascension Psychotherapy - Participating Provider Agreement - Behavioral Health – Hesperia
- 15) Sarah Jane Parker - Participating Provider Agreement - Behavioral Health – La Quinta

- 16) Melissa Fogle dba Good Life Therapies - Participating Provider Agreement - Behavioral Health – Palm Springs
- 17) Sunshyne Gray - Participating Provider Agreement - Behavioral Health – Redlands
- 18) Vanessa H Austin - Participating Provider Agreement - Behavioral Health – Chino
- 19) The Garden Pediatric Group Inc - Open Access Agreement (Excluding Medicare) – Redlands
- 20) Tuan Dai Le - Capitated Primary Care Provider Agreement (Medicare Only) - Pomona
- 21) Apex Pediatrics Inc dba Mohammad S Kanakriyeh- Capitated Primary Care Provider Agreement (Excluding Medicare) – San Bernardino
- 22) Hanson & Associates Physical Therapy Inc dba Corona Hills Physical Therapy & Wellness - Participating Provider Agreement – Specialist – Corona
- 23) John P Kearney MD - Participating Provider Agreement – Specialist – San Bernardino
- 24) NeuroCenter Medical Clinic Inc - Participating Provider Agreement - Specialist– Murrieta
- 25) San Bernardino Mountains Community Hospital District dba Mountains Community Hospital Rural Health – Participating Provider Agreement - Specialist – Running Springs
- 26) Sood Kisra MD PC – Participating Provider Agreement - Specialist - Upland
- 27) Nguyen and Lac A Professional Corp dba The Vision Shop Optometry - Participating Provider Agreement - Vision – Chino

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

N/A

ADMINISTRATION

31. 2024 ANNUAL GOVERNING BOARD COMPLIANCE TRAINING

Recommended Action:

Review and File.

Contact:

Jarrold McNaughton, Chief Executive Officer
 Lourdes Nery, Senior Director, Compliance, Compliance

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) and 423.504(b)(4)(vi). The principles outlined in the regulatory guidelines are applicable to all IEHP relevant decisions, situations, communications, and developments. The Governing Board must receive training and education as to the structure and operation of the Compliance Program.

Discussion:

It is the policy of IEHP to provide introductory and annual compliance training for the Inland Empire Health Plan (IEHP) Governing Board Members. The Governing Board is expected to exercise reasonable oversight of the implementation and effectiveness of the IEHP Compliance Program and take appropriate action to ensure compliance issues are resolved. Compliance Training is essential to ensure all Governing Board Members are informed of their responsibilities for the Compliance Program. The Governing Board receives training on IEHP’s structure and operations of the Compliance Program, the Seven Elements of an Effective Compliance Program, Fraud, Waste and Abuse (FWA) Program, and the Health Insurance Portability and Accountability (HIPAA) Privacy Program upon appointment and annually thereafter.

The 2024 Annual Compliance Training for IEHP Governing Board Members, including the training attestation, will be distributed to all Governing Board Members at the February 5, 2024, IEHP Governing Board meeting. Any questions or concerns related to the training or IEHP’s Compliance Program, and/or expectations of the Governing Board regarding its responsibilities and oversight with respect to the implementation and effectiveness of IEHP’s Compliance Program can be addressed at the time.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|----------------------|-------------------------|---------------------------|----------------------------|--------------------------|------------------------|
| None | NA | NA | M. Popka 01/12/24 | L. Nery 12/21/2023 | S. White 01/11/2024 |

2024 Governing Board Compliance Program Handbook



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2024 Compliance, Fraud, Waste and Abuse (FWA) and HIPAA Privacy Training

February 5, 2024

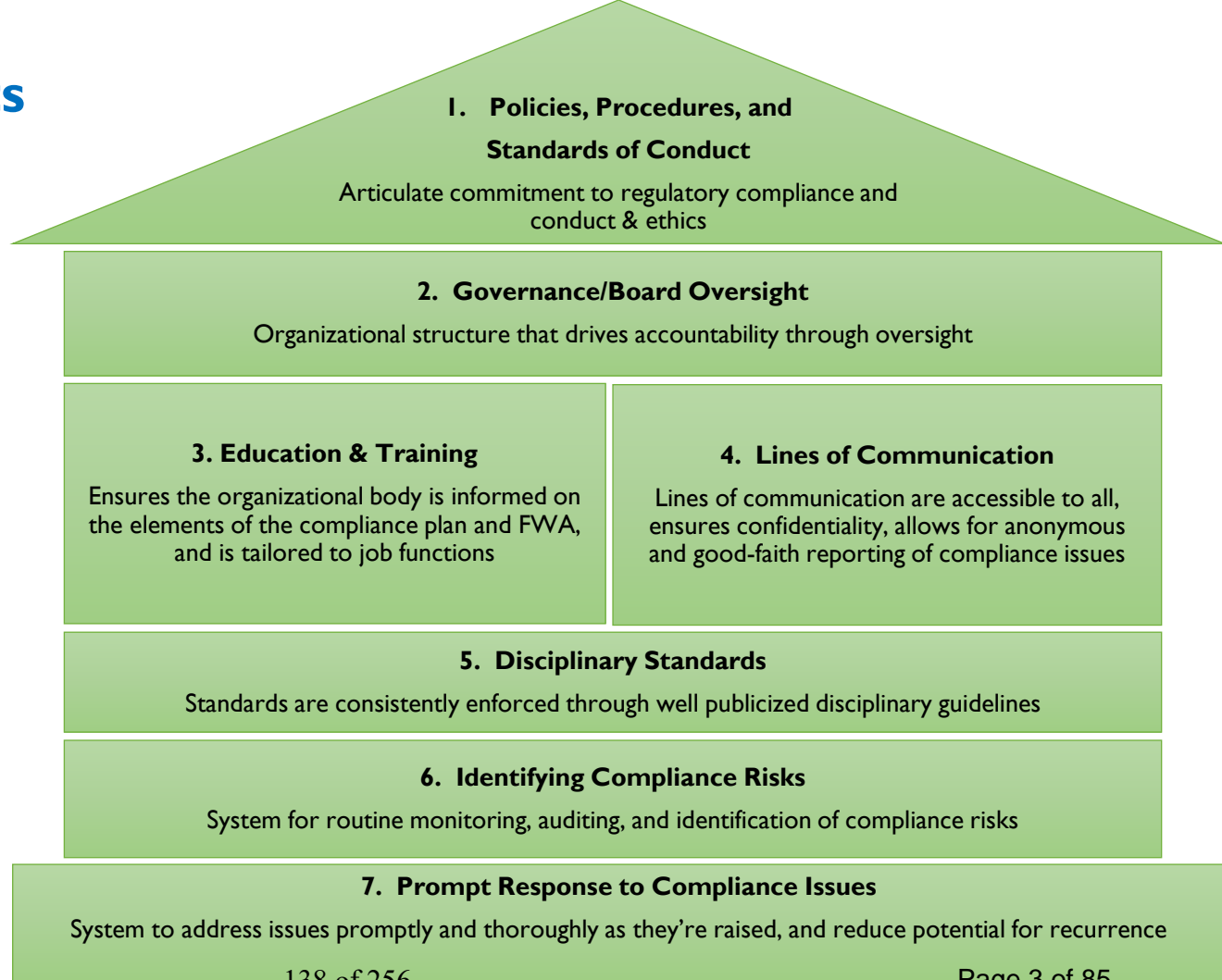
Training Objectives

- Understand the **structure** and **operations** of IEHP's Compliance Program
- Explain the **role of the Governing Board** in providing compliance oversight
- Describe **recommendations** to Governing Boards for effectively exercising their **oversight responsibilities**



Seven Elements of an Effective Compliance Program

The Federal Sentencing Guidelines (FSG) and Office of Inspector General (OIG) have Identified 7 elements of an Effective Compliance Program



Compliance Program Requirements

IEHP is required by its regulatory agencies to implement and maintain an effective compliance program for its health plan operations. An effective compliance program should:

Articulate and demonstrate the organization's commitment to legal and ethical conduct;

Provide guidance on how to handle compliance questions and concerns; and

Provide guidance on how to identify and report compliance violations.



Compliance Program

What is an effective Compliance Program?

An effective Compliance Program fosters a culture of compliance within an organization and, at a minimum:

- Prevents, detects, and corrects non-compliance;
- Is fully implemented and is tailored to an organization's unique operations and circumstances;
- Has adequate resources;
- Promotes the organization's Standards of Conduct; and
- Establishes clear lines of communication for reporting non-compliance.

An effective compliance program is essential to prevent, detect, and correct regulatory and contractual non-compliance as well as Fraud, Waste, and Abuse (FWA). It must, at a minimum, include the ***seven core compliance program elements***.



Compliance Program Overview, cont'd

Operating an Effective Compliance Program

- Creating a proactive Compliance Program vs. reactive
- Develop processes to evaluate and measure Compliance Program Effectiveness:
 - Develop benchmarks and goals in the team with the Executive Compliance Committee, Board, and department leadership.
 - Determine metrics –What do you want to measure?
 - Train your staff and test knowledge.
 - Encourage Compliance staff education and networking internally and externally.
 - Solicit feedback.
 - Maintain visibility.
 - Enforce policies and procedures.
 - Act promptly when issues arise.
 - Take and document corrective action.



Compliance Program Responsibilities

Compliance is everyone's responsibility

Everyone has a role in compliance to ensure that IEHP is compliant with regulatory and contractual requirements and regulations. The expectations for this role are outlined in the IEHP Code of Business Conduct and Ethics (Code of Conduct):

- IEHP's Code of Conduct communicates compliance expectations and the principles by which IEHP operates.
- The Code of Conduct guides IEHP in making the most ethical decisions to preserve our workplace culture and our culture of compliance.

Where do I fit in?

The IEHP Governing Board is a group of individuals at the highest level of governance who formulate policy, direct, and control the Plan in the best interest of IEHP and our Members.



Compliance Responsibilities, cont'd

Why do I need training?

- As a Governing Board Member, you are tasked with the responsibility of overseeing the Compliance Program and must receive training as to the structure and operation of the program. This ensures you are knowledgeable about the program and prepared to gauge effectiveness of the program.
- Every year, billions of dollars are improperly spent because of fraud, waste and abuse. It affects everyone – including you. This training helps you detect, correct, and prevent FWA. You are part of the solution.

Ethics – Doing what's right together!

As part of the Compliance Program, we must ensure we conduct ourselves in an ethical and legal manner and ensure we:

- Act fairly and honestly;
- Adhere to high ethical standards in all that we do;
- Comply with all applicable laws, regulations, and Federal and State requirements; and
- Report suspected violations.



Governing Board Role

Structural

- Understanding the scope of the Compliance Program:
 - This is demonstrated by the Board's inquiry and oversight of the scope and adequacy of the Compliance Program in light of the size and complexity of the organization.

Operational

- Understanding the operations of the Compliance Program:
 - With an understanding of the dynamic regulatory environment and how it applies to the organization's Compliance Program, Board Members are responsible for asking more pertinent questions of leaders and making informed strategic decisions regarding the Compliance Program.



Governing Board Obligations

Two Primary Obligations

- Decision making function.
 - Applying duty of care principles to a specific decision or board action.
- Oversight function
 - Applying duty of care principles with respect to the general activity in overseeing the day-to-day business activities of the organization.

Duty of care involves determining whether the Governing Board Members acted:

- In good faith;
- With the level of care that an ordinarily prudent person would in like circumstances;
- In a manner that they reasonably believe is in the best interest of the corporation.

Embedded in duty of care is the concept of “*reasonable inquiry*”.



Recommended Actions to Help Governing Boards in Their Oversight Duties

1



Regular
Compliance
Program
reports

2



Routinely ask
other
organizational
leaders about
compliance

3



Obtain
information
from multiple
sources

4



Regularly review
organizational
risk data and
information



I: Regular Compliance Program Reports

Receiving regular reports allows the Governing Board to hear about the organization's compliance program directly from the Compliance Officer. Reports should include:

- Specific compliance matters that ensures the Board appropriate action is taken.
- Opportunities for the Board to ask questions to ensure the Compliance Officer has sufficient resources to fulfill their responsibilities.



I: Regular Compliance Program Reports, contd.

Examples include:

- Compliance risks and strategies
- Information on status of internal and external investigations, including privacy, fraud, waste, and abuse, conduct and ethics, and regulatory non-compliance
- Serious issues identified during internal and external audits
- Significant regulatory changes and enforcement events that may impact the organization's business.





II: Routinely Ask Organizational Leaders About Compliance

Ensure compliance is incorporated into decisions by routinely asking leaders in the organization questions about compliance requirements and risks in their area.

- Asking how they ensure their actions are compliant conveys the importance Board places on compliance throughout the organization.
- Supports a culture in which leaders are more likely to regularly ask these questions of their staff and incorporate a compliance analysis into decision-making.
- Demonstrates the Board's promotion of the organization's policies, including the Code of Conduct, conflict of interest policy, reporting policy, and policies that address the organization's highest risk areas.



III: Obtain Information from Multiple Sources

The OIG recommends that Governing Boards obtain information from as many sources as possible, with a focus on information from the leaders who support the organization and protect it from risk.



Obtaining information from multiple sources ensures a ***comprehensive view*** of organizational risks.





IV: Review Organizational Risk Data and Information

OIG recommends that Governing Boards regularly review how the entity is performing in key areas, and what the trends are over time. A balance of metrics can show links regarding performance.

- **OIG recommends that the Governing Board ensures:**
 - It understands how the metrics were chosen,
 - it understands what the metrics measure, and
 - that the organization is setting ambitious targets



Critical Elements of Effective Oversight

Process of asking the right questions of management to determine adequacy and effectiveness of a compliance program.

Performance of those who develop and execute a compliance program.

Making compliance a responsibility for all levels of management.



Expectations for Board Oversight of Compliance Program Functions

- Act in good faith.
- Make inquiries to ensure:
 - Corporate information and reporting systems exists.
 - Reporting systems is adequate.
- Put forth meaningful effort to review adequacy of existing compliance systems and its functions; acknowledge size and complexity of an organization.
- Develop strategies for keeping up-to-date on emerging and changing compliance issues.



IEHP's Fraud, Waste and Abuse Program

Purpose

- To organize and implement a strategy to prevent, detect, and correct fraud, waste and abuse.
- To report suspected fraudulent and abusive activity and reduce cost to the State and Federal Government, IEHP and its Providers, Members and others.
- To support IEHP's commitment to comply with all applicable State and Federal standards.
- To protect IEHP and its partners in the delivery of healthcare services through the timely detection, prevention, investigation and reporting of suspected fraud, waste and abuse.

Scope

- The FWA Program falls under the auspices of the Compliance Department's Special Investigation Unit (SIU).
- Federal and State statutes and regulations require IEHP to investigate potential fraud, waste and abuse and report suspected cases to appropriate regulatory agencies.



Defining FWA

Fraud

- Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud a healthcare benefit program, or to obtain, by means of false fraudulent pretenses, representations, or promises, any of the money of property owned by, or under the custody or control of, any healthcare benefit program.

Waste

- Overuse of services, or other practices that, directly or indirectly, result in unnecessary healthcare costs.
- Generally, not considered to be caused by criminally negligent actions, but rather by the misuse of resources.

Abuse

- Actions that may, directly or indirectly, result in unnecessary healthcare costs, improper payment, services that fail to meet professionally recognized standards of care, or services that are medically unnecessary.
- Involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.



Fraud, Waste and Abuse, cont'd

Examples of FWA:

- Actions that may constitute **Fraud** include:
 - Knowingly billing for services not furnished or supplies not provided.
 - Billing for nonexistent prescriptions.
 - Knowingly altering claims, forms, medical records or receipts to receive a higher payment.
- Actions that may constitute **Waste** include:
 - Conducting excessive office visits or writing excessive prescriptions.
 - Prescribing more medications than necessary for treating a specific condition.
 - Ordering excessive laboratory tests.
- Actions that may constitute **Abuse** include:
 - Unknowingly billing for unnecessary medical services.
 - Unknowingly excessively charging for services or supplies.
 - Unknowingly misusing codes on a claim, such as upcoding or unbundling codes.

The main difference between “fraud” and “waste” and “abuse” is intent. Therefore, cases of fraud are often criminal in nature versus the other two, which remain civil and mostly involve repayment of overpaid funds.



Fraud, Waste and Abuse, cont'd

Combatting FWA – Take action against FWA by following 3 steps:

- 1 *Comply with all applicable statutory and regulatory requirements, including adopting and using an effective compliance program.*
- 2 *Report any compliance concerns and suspected or actual violations of which you may be aware.*
- 3 *Conduct yourself in a manner that aligns with the Code of Conduct.*



Fraud, Waste and Abuse, cont'd

How do **YOU** prevent FWA?

- Look for suspicious activity.
- Conduct yourself in an ethical manner.
- Ensure accurate and timely data billing.
- Ensure coordination with other payers.
- Know FWA policies and procedures, standards of conduct, laws, regulations, and CMS' guidance.
- Verify all received information.



IEHP's HIPAA Privacy & Security Program

Purpose

- To support IEHP's commitment to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all other applicable State and Federal standards.
- To establish a HIPAA Privacy Program to ensure that Member's health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care.
- To protect Member's protected health information and personal identifiable information from exposure to any person without authorization or business need to know.

Scope

- The HIPAA Privacy Program falls under the auspices of the Compliance Department's Special Investigations Unit (SIU).
- Federal and State regulations require IEHP to investigate potential privacy incidents and report privacy breaches to appropriate regulatory agencies.



Defining HIPAA Privacy

Personal Identifiable Information (PII)

Information that can either identify the Member or there is a reasonable basis to believe that the information can be used to identify the Member.

Examples include name, date of birth, address, social security number, IEHP ID number, phone numbers, email addresses, photographic images, driver's license number, etc.

Protected Health Information (PHI)

Health information that relates to Member's past, present or future physical or mental health or condition, including the provision of his/her healthcare, or payment for the care AND contains PII.

Privacy Breach

Unauthorized acquisition, access, use or disclosure of PHI which compromises the security or privacy of such information.



Accessing PHI

- All reasonable efforts shall be made to access, use, disclose and request only the minimum amount of PHI needed to accomplish the intended purpose.
- Disclosure of PHI and PII shall be restricted to individuals with authorization or who have a business need to know.
- The law allow IEHP Team Members to disclose Member information when a request or need for information falls under treatment, payment or operations.
 - **Treatment** means that the information that is used in the treatment of our Member.
 - **Payment** related to information that is used to determine payments for any type of care that a Member receives.
 - **Operations** have to do with the information needed to carry out health administration operations.



Protecting Information

Information Security

- Health care organizations are particularly vulnerable to cyber attacks. They house personal health, payment, and organizational proprietary information.

Your Role?

- Email Security – Always think before your click.
- Be cautious when transmitting sensitive information – Use secure mail procedures, if available, and verify recipient information prior to sending.
- Report any information security issues related to IEHP Members to IEHP's Compliance Department.



Protecting Information

Common PHI Breaches

- **Unauthorized access:**
 - Family/friends accounts.
 - Viewing Member information without a “business need to know”.
- **Misdirected documents:**
 - Sending documents to an incorrect fax number.
 - Mailing/handling documents by mistake to the wrong Member.
- **Unauthorized verbal disclosure:**
 - In person – Use discretion near others who are in proximity and may overhear.
 - Phone (e.g., providing Member information without appropriately verifying it is the Member or authorized party on the line).
 - Voicemail.
- **Lost, missing or stolen mobile devices that contain unencrypted data (e.g., phones, laptops, tablets).**
- **Improper disposal of documentation, computers or other materials (e.g., throwing in regular trash).**
- **Unsecured e-mail containing Member information.**
- **Web access creating data security risks (e.g., social media).**
- **Security incidents including ransomware, phishing, and malware.**



HIPAA Security



- Healthcare organizations are particularly vulnerable to cyber attacks given the type of information they house.
- IEHP has protocols in place to ensure appropriate email security and electronic data containing PII and PHI is secure



Non-Compliance Affects Everybody

Without programs to prevent, detect, and correct non-compliance, we all risk:

- Harm to Members, such as:
 - Delayed services
 - Denial of benefits
 - Difficulty in using providers of choice
 - Other hurdles to care
- Penalties, such as:
 - Criminal convictions
 - Civil fines
 - Exclusion from Federal and State health care programs
 - Imprisonment

Response to Issues of Non-Compliance

What happens after non-compliance is detected?

After non-compliance is detected, it must be investigated immediately and promptly corrected.

However, internal monitoring should continue to ensure:

- There is no recurrence of the same non-compliance;
- Ongoing compliance with Federal and State requirements;
- Efficient and effective internal controls; and
- Members are protected.



Penalties for Non-Compliance

Loss of Provider License

- A provider that has failed to follow compliance guidelines may potentially lose their license, in addition to other penalties.

Civil Monetary Penalties

- Civil fines are one of the most common consequences of compliance violations. Depending on the type and number of violations, the total cost for an individual or organization could be devastating.

Civil Prosecution

- Violations can often lead to charges in civil court, which can potentially involve suits from not only the government, but the individual affected as a result of the actions.

Exclusion from Federal Healthcare Programs

- Individuals, including providers, can be barred from participating in any State or Federal healthcare program for up to 7 years.

Criminal Conviction/Fines





- The Office of Inspector General – Health and Human Services conducts investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries.

Imprisonment

- All non-compliance violations could result in a prison sentence, depending on the type of number of violations.



What to Report to Compliance

-  Issues of Non-Compliance
-  Potential Fraud, Waste and Abuse
-  Potential Privacy Issues
-  Potential Violations of IEHP's Code of Conduct



Compliance Reporting Policies

- Anyone with questions or concerns about reporting compliance issues may contact the Compliance Team.
- Information about reporting compliance issues is also made available for Members, Providers, and others through publications in the Member Handbook, the Provider Manual, IEHP Code of Conduct, and the IEHP website.
- Reports can be made anonymously and, to the extent the law allows, reports are confidential.
- Team Members are expected to participate in any investigation, as necessary.
- IEHP has a strict non-retaliation and non-intimidation policy to protect Team Members who reports an issue.



Reporting Compliance Issues

IEHP's Compliance Program is your resource for questions or concerns related to compliance, FWA, and Privacy & Security. We can be reached at:



Hotline:

866-355-9038



E-Mail:

compliance@iehp.org



Fax:

(909) 477-8536



Online:

Compliance form online:

[Compliance Incident](#)

[FWA](#)

[Privacy](#)



In Person:

Visit the Compliance Team



Mail:

IEHP Compliance Officer

P.O. Box 1800

Rancho Cucamonga, CA

91729

Code of Business Conduct and Ethics



Our shared commitment to honesty,
integrity, transparency and accountability

A message about the IEHP Code of Business Conduct and Ethics

Every day we are confronted with decisions to make and tasks to accomplish as IEHP team members. Our choices and the product of our work can directly impact our members, providers and business associates. At times, we might find ourselves challenged as to how we should address an issue or how we can best exemplify IEHP's commitment to excellence.

Contained within the *IEHP Code of Business Conduct and Ethics (Code of Conduct)* is information to help guide you in making the most ethical decisions to preserve our workplace culture, preserve our culture of compliance, support our core values and make IEHP the best place to work in the Inland Empire. Also provided in this *Code of Conduct* are team member resources, including how to report compliance issues, how to access the complete library of policies in our *Team Member Handbook* and other helpful tips and tools to ensure your success.

The information provided in this document applies to all of us – the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership team, team members, temporary staff and IEHP's business associates – and it should be reviewed and referenced often. Much like a compass, the *Code of Conduct* sets the direction for IEHP and guides everyone to do the right thing.

Our shared commitment to honesty, integrity, transparency and accountability helps develop the trust of our members and our providers. It also helps us establish good working relationships with our federal and state regulators. The *Code of Conduct* supports this commitment by helping us understand how IEHP team members must comply with laws and regulations that govern health care to ensure IEHP maintains a reputation of excellence.

If you are unable to find the answer to your question or concern here, you are encouraged to raise the issue with your manager, Human Resources representative, or the Compliance team to help determine the right thing to do.

Thank you for helping us be leaders in the delivery of health care.



Jarrod McNaughton, MBA, FACHE
Chief Executive Officer

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1

Introduction to the IEHP Code of Conduct

1.1 Our Commitment

IEHP is firmly committed to conducting its health plan operations in compliance with ethical standards, contractual obligations under federal and state programs, laws and regulations. This commitment extends to the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership team, team members, temporary staff and IEHP's business associates who support IEHP's mission.

1.2 Mission

We heal and inspire the human spirit.

1.3 Vision

We will not rest until our communities enjoy optimal care and vibrant health.

1.4 Core Values

We do the right thing by:

- Placing our members at the center of our universe.
- Unleashing our creativity and courage to improve health and well-being.
- Bringing focus and accountability to our work.
- Never wavering in our commitment to our members, providers, partners and each other.

1.5 Focus Areas

Member Experience

Ensure Members receive the high-quality care and services they need

Network

Provide a network that delivers high-quality and timely care

Team Member

Make IEHP a great place to work, learn, and grow

Operational Excellence

Optimize core processes to deliver compliant, high-quality, and efficient services

Technology

Deliver innovative & valuable technology solutions

Financial Stewardship

Ensure financial stability of IEHP in support of enterprise goals

2.1 IEHP's Team Culture

IEHP's team culture embodies our values, beliefs and approach of interacting with people inside and outside our organization.

Our team culture sees the team member as a valued person. It supports the idea that everyone on the team counts and everyone can make a difference. It drives us to do the right thing for our members, our providers and each other. However, for our team culture to be a success, we need all team members to sustain it.

Here are 10 key traits to sustain IEHP's team culture:

1. Focus on the needs of our members and providers
2. Create ideas that move IEHP forward
3. Aspire to make a difference every day
4. Strive to improve every day
5. Work with others in a cooperative and collaborative manner
6. Treat fellow team members with courtesy, respect and professionalism
7. Mix hard work with fun – look forward to coming to work
8. Be a positive influence on everyone
9. Know that everyone's role is vital to our success
10. Take pride in IEHP and our accomplishments

Practice these every day. Aim for success because that's what makes us different. **Always remember that we are here to do the right thing for our members, our providers and each other.**



2.2 IEHP's Rules of Conduct

IEHP expects everyone – the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership team, team members, temporary staff and IEHP's business associates – to work together in an ethical and professional manner that promotes public trust and confidence in IEHP's integrity. Actions considered contrary to that expectation are listed in this document and may subject anyone mentioned above to disciplinary actions, up to and including contract or employment termination (as applicable).

2.3 Respect for Our Members

IEHP members deserve to be treated with respect and to experience the kind of customer service that each one of us expects to receive. This means every member encounter with a team member is an opportunity to demonstrate excellent customer service.

2.4 Respect for Our Providers

IEHP is dedicated to giving our providers a level of service that exceeds their expectations. Every team member who interacts with a provider should do so with professionalism.

2.5 Respect for Team Members

IEHP sees you, the team member, as a valued person. Every one of your fellow team members deserves to be treated with the same level of respect and professionalism that you would expect in return. Everyone counts and everyone can make a difference.

You have joined a winning team!



2.6 Exemplifying the IEHP Brand

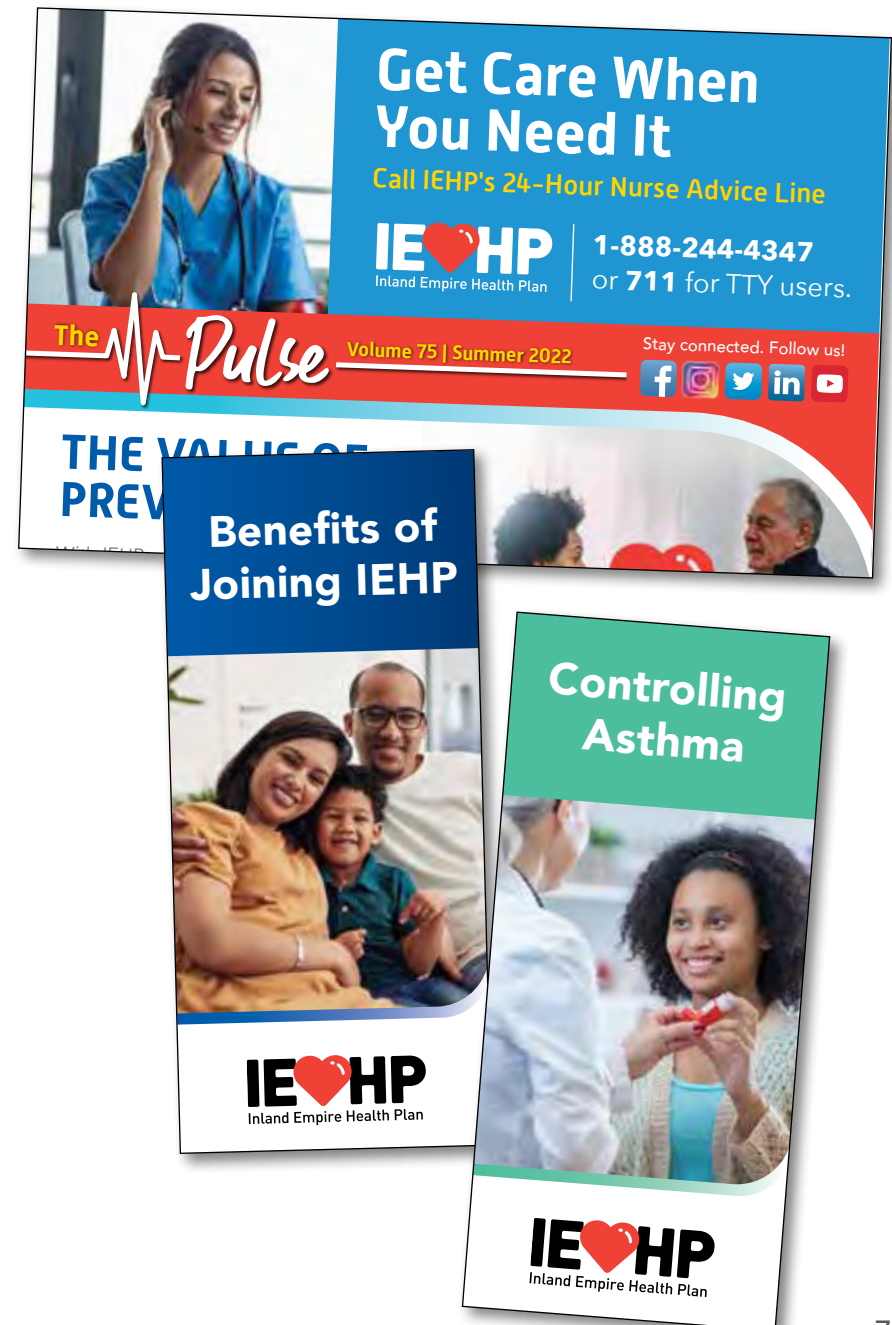
IEHP Branding, Communications and Marketing

The IEHP brand is one of our organization's most valuable assets. Developing and protecting the brand is an important part of every team member's job. This means adhering to established IEHP Branding, Communications and Marketing standards when communicating about IEHP to members, your fellow IEHP team members and the community at large.

Here is a quick reference for communicating about IEHP:

- **Ask the IEHP Marketing Department** — All IEHP marketing and member materials must be developed by the Marketing Department. Please do not write letters to members or create your own marketing materials without proper management and regulatory approvals.
- **Get co-branded materials approved** — All co-branded (IEHP and other companies or vendors) and other marketing materials created by other companies or vendors must be approved by the Marketing Department prior to distribution. Send materials and requests to the Communications Manager.
- **Refer all media requests** — It doesn't happen often, but if you are approached or contacted by the media to discuss IEHP, please refer them to the Director of Communications and Marketing.

Find our *IEHP Team Member Marketing and Branding Fact Sheet* located in the IEHP Brand Portal at iehp.workfrontdam.com/bp/#/.



2

Making IEHP a Great Place to Work cont'd

2.7 Zero Tolerance for Retaliation and Intimidation

All team members are encouraged to report potential compliance issues without fear of intimidation or retaliation, including (but not limited to):

- Reporting potential/suspected compliance issues (Privacy, FWA, or non-compliance)
- Conducting self-evaluations and/or
- Remedial actions

IEHP has a zero-tolerance retaliation policy and will discipline individuals who retaliate with discriminatory behavior or harassment, up to and including termination of employment. Additional information on IEHP's non-retaliation and non-intimidation practices are detailed in the Harassment and Illegal Discrimination Prevention (Policy Against Harassment) and the Corrective Action policies in the *Team Member Handbook* located on DocuShare via JIVE.

Q. My Supervisor has asked me to clock out and continue working on several occasions. It doesn't feel right, but I'm afraid I'll be written up or terminated if I report it. What should I do?

A. You should report this to Human Resources and Compliance as this violates company policy. IEHP does not tolerate retaliation for reporting violations of company policy or the law and your job can be protected under company policy.



3.1 IEHP's Compliance Program

IEHP is committed to maintaining a working environment that fosters conducting business with integrity and that permits the organization to meet the highest ethical standards in providing quality health care services to our members. This commitment extends to our business associates and Delegated Entities that support IEHP's mission.

Our Compliance Program is designed to:

- Ensure we comply with applicable laws, rules and regulations
- Reduce or eliminate Fraud, Waste and Abuse (FWA)
- Prevent, detect and correct non-compliance
- Reinforce our commitment to culture of compliance for which we strive
- Establish and implement our shared commitment to honesty, integrity, transparency and accountability

Additional information on IEHP's Compliance Program can be found on IEHP Intranet page (JIVE), Compliance Corner and on IEHP's website: www.iehp.org, including:

- Reporting potential compliance concerns, Fraud, Waste, or Abuse and Privacy incidents
- IEHP's *Code of Business Conduct and Ethics*
- Non-Retaliation and Non-Intimidation policies
- IEHP's Fraud, Waste and Abuse (FWA) Program
- IEHP's Privacy Program
- Details about IEHP's Regulatory Agencies
- Links to helpful Compliance Program resources



3.2 Fraud, Waste and Abuse (FWA)

IEHP has established a Fraud, Waste and Abuse Program that investigates allegations of fraud, waste and/or abuse on the part of members, providers, vendors, pharmacies, health plans, team members and any entity doing business with IEHP. A powerful weapon against FWA is a knowledgeable and responsible team member who can recognize potential fraud and know how to report it. Every team member has a responsibility to report suspected FWA under federal and state laws and in accordance with IEHP Policy.

The Federal False Claims Act and similar state laws make it a crime to submit false claim to the government for payment. False claims include, but are not limited to billing for treatment not rendered; upcoding to bill for higher reimbursement; and falsifying records to support billed amounts.

These same laws protect individuals known as “whistleblowers.” These individuals generally have inside knowledge of potential non-compliant or fraudulent activities such as false claims billing by companies for whom they work or have worked.

Under the Federal False Claims Act, whistleblowers may bring a civil lawsuit against the company on behalf of the U.S. Government and, if the suit is successful, they may be awarded a percentage of the funds recovered.

There is a provision in the Federal False Claims Act that protects a whistleblower from retaliation by an employer. Actions such as suspension, threats, harassment, or discrimination could be considered retaliatory. IEHP will not tolerate retaliation against any person who has suspected fraudulent activity and reported those suspicions in compliance with IEHP policy.

See Section **4.1 Know How to Speak Up** for information on how to report any concerns of potential FWA. See Compliance Policy and Procedure, *Fraud, Waste and Abuse Program* available on Compliance 360 for more information on the IEHP FWA Program.



Q. I've been working recently with billing information from a provider's office. I've noticed the office has been billing for services that seem unusual or that don't make sense according to the member's diagnosis. What should I do?

A. Your observation could be a potential fraud- or abuse-related concern. You are required to make a report to the Special Investigations Unit in the Compliance Department via the Compliance Mailbox, the Compliance Hotline, or any of the reporting methods outlined in Section 4.1 Know How to Speak Up found in this document. Any information that you have available related to your report should be submitted to assist in the investigation. All team members are required to report suspected fraud, waste, or abuse concerns.

Q. If my Supervisor directs me to do something that I think will result in non-compliance with a regulation or IEHP policy, should I do it?

A. No, you should not. Laws, regulations, contract requirements and IEHP policies must be observed. If anyone, even your Supervisor or Manager, asks or directs you to ignore or break them, speak to your Supervisor or Manager about it. If you are uncomfortable speaking with your Supervisor or Manager about it, contact Human Resources and/or Compliance.

Q. While working on a member's case, I noticed that he had a lot of different prescribing physicians who are prescribing him narcotic prescriptions and had many visits to the Emergency Room. Is this something I should report?

A. Yes, Doctor shopping and overutilization could be considered a form of abuse of the member's benefits. You are required to make a report to the Special Investigations Unit in the Compliance Department via the Compliance Mailbox, the Compliance Hotline, or any of the reporting methods outlined in Section 4.1 Know How to Speak Up found in this document.



3.3 Member Privacy

A member's protected health information (PHI) is protected by the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act and state confidentiality laws. The member information that is protected by these regulations includes, but is not limited to:



Demographic Information

- Name
- Address
- Date of Birth
- Driver's License
- Social Security Number
- IEHP Member ID Number
- Medi-Cal ID Number
- Health Plan Name



Financial Information

- Credit Card Numbers
- Bank Account Numbers
- Claims Information



Clinical Information

- Diagnosis
- Condition
- Medications
- Lab Results
- Psychotherapy Notes
- Authorizations
- Mental Health Data
- Clinical Notes

The law defines a breach of member privacy as the acquisition, access, use, or disclosure of PHI that is not permitted under HIPAA. This generally means that a breach occurs when PHI is accessed, used, or disclosed to an individual or entity that does not have a business reason to know that information. The law does allow information to be accessed, used or disclosed when it is **related to treatment, payment, or health care operations (TPO)** directly related to the work that we do here at IEHP on behalf of our members. Examples of breaches include, but are not limited to:

- Accessing information when it does not pertain to your job
- Sending information to the incorrect fax number
- Disclosing unauthorized information verbally (in person or over the phone)
- Sending mail to the wrong address
- Sending unsecured emails outside of the IEHP network or to the incorrect recipient

3.3 Member Privacy cont'd

If a team member discovers a potential privacy incident or breach, he or she is required to report the issue immediately to the Special Investigations Unit in the Compliance Department via the Compliance Mailbox, the Compliance Hotline, or any of the reporting methods outlined in Section 4.1 *Know How to Speak Up* found in this document.

When a breach of PHI is discovered, IEHP must report it to the DHCS Privacy Office, DHCS Contract Manager and DHCS Information Security Officer within twenty-four hours of discovery and to the Office for Civil Rights (OCR) under the Department of Health and Human Services (HHS) within the required time frames. A failure to report according to our regulated time frames may result in monetary penalties and/or sanctions against IEHP.

If a team member identifies a potential breach, he or she should notify the Special Investigations Unit in the Compliance Department immediately so that the issue can be investigated and the incident reported, if necessary, to the appropriate regulatory agencies.



3

Preserving IEHP's Culture of Compliance cont'd

Unauthorized access, use or disclosure of confidential information may make a team member subject to a civil action and may subject IEHP to penalties under prevailing federal and state laws and regulations, including HIPAA and the HITECH Act. Failure to comply with IEHP confidentiality, privacy and security policies may result in disciplinary action, up to and including termination of employment or contract termination.

For additional information, refer to IEHP's *HIPAA Authorization to Disclose PHI* available in the *Team Member Handbook* located on DocuShare and to IEHP Compliance Policy and Procedure, *HIPAA Program Description*, available on Compliance 360. More HIPAA information for providers can be found in IEHP's Provider Manual on the provider section of IEHP's website at www.iehp.org.

Q. My family member is an IEHP member and she has asked me to check on the status of an authorization. Can I access and view the information as an IEHP team member?

A. Accessing information outside the scope of your job would be considered inappropriate according to IEHP's policies and HIPAA. You are encouraged to direct your family member to call member Services, just like any other IEHP member.

Q. I heard that my neighbor, who is an IEHP member, has been sick recently. Can I look at his record to make sure he's receiving services and is doing well?

A. No, concern over your neighbor's well-being does not give you the right to access or view his information. As IEHP team members, we are only allowed to access, use or disclose information when it is related to treatment, payment or health care operations for one of our members and it pertains to a business purpose.

Q. My brother, who is an IEHP member, asked me to check on the status of a referral. Since he has given me permission, can I view his account?

A. No, even though your brother has given you permission, he should be directed to call Member Services to ensure that he receives the correct guidance on the status of his referral and ensure it is appropriately documented in our systems.

Q. I need to look up my friend's address. I know he is an IEHP member, and it would be easier to obtain his information from his account rather than calling him. Am I allowed to do so?

A. No, if you access your friend's account without a business purpose, you are violating your friend's right to privacy, IEHP's policies and HIPAA. Just because we have the ability to access the information does not mean we have the right to do so.

3.4 Conflict of Interest (COI) and Gifts and Entertainment

Workplace business decisions must be made with objectivity and fairness. A Conflict of Interest (COI), or even the appearance of one, should be avoided. A COI presents itself in the form of a personal or financial gain for an individual or entity that could possibly corrupt the motivation of that individual or entity.

At IEHP, our actions and choices should be guided by our desire to serve our members, our organization and the entities that we conduct business with. Any COI may distort or cloud our judgment when making decisions on behalf of IEHP. Team members at all levels in the organization are required to comply with the conflict of interest policy. Examples of COI include, but are not limited to:

- Accepting concurrent employment with, acting for, or rendering services to any business or endeavor, with or without compensation, which competes with or conducts business with IEHP
- Selling products directly or indirectly in competition with IEHP financial interest or business involvement with an outside concern which conducts business with or is a competitor of IEHP
- Representing IEHP in any transaction in which a personal interest exists
- Accepting gifts, like free tickets or any substantial favors, from an outside company that does business with or is seeking to do business with IEHP

Team members should avoid any business, activity or situation, which may possibly constitute a COI between their personal interests and the interests of IEHP. Team members must disclose to their Supervisor any situation which may involve a COI.

Additional information is provided in IEHP Human Resources Policy, *Conflict of Interest*.

While creating and maintaining strong relationships with our members, business partners and customers is vital to the success of IEHP, a team member may not accept gifts, entertainment, or any other personal favor or preferential treatment to or from anyone with whom IEHP has, or is likely to have, any business dealings. Doing so allows others to raise at least the possibility that business decisions are not being made fairly or objectively.

Team members must disclose to their Supervisor any activity or situation related to offering or receiving gifts related to their employment with IEHP.

3.4 Conflict of Interest (COI) and Gifts and Entertainment cont'd

Q. A member sent me a twenty-dollar gift card for a local restaurant as a way to thank me for the services I provided to him. I know I can't accept the gift, but could I buy food to share with my department as a way to spread the gift around?

A. No, unfortunately you cannot accept the gift card, even if you shared it with your department. The gift should be returned to the member. Please work with your Manager for appropriate handling.

Q. One of our vendors would like to send my entire team tickets to a baseball game. They told me that they appreciate all of the business that IEHP does with the and want to express their gratitude. Can we accept the tickets?

A. No, you may not accept the tickets. IEHP must always remain free of potential conflicts of interest. By taking the tickets, you might create the perception that IEHP conducts business with this particular vendor because of the gifts or "perks" that they provide to our organization. Talk to your Supervisor or Manager about how to handle the situation.



3.5 IEHP Compliance Training Program

The Compliance Training Program focuses on information related to IEHP's Compliance Policies and Procedures; *Code of Conduct*; elements of an effective compliance program; Fraud, Waste and Abuse; and HIPAA programs.

Compliance Training is mandatory:

- Compliance Training must be completed by all of the IEHP Governing Board Members, IEHP team members, temporary employees, interns and volunteers within 90 days of hire, assignment or appointment.
- All of the IEHP Governing Board Members, IEHP team members, temporary employees, interns and volunteers are also required to complete Compliance Training on an annual basis.
- IEHP requires **First Tier Entities** to provide Compliance Training to their employees and **Downstream Entities** within 90 days of hire, assignment or appointment and annually thereafter.



First Tier Entity is any party that enters into a written arrangement with IEHP to provide administrative services or health care services to an IEHP member.

Downstream Entity is any party that enters into a written arrangement with persons or entities below the level of the arrangement between IEHP and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

All team members are responsible for ensuring they receive, understand and attest to the New Hire and Annual Compliance Training.

3.6 Federal and State Regulators

The health care industry is heavily regulated by federal and state agencies responsible for ensuring health care organizations operate in compliance with contractual and regulatory obligations. IEHP is regulated by the Centers for Medicare & Medicaid Services (CMS), the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC).

The Centers for Medicare & Medicaid Services (CMS)

CMS is an agency within the U.S. Department of Health & Human Services responsible for administration of several key federal health care programs. CMS oversees Medicare (the federal health insurance program for seniors and persons with disabilities) and Medicaid (the federal needs-based program). IEHP maintains a contract with CMS to operate as a Medicare-Medicaid Plan (DSNP).

The Department of Health Care Services (DHCS)

DHCS is one of thirteen departments within the California Health and Human Services Agency (CHHS) that provides a range of health care services, social services, mental health services, alcohol and drug treatment services, income assistance and public health services to Californians. DHCS administers publicly financed health insurance and safety net programs and works to effectively use federal and state funds to operate the Medi-Cal program. DHCS ensures that high-quality, efficient health care services are delivered to more than 13 million Californians (or one in three Californians). IEHP maintains contracts with DHCS to operate Medi-Cal managed care services.

The Department of Managed Health Care (DMHC)

DMHC regulates health care service plans that deliver health, dental, vision and behavioral health care benefits. DMHC protects the rights of approximately 20 million enrollees, educates consumers about their rights and responsibilities, ensures financial stability of the managed health care system and assists Californians in navigating the changing health care landscape. DMHC reviews all aspects of the plan's operations to ensure compliance with California law. IEHP maintains one Knox-Keene License with DMHC to operate in California.



3.7 Interacting with Regulatory Agencies

IEHP maintains open and frequent communications with regulatory agencies, such as CMS, DHCS and DMHC. You may be contacted by a regulatory agency via inquiry, subpoena, or other legal document regarding IEHP's operations or member care. If you are contacted by a regulatory agency through the course of your work, contact your Supervisor and the Compliance Officer right away. All of the IEHP Governing Board Members, team members, business associates and Delegated Entities are expected to respond to regulatory agencies in a truthful, accurate and complete manner. Responses should be coordinated with leadership, compliance, or legal, as appropriate. If through the course of your work, you identify or suspect that a response provided to a regulatory agency has been misrepresented – either by dishonesty, omission, or misunderstanding – you must correct it and contact your Supervisor and the Compliance Officer right away.

3.8 Eligibility to Participate in Federal and State Health Care* Programs

As a part of compliance program oversight, IEHP performs Participation Status Reviews. This involves a review of several federal and state databases which list individuals and entities that have been excluded, suspended, or opted out from participation, contract, or subcontract with federal or state health care programs. Lists reviewed include, but are not limited to: the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE); the U.S. General Services Administration (GSA) System for Award Management (SAM); Medicare Opt Out Lists; the CMS Preclusion List (as applicable); and the DHCS Medi-Cal Suspended and Ineligible List. Exclusion screening is conducted upon appointment, hire or commencement of a contract, as applicable and monthly thereafter. This ensures the Governing Board Members, providers, team members and/or Delegated Entities are not excluded/suspended or do not become excluded/suspended from participating in federal and state health care programs.

If IEHP learns that any prospective or current, Board Member, providers, team member or Delegated Entity has been proposed for exclusion or excluded from participation in federal or state health care programs, IEHP will promptly remove the individual or entity from IEHP's Programs consistent with applicable policies and/or contract terms. Payment may not be made for items or services furnished, prescribed, ordered, or referred by an excluded person or entity. Payments made by IEHP to excluded persons or entities after the effective date of their suspension, exclusion, debarment, or felony conviction and/or for items or services furnished at the medical direction or on the prescription of a physician who is suspended, excluded, or otherwise ineligible to participate are subject to repayment recoupment. The Compliance Department will review potential organizational obligations related to the reporting of identified excluded or suspended individuals or entities and/or refund obligations and consult with legal counsel, as necessary and appropriate, to resolve such matters.

As an IEHP team member, if you are ever excluded from participating in any federal or state program, it is your obligation to notify IEHP Human Resources and the Compliance Department immediately.

3.9 Protecting IEHP's Assets and Information

The resources and information team members use and obtain during their employment at IEHP is to be used solely for the purpose of conducting IEHP business.

Confidential information includes, but is not limited to:

- IEHP's proprietary information about the company
- Proprietary information about IEHP's contracted entities
- Private information about our providers
- Personal and/or private information about our team members

Confidential information may be in the form of:

- Documents and tapes
- Electronic information
- Lists and computer print-outs
- Studies and reports
- Drafts and charts
- Records and files

Such confidential information should never be disclosed to individuals outside of IEHP during employment or at anytime thereafter except as required by a team member's immediate Supervisor or as required by law. This would include telling an individual something confidential or saying something confidential where it can be overheard by those without a business need to know. **It also includes viewing confidential information that is unrelated to your job.**



3.10 Safeguarding IEHP Systems

The IEHP Rules of Conduct for Computer Systems and Mobile Devices

IEHP expects team members and business entities utilizing IEHP computer systems, networks and mobile communication devices to use these systems in an ethical and professional manner.

The following are examples of actions which may subject a team member or business entity to disciplinary action, up to and including termination of employment or contract termination. This is not a complete list, and activities that are not covered in this list will be handled on a case-by-case basis:

- **Improper use of email systems including:**

- Sending threatening, hateful and offensive email messages
- Excessive usage of business email accounts for personal use
- Sending IEHP data to personal email accounts

- **Improper use of IEHP's internet access connections including:**

- Online gambling
- Excessive access to websites that are not work-related or that don't provide information beneficial to IEHP, its members and/or providers
- Unsecure transmission of ePHI, PII and other sensitive information
- Hosting unauthorized web-based services
- Activities related to copyright infringement
- Unauthorized usage of Cloud-based or Online Hosted Services
- The use of internet-based email services, including, but not limited to, Hotmail, Gmail and Yahoo mail to transmit



The IEHP Rules of Conduct for Computer Systems and Mobile Devices (cont'd)

- **Unauthorized/improper access or usage of IEHP computer systems including:**
 - Removal of IEHP data in any form
 - Disabling and/or bypassing computer security applications and security controls
 - Software installation
 - Removal of IEHP computer systems and/or components
 - Modification of IEHP computer systems
 - Access, removal and/or sharing of IEHP encryption technologies
 - Attempts to access computer systems, networks and/or unauthorized data
 - Sharing individually assigned network or application login credentials
 - Not reporting computer system anomalies, errors, malfunctions and/or security incidents
 - Not reporting lost or stolen IEHP computer resources
 - Intentional distribution of inappropriate materials in electronic form or receive PHI or other sensitive company information



Social Media

IEHP understands that various forms of communication occur through social media, including, but not limited to, Facebook, Twitter, Instagram, Snapchat, LinkedIn, Blogs and YouTube and may occur in the form of social networking, blogging and video/image sharing.

IEHP team members are prohibited from using IEHP computer and network resources to access social media sites that do not serve IEHP business needs or purposes. Accessing personal social media accounts should be done on personal time using a personally owned device.

Social Media (cont'd)

Team members may not post or transmit any material or information that includes confidential or proprietary information, information specific to internal operations, or information that would compromise the confidentiality of protected health information (PHI). Unacceptable use of social media may include (this is not a complete list):

- Posting of statements, pictures, or cartoons that could constitute any form of unlawful harassment, including sexual harassment, bullying, or abusive conduct of any kind
- Posting of pictures taken in IEHP work areas where confidential information or PHI may be visible
- Unauthorized representation of posting on behalf of IEHP or inappropriately “tagging” IEHP, its team members, or other business affiliates
- Posting of statements that are slanderous or detrimental to IEHP, fellow team members, or other business affiliates
- Posting of confidential or proprietary information of IEHP, vendors, or other business affiliates

Team members who violate IEHP's Social Media policy or demonstrate poor judgment in how they use social media will be subject to disciplinary action, up to and including, termination.

Additional information on IEHP's Social Media policy is available in the *Team Member Handbook* located on DocuShare, via JIVE. Team members may also be notified through email of any change (revisions and/or additions) to the Social Media Policy.

Q. I need to do some work from home and was thinking about emailing a copy of a report that is generated by IEHP to my personal email account. If it doesn't contain PHI, can I send the report to myself?

A. No, transmitting IEHP proprietary information to a personal email account is not permissible. Team members are encouraged to use their remote access connection to conduct any IEHP business remotely. If you don't have remote access, ask your Supervisor or Manager if remote access is an option for you.

Q. I've noticed that one of my co-workers spends more than just her break time utilizing the internet for personal use on her desktop computer. Is that a violation of the *Code of Conduct*?

A. Excessive activity on websites that are not work related or that do not provide information that is beneficial to IEHP, its members or providers could be considered a violation of the Code of Conduct. Please share the issue with your Supervisor, Manager or with Human Resources to handle appropriately.

Facilities

- All team members are responsible for providing their own badge access when entering IEHP facilities and are responsible for requesting a new company badge, if needed.
- All team members are responsible for checking out a temporary company badge when their badge is misplaced. All team members are also responsible for returning their temporary badge once a new, permanent badge has been issued.
- All team members must play a role in making our facility a safe place:
 - Ensure building doors close completely after entering.
 - Ensure no one “piggybacks” behind you when entering an IEHP facility.
 - Always swipe your badge when entering an IEHP facility, and ask other team members to swipe their badge as well.
 - Report any suspicious activity or individuals in the building, suites or parking lots. Call Atrium Security at **909-890-5568**. The number is on the back of your badge.

For information about IEHP's policies and procedures, please visit the Facilities Page on JIVE.

Q. I think it would be rude to question someone without a badge who is trying to enter the facility. Why are team members responsible for this?

A. As IEHP team members, we are all responsible for safeguarding IEHP assets, information and our facilities from abuse and inappropriate access. If someone is attempting to enter our building without proper authorization (i.e., an IEHP-issued badge or checking in with reception) we run the risk of allowing an unauthorized individual to gain access to private information or IEHP property. Do not allow anyone to enter through a locked door behind you without first verifying that they scan their badge to enter. If they do not have a badge or it does not scan properly, please escort them to the security desk to check out a temporary badge or sign in as a visitor.



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Know How to Find Help

4.1 Know How to Speak Up

IEHP's *Code of Conduct* provides guidance on the behavior expected of all IEHP Governing Board Members, team members, business associates and Delegated Entities. These individuals and entities are encouraged to discuss the *Code of Conduct* with their Manager, Director, or Chief Officer; with the Human Resources Department; with the Compliance team or the IEHP Compliance Officer. These resources are available to you in assessing the situation and reaching a decision to report a compliance concern. All individuals and entities doing business with IEHP have a right and a responsibility to promptly report known and/or suspected violations of this Code.

Compliance concerns will be reviewed and investigated, where warranted, thoroughly, and as confidentially as the law allows. IEHP will conduct a fair, impartial and objective investigation into your concerns and will take appropriate action to correct any violations or compliance concerns that are identified. IEHP maintains a system to receive, record, respond to and track compliance questions or reports from any source. Investigative findings that meet federal and/or state criteria for additional investigation are referred to the appropriate federal and/or state entity.



Compliance

DOING WHAT'S RIGHT, TOGETHER.

It's always right, to report a wrong
REPORT IT!

The following are reporting methods any individual can use to report compliance concerns – remember, reports can be made without fear of retaliation, anonymously, or you may reveal your identity – it is up to you. When reporting an issue, be prepared to provide as much detail as possible to allow proper investigation of the issue.

- **Call:** the **Compliance Hotline** toll free at **1-866-355-9038**, 24 hours/day, 365 days/year. If a Compliance team member is not available, a confidential voice mailbox will take your message and the team will pick it up on the next business day.
- **Email:** compliance@iehp.org
- **Mail:** IEHP Compliance Officer
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800
- **Visit:** the IEHP Compliance Officer or the Compliance Special Investigations Unit at IEHP.
- **Access JIVE:** IEHP team members can also report compliance issues on JIVE, IEHP's intranet. Click on "**Compliance Corner,**" then click on "**Report a Compliance Issue.**" On this page you will find information and links on reporting potential compliance issues.
- **Go online:** visit IEHP's website at www.iehp.org search for links to "report forms."

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Know How to Find Help cont'd

4.2 Team Member Resources

The *Team Member Handbook* is intended to provide you with some basic information about the policies and procedures of IEHP and about the benefits provided to you as a team member.

You are encouraged to read the entire manual to familiarize yourself with our policies and procedures. Should you need to reference these policies, refer to the *Team Member Handbook* located on DocuShare, via JIVE.

Team member resources include:

| Resource | Location | Description |
|--|---------------------|--|
| The Compliance Corner | JIVE | Contains information related to the Compliance Programs, report forms and the latest Compliance news |
| Compliance 360 | JIVE | Contains IEHP company policies and policy attachments |
| IEHP <i>Team Member Handbook</i> | DocuShare, via JIVE | Provides basic information about the policies of IEHP for team members |
| Compliance Program Information and Reporting Information | www.iehp.org | General information about IEHP’s Compliance, Fraud, Waste and Abuse and Privacy Programs |

Thank You!

Our mission and reputation at IEHP are entrusted to all of the IEHP Governing Board Members, team members, business associates and delegated entities to foster, build and continuously improve upon. We can look to our *Code of Conduct* to help promote our values and guide us in always doing the right thing.

Thank you for carefully reading the *IEHP Code of Business Conduct and Ethics*, referencing it often and committing to following it in your daily work here at IEHP.





We heal and inspire the human spirit.



IE  HP
Inland Empire Health Plan

CONFLICT OF INTEREST

A. Overview

1. It must be understood that IEHP's reputation and relationships with outside organizations and individuals, as well as its relationship with its Team Members, are of utmost importance. IEHP has a substantial interest in all of its activities and must maintain policies that are designed to protect its interests.

B. Team Members at all levels in the organization are required to comply with the following conflict of interest policy.

1. Every Team Member has a legal and ethical responsibility to promote IEHP's best interests. No Team Member may engage in any conduct or activities that are inconsistent with IEHP's best interests or that in any manner disrupts, undermines, or impairs IEHP's relationship with any outside organization, person or entity with which IEHP has or proposes to enter into an agreement, or contractual relationship of any kind.
2. The protection of confidential information is essential to IEHP and Team Members may not disclose any confidential information. Team Members who improperly disclose any confidential information are subject to disciplinary action up to and including termination.
3. IEHP requires the complete commitment of all Team Members. Team Members may not engage in any outside activity or accept work in any outside position that either interferes with their ability to devote their full and best efforts to IEHP's interests or raises an actual or potential conflict of interest, or the possible appearance of a conflict of interest. Team Members who have questions regarding this policy or the potential impact of outside employment or outside activities on their position with IEHP should contact the Director of Human Resources or their department Chief Officer before accepting any outside position or engaging in such an activity.
4. IEHP reserves the right to determine if other relationships that are not specifically covered by this policy represent actual or potential conflicts of interest. In any case where IEHP determines, in its sole discretion, that a relationship between a Team Member and an individual or an outside organization or individual presents an actual or potential conflict of interest, IEHP may take whatever action it determines to be appropriate to avoid or prevent the continuation of the actual or potential conflict of interest.
5. Team Members should avoid any business, activity or situation, which may possibly constitute a conflict of interest between their personal interests and the interests of IEHP. Team Members must disclose to his/her supervisor any situation, which may involve a conflict of interest.

CONFLICT OF INTEREST

- C. Examples of conflict of interest include, but are not limited to:
1. Accepting employment with, acting for, or rendering services to any business or endeavor, with or without compensation, which competes or conducts business with IEHP;
 2. Disclosing or utilizing confidential Member or IEHP information;
 3. Selling products directly or indirectly in competition with IEHP;
 4. Financial interest or business involvement with an outside concern which conducts business with or is a competitor of IEHP;
 5. Representing IEHP in any transaction in which a personal interest exists; and
 6. Accepting gifts or any substantial favors from an outside contractor, who does business with, or is seeking to do business with IEHP.
- D. If an inexcusable violation of IEHP's policy is involved, it may result in termination of employment and reimbursement to IEHP for any financial detriment it may have suffered.



Practical Guidance for Health Care Governing Boards on Compliance Oversight

Office of Inspector General,
U.S. Department of Health and Human Services
Association of Healthcare Internal Auditors
American Health Lawyers Association
Health Care Compliance Association

About the Organizations

This educational resource was developed in collaboration between the Association of Healthcare Internal Auditors (AHIA), the American Health Lawyers Association (AHLA), the Health Care Compliance Association (HCCA), and the Office of Inspector General (OIG) of the U.S. Department of Health and Human Services (HHS).

AHIA is an international organization dedicated to the advancement of the health care internal auditing profession. The AHLA is the Nation's largest nonpartisan, educational organization devoted to legal issues in the health care field. HCCA is a member-based, nonprofit organization serving compliance professionals throughout the health care field. OIG's mission is to protect the integrity of more than 100 HHS programs, including Medicare and Medicaid, as well as the health and welfare of program beneficiaries.

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This document is intended to assist governing boards of health care organizations (Boards) to responsibly carry out their compliance plan oversight obligations under applicable laws. This document is intended as guidance and should not be interpreted as setting any particular standards of conduct. The authors recognize that each health care entity can, and should, take the necessary steps to ensure compliance with applicable Federal, State, and local law. At the same time, the authors also recognize that there is no uniform approach to compliance. No part of this document should be taken as the opinion of, or as legal or professional advice from, any of the authors or their respective agencies or organizations.

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Introduction

Previous guidance¹ has consistently emphasized the need for Boards to be fully engaged in their oversight responsibility. A critical element of effective oversight is the process of asking the right questions of management to determine the adequacy and effectiveness of the organization's compliance program, as well as the performance of those who develop and execute that program, and to make compliance a responsibility for all levels of management. Given heightened industry and professional interest in governance and transparency issues, this document seeks to provide practical tips for Boards as they work to effectuate their oversight role of their organizations' compliance with State and Federal laws that regulate the health care industry. Specifically, this document addresses issues relating to a Board's oversight and review of compliance program functions, including the: (1) roles of, and relationships between, the organization's audit, compliance, and legal departments; (2) mechanism and process for issue-reporting within an organization; (3) approach to identifying regulatory risk; and (4) methods of encouraging enterprise-wide accountability for achievement of compliance goals and objectives.

A critical element of effective oversight is the process of asking the right questions....

¹ OIG and AHLA, *Corporate Responsibility and Corporate Compliance: A Resource for Health Care Boards of Directors* (2003); OIG and AHLA, *An Integrated Approach to Corporate Compliance: A Resource for Health Care Organization Boards of Directors* (2004); and OIG and AHLA, *Corporate Responsibility and Health Care Quality: A Resource for Health Care Boards of Directors* (2007).

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Expectations for Board Oversight of Compliance Program Functions

A Board must act in good faith in the exercise of its oversight responsibility for its organization, including making inquiries to ensure: (1) a corporate information and reporting system exists and (2) the reporting system is adequate to assure the Board that appropriate information relating to compliance with applicable laws will come to its attention timely and as a matter of course.² The existence of a corporate reporting system is a key compliance program element, which not only keeps the Board informed of the activities of the organization, but also enables an organization to evaluate and respond to issues of potentially illegal or otherwise inappropriate activity.

Boards are encouraged to use widely recognized public compliance resources as benchmarks for their organizations. The Federal Sentencing Guidelines (Guidelines),³ OIG's voluntary compliance program guidance documents,⁴ and OIG Corporate Integrity Agreements (CIAs) can be used as baseline assessment tools for Boards and management in determining what specific functions may be necessary to meet the requirements of an effective compliance program. The Guidelines "offer incentives to organizations to reduce and ultimately eliminate criminal conduct by providing a structural foundation from which an organization may self-police its own conduct through an effective compliance and ethics program."⁵ The compliance program guidance documents were developed by OIG to encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations, and program requirements. CIAs impose specific structural and reporting requirements to

2 *In re Caremark Int'l, Inc. Derivative Litig.*, 698 A.2d 959 (Del. Ch. 1996).

3 U.S. Sentencing Commission, *Guidelines Manual* (Nov. 2013) (USSG), http://www.ussc.gov/sites/default/files/pdf/guidelines-manual/2013/manual-pdf/2013_Guidelines_Manual_Full.pdf.

4 OIG, *Compliance Guidance*, <http://oig.hhs.gov/compliance/compliance-guidance/index.asp>.

5 USSG Ch. 8, Intro. Comment.

promote compliance with Federal health care program standards at entities that have resolved fraud allegations.

Basic CIA elements mirror those in the Guidelines, but a CIA also includes obligations tailored to the organization and its compliance risks. Existing CIAs may be helpful resources for Boards seeking to evaluate their organizations' compliance programs. OIG has required some settling entities, such as health systems and hospitals, to agree to Board-level requirements, including annual resolutions. These resolutions are signed by each member of the Board, or the designated Board committee, and detail the activities that have been undertaken to review and oversee the organization's compliance with Federal health care program and CIA requirements. OIG has not required this level of Board involvement in every case, but these provisions demonstrate the importance placed on Board oversight in cases OIG believes reflect serious compliance failures.

Although compliance program design is not a “one size fits all” issue, Boards are expected to put forth a meaningful effort....

Although compliance program design is not a “one size fits all” issue, Boards are expected to put forth a meaningful effort to review the adequacy of existing compliance systems and functions. Ensuring that management is aware of the Guidelines, compliance program guidance, and relevant CIAs is a good first step.

One area of inquiry for Board members of health care organizations should be the scope and adequacy of the compliance program in light of the size and complexity of their organizations. The Guidelines allow for variation according to “the size of the organization.”⁶ In accordance with the Guidelines,

⁶ USSG § 8B2.1, comment. (n. 2).

OIG recognizes that the design of a compliance program will depend on the size and resources of the organization.⁷ Additionally, the complexity of the organization will likely dictate the nature and magnitude of regulatory impact and thereby the nature and skill set of resources needed to manage and monitor compliance.

While smaller or less complex organizations must demonstrate the same degree of commitment to ethical conduct and compliance as larger organizations, the Government recognizes that they may meet the Guidelines requirements with less formality and fewer resources than would be expected of larger and more complex organizations.⁸ Smaller organizations may meet their compliance responsibility by “using available personnel, rather than employing separate staff, to carry out the compliance and ethics program.” Board members of such organizations may wish to evaluate whether the organization is “modeling its own compliance and ethics programs on existing, well-regarded compliance and ethics programs and best practices of other similar organizations.”⁹ The Guidelines also foresee that Boards of smaller organizations may need to become more involved in the organizations’ compliance and ethics efforts than their larger counterparts.¹⁰

Boards should develop a formal plan to stay abreast of the ever-changing regulatory landscape and operating environment. The plan may involve periodic updates from informed staff or review of regulatory resources made available to them by staff. With an understanding of the dynamic regulatory environment, Boards will be in a position to ask more pertinent questions of management

⁷ Compliance Program for Individual and Small Group Physician Practices, 65 Fed. Reg. 59434, 59436 (Oct. 5, 2000) (“The extent of implementation [of the seven components of a voluntary compliance program] will depend on the size and resources of the practice. Smaller physician practices may incorporate each of the components in a manner that best suits the practice. By contrast, larger physician practices often have the means to incorporate the components in a more systematic manner.”); Compliance Program Guidance for Nursing Facilities, 65 Fed. Reg. 14,289 (Mar. 16, 2000) (recognizing that smaller providers may not be able to outsource their screening process or afford to maintain a telephone hotline).

⁸ USSG § 8B2.1, comment. (n. 2).

⁹ *Id.*

¹⁰ *Id.*

and make informed strategic decisions regarding the organizations' compliance programs, including matters that relate to funding and resource allocation. For instance, new standards and reporting requirements, as required by law, may, but do not necessarily, result in increased compliance costs for an organization. Board members may also wish to take advantage of outside educational programs that provide them with opportunities to develop a better understanding of industry risks, regulatory requirements, and how effective compliance and ethics programs operate. In addition, Boards may want management to create a formal education calendar that ensures that Board members are periodically educated on the organizations' highest risks.

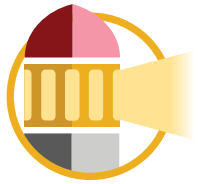
Finally, a Board can raise its level of substantive expertise with respect to regulatory and compliance matters by adding to the Board, or periodically consulting with, an experienced regulatory, compliance, or legal professional. The presence of a professional with health care compliance expertise on the Board sends a strong message about the organization's commitment to compliance, provides a valuable resource to other Board members, and helps the Board better fulfill its oversight obligations. Board members are generally entitled to rely on the advice of experts in fulfilling their duties.¹¹ OIG sometimes requires entities under a CIA to retain an expert in compliance or governance issues to assist the Board in fulfilling its responsibilities under the CIA.¹² Experts can assist Boards and management in a variety of ways, including the identification of risk areas, provision of insight into best practices in governance, or consultation on other substantive or investigative matters.

11 See Del Code Ann. tit. 8, § 141(e) (2010); ABA Revised Model Business Corporation Act, §§ 8.30(e), (f)(2) Standards of Conduct for Directors.

12 See Corporate Integrity Agreements between OIG and Halifax Hospital Medical Center and Halifax Staffing, Inc. (2014, compliance and governance); Johnson & Johnson (2013); Dallas County Hospital District d/b/a Parkland Health and Hospital System (2013, compliance and governance); Forest Laboratories, Inc. (2010); Novartis Pharmaceuticals Corporation (2010); Ortho-McNeil-Janssen Pharmaceuticals, Inc. (2010); Synthes, Inc. (2010, compliance expert retained by Audit Committee); The University of Medicine and Dentistry of New Jersey (2009, compliance expert retained by Audit Committee); Quest Diagnostics Incorporated (2009); Amerigroup Corporation (2008); Bayer HealthCare LLC (2008); and Tenet Healthcare Corporation (2006; retained by the Quality, Compliance, and Ethics Committee of the Board).

Roles and Relationships

Organizations should define the interrelationship of the audit, compliance, and legal functions in charters or other organizational documents. The structure, reporting relationships, and interaction of these and other functions (e.g., quality, risk management, and human resources) should be included as departmental roles and responsibilities are defined. One approach is for the charters to draw functional boundaries while also setting an expectation of cooperation and collaboration among those functions. One illustration is the following, recognizing that not all entities may possess sufficient resources to support this structure:



The compliance function promotes the prevention, detection, and resolution of actions that do not conform to legal, policy, or business standards. This responsibility includes the obligation to develop policies and procedures that provide employees guidance, the creation of incentives to promote employee compliance, the development of plans to improve or sustain compliance, the development of metrics to measure execution (particularly by management) of the program and implementation of corrective actions, and the development of reports and dashboards that help management and the Board evaluate the effectiveness of the program.

The legal function advises the organization on the legal and regulatory risks of its business strategies, providing advice and counsel to management and the Board about relevant laws and regulations that govern, relate to, or impact the organization. The function also defends the organization in legal proceedings and initiates legal proceedings against other parties if such action is warranted.

The internal audit function provides an objective evaluation of the existing risk and internal control systems and framework within an organization. Internal audits ensure monitoring functions are working as intended and identify where management monitoring and/or additional

Board oversight may be required. Internal audit helps management (and the compliance function) develop actions to enhance internal controls, reduce risk to the organization, and promote more effective and efficient use of resources. Internal audit can fulfill the auditing requirements of the Guidelines.

The human resources function manages the recruiting, screening, and hiring of employees; coordinates employee benefits; and provides employee training and development opportunities.

The quality improvement function promotes consistent, safe, and high quality practices within health care organizations. This function improves efficiency and health outcomes by measuring and reporting on quality outcomes and recommends necessary changes to clinical processes to management and the Board. Quality improvement is critical to maintaining patient-centered care and helping the organization minimize risk of patient harm.

Boards should be aware of, and evaluate, the adequacy, independence,¹³ and performance of different functions within an organization on a periodic basis. OIG believes an organization's Compliance Officer should neither be counsel for the provider, nor be subordinate in function or position to counsel or the legal department, in any manner.¹⁴ While independent, an organization's counsel and compliance officer should collaborate to further the interests of the organization. OIG's position on separate compliance and legal functions reflects the independent roles and professional obligations of each function;¹⁵

13 Evaluation of independence typically includes assessing whether the function has uninhibited access to the relevant Board committees, is free from organizational bias through an appropriate administrative reporting relationship, and receives fair compensation adjustments based on input from any relevant Board committee.

14 See OIG and AHHA, *An Integrated Approach to Corporate Compliance: A Resource for Health Care Organization Boards of Directors*, 3 (2004) (citing Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8,987, 8,997 (Feb. 23, 1998)).

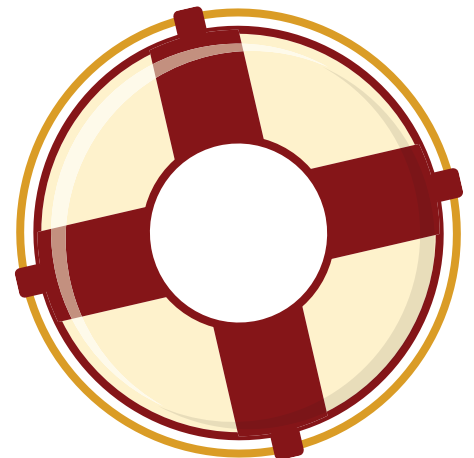
15 See, generally, *id.*

the same is true for internal audit.¹⁶ To operate effectively, the compliance, legal, and internal audit functions should have access to appropriate and relevant corporate information and resources. As part of this effort, organizations will need to balance any existing attorney-client privilege with the goal of providing such access to key individuals who are charged with the responsibility for ensuring compliance, as well as properly reporting and remediating any violations of civil, criminal, or administrative law.

The Board should have a process to ensure appropriate access to information; this process may be set forth in a formal charter document approved by the Audit Committee of the Board or in other appropriate documents. Organizations that do not separate these functions (and some organizations may not have the resources to make this complete separation) should recognize the potential risks of such an arrangement. To partially mitigate these potential risks, organizations should provide individuals serving in multiple roles the capability to execute each function in an independent manner when necessary, including through reporting opportunities with the Board and executive management.

Boards should also evaluate and discuss how management works together to address risk, including the role of each in:

- 1.** identifying compliance risks,
- 2.** investigating compliance risks and avoiding duplication of effort,
- 3.** identifying and implementing appropriate corrective actions and decision-making, and
- 4.** communicating between the various functions throughout the process.



¹⁶ Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8,987, 8,997 (Feb. 23, 1998) (auditing and monitoring function should “[b]e independent of physicians and line management”); Compliance Program Guidance for Home Health Agencies, 63 Fed. Reg. 42,410, 42,424 (Aug. 7, 1998) (auditing and monitoring function should “[b]e objective and independent of line management to the extent reasonably possible”); Compliance Program Guidance for Nursing Facilities, 65 Fed. Reg. 14,289, 14,302 (Mar. 16, 2000).

Boards should understand how management approaches conflicts or disagreements with respect to the resolution of compliance issues and how it decides on the appropriate course of action. The audit, compliance, and legal functions should speak a common language, at least to the Board and management, with respect to governance concepts, such as accountability, risk, compliance, auditing, and monitoring. Agreeing on the adoption of certain frameworks and definitions can help to develop such a common language.

Reporting to the Board

The Board should set and enforce expectations for receiving particular types of compliance-related information from various members of management. The Board should receive regular reports regarding the organization's risk mitigation and compliance efforts—separately and independently—from a variety of key players, including those responsible for audit, compliance, human resources, legal, quality, and information technology. By engaging the leadership team and others deeper in the organization, the Board can identify who can provide relevant information about operations and operational risks. It may be helpful and productive for the Board to establish clear expectations for members of the management team and to hold them accountable for performing and informing the Board in accordance with those expectations. The Board may request the development of objective scorecards that measure how well management is executing the compliance program, mitigating risks, and implementing corrective action plans. Expectations could also include reporting information on internal and external investigations, serious issues raised in internal and external audits, hotline call activity, all allegations of material fraud or senior management misconduct, and all management exceptions to the organization's

The Board should receive regular reports regarding the organization's risk mitigation and compliance efforts....

code of conduct and/or expense reimbursement policy. In addition, the Board should expect that management will address significant regulatory changes and enforcement events relevant to the organization's business.

Boards of health care organizations should receive compliance and risk-related information in a format sufficient to satisfy the interests or concerns of their members and to fit their capacity to review that information. Some Boards use tools such as dashboards—containing key financial, operational and compliance indicators to assess risk, performance against budgets, strategic plans, policies and procedures, or other goals and objectives—in order to strike a balance between too much and too little information. For instance, Board quality committees can work with management to create the content of the dashboards with a goal of identifying and responding to risks and improving quality of care. Boards should also consider establishing a risk-based reporting system, in which those responsible for the compliance function provide reports to the Board when certain risk-based criteria are met. The Board should be assured that there are mechanisms in place to ensure timely reporting of suspected violations and to evaluate and implement remedial measures. These tools may also be used to track and identify trends in organizational performance against corrective action plans developed in response to compliance concerns. Regular internal reviews that provide a Board with a snapshot of where the organization is, and where it may be going, in terms of compliance and quality improvement, should produce better compliance results and higher quality services.

As part of its oversight responsibilities, the Board may want to consider conducting regular “executive sessions” (i.e., excluding senior management) with leadership from the compliance, legal, internal audit, and quality functions to encourage more open communication. Scheduling regular executive sessions creates a continuous expectation of open dialogue, rather than calling such a session only when a problem arises, and is helpful to avoid suspicion among management about why a special executive session is being called.

Identifying and Auditing Potential Risk Areas

Some regulatory risk areas are common to all health care providers. Compliance in health care requires monitoring of activities that are highly vulnerable to fraud or other violations. Areas of particular interest include referral relationships and arrangements, billing problems (e.g., upcoding, submitting claims for services not rendered and/or medically unnecessary services), privacy breaches, and quality-related events.

The Board should ensure that management and the Board have strong processes for identifying risk areas. Risk areas may be identified from internal or external information sources. For instance, Boards and management may identify regulatory risks from internal sources, such as employee reports to an internal compliance hotline or internal audits. External sources that may be used to identify regulatory risks might include professional organization publications, OIG-issued guidance, consultants, competitors, or news media. When failures or problems in similar organizations are publicized, Board members should ask their own management teams whether there are controls and processes in place to reduce the risk of, and to identify, similar misconduct or issues within their organizations.



The Board should ensure that management consistently reviews and audits risk areas, as well as develops, implements, and monitors corrective action plans. One of the reasonable steps an organization is expected to take

under the Guidelines is “monitoring and auditing to detect criminal conduct.”¹⁷ Audits can pinpoint potential risk factors, identify regulatory or compliance problems, or confirm the effectiveness of compliance controls. Audit results that reflect compliance issues or control deficiencies should be accompanied by corrective action plans.¹⁸

Recent industry trends should also be considered when designing risk assessment plans. Compliance functions tasked with monitoring new areas of risk should take into account the increasing emphasis on quality, industry consolidation, and changes in insurance coverage and reimbursement. New forms of reimbursement (e.g., value-based purchasing, bundling of services for a single payment, and global payments for maintaining and improving the health of individual patients and even entire populations) lead to new incentives and compliance risks. Payment policies that align payment with quality care have placed increasing pressure to conform to recommended quality guidelines and improve quality outcomes. New payment models have also incentivized consolidation among health care providers and more employment and contractual relationships (e.g., between hospitals and physicians). In light of the fact that statutes applicable to provider-physician relationships are very broad, Boards of entities that have financial relationships with referral sources or recipients should ask how their organizations are reviewing these arrangements for compliance with the physician self-referral (Stark) and anti-kickback laws. There should also be a clear understanding between the Board and management as to how the entity will approach and implement those relationships and what level of risk is acceptable in such arrangements.

Emerging trends in the health care industry to increase transparency can present health care organizations with opportunities and risks. For example, the Government is collecting and publishing data on health outcomes and quality measures (e.g., Centers for Medicare & Medicaid Services (CMS) Quality Compare Measures), Medicare payment data are now publicly available (e.g.,

¹⁷ See USSG § 8B2.1(b)(5).

¹⁸ See USSG § 8B2.1(c).

CMS physician payment data), and the Sunshine Rule¹⁹ offers public access to data on payments from the pharmaceutical and device industries to physicians. Boards should consider all beneficial use of this newly available information. For example, Boards may choose to compare accessible data against organizational peers and incorporate national benchmarks when assessing organizational risk and compliance. Also, Boards of organizations that employ physicians should be cognizant of the relationships that exist between their employees and other health care entities and whether those relationships could have an impact on such matters as clinical and research decision-making. Because so much more information is becoming public, Boards may be asked significant compliance-oriented questions by various stakeholders, including patients, employees, government officials, donors, the media, and whistleblowers.

Encouraging Accountability and Compliance

Compliance is an enterprise-wide responsibility. While audit, compliance, and legal functions serve as advisors, evaluators, identifiers, and monitors of risk and compliance, it is the responsibility of the entire organization to execute the compliance program.

In an effort to support the concept that compliance is “a way of life,” a Board may assess employee performance in promoting and adhering to compliance.²⁰ An organization may assess individual, department, or facility-level performance or consistency in executing the compliance program. These assessments can then be used to either withhold incentives or to provide bonuses

Compliance is an enterprise-wide responsibility.

19 See Sunshine Rule, 42 C.F.R. § 403.904, and CMS *Open Payments*, <http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html>.

20 Compliance Program Guidance for Nursing Facilities, 65 Fed. Reg. 14,289, 14,298-14,299 (Mar. 16, 2000).

based on compliance and quality outcomes. Some companies have made participation in annual incentive programs contingent on satisfactorily meeting annual compliance goals. Others have instituted employee and executive compensation claw-back/recoupment provisions if compliance metrics are not met. Such approaches mirror Government trends. For example, OIG is increasingly requiring certifications of compliance from managers outside the compliance department. Through a system of defined compliance goals and objectives against which performance may be measured and incentivized, organizations can effectively communicate the message that everyone is ultimately responsible for compliance.

Governing Boards have multiple incentives to build compliance programs that encourage self-identification of compliance failures and to voluntarily disclose such failures to the Government. For instance, providers enrolled in Medicare or Medicaid are required by statute to report and refund any overpayments under what is called the 60 Day Rule.²¹ The 60-Day Rule requires all Medicare and Medicaid participating providers and suppliers to report and refund known overpayments within 60 days from the date the overpayment is “identified” or within 60 days of the date when any corresponding cost report is due. Failure to follow the 60-Day Rule can result in False Claims Act or civil monetary penalty liability. The final regulations, when released, should provide additional guidance and clarity as to what it means to “identify” an overpayment.²² However, as an example, a Board would be well served by asking management about its efforts to develop policies for identifying and returning overpayments. Such an inquiry would inform the Board about how proactive the organization’s compliance program may be in correcting and remediating compliance issues.

21 42 U.S.C. § 1320a-7k.

22 Medicare Program; Reporting and Returning of Overpayments, 77 Fed. Reg. 9179, 9182 (Feb. 16, 2012) (Under the proposed regulations interpreting this statutory requirement, an overpayment is “identified” when a person “has actual knowledge of the existence of the overpayment or acts in reckless disregard or deliberate ignorance of the overpayment.”) disregard or deliberate ignorance of the overpayment.”); Medicare Program; Reporting and Returning of Overpayments; Extensions of Timeline for Publication of the Final Rule, 80 Fed. Reg. 8247 (Feb. 17, 2015).

Organizations that discover a violation of law often engage in an internal analysis of the benefits and costs of disclosing—and risks of failing to disclose—such violation to OIG and/or another governmental agency. Organizations that are proactive in self-disclosing issues under OIG’s Self-Disclosure Protocol realize certain benefits, such as (1) faster resolution of the case—the average OIG self-disclosure is resolved in less than one year; (2) lower payment—OIG settles most self-disclosure cases for 1.5 times damages rather than for double or treble damages and penalties available under the False Claims Act; and (3) exclusion release as part of settlement with no CIA or other compliance obligations.²³ OIG believes that providers have legal and ethical obligations to disclose known violations of law occurring within their organizations.²⁴ Boards should ask management how it handles the identification of probable violations of law, including voluntary self-disclosure of such issues to the Government.

As an extension of their oversight of reporting mechanisms and structures, Boards would also be well served by evaluating whether compliance systems and processes encourage effective communication across the organizations and whether employees feel confident that raising compliance concerns, questions, or complaints will result in meaningful inquiry without retaliation or retribution. Further, the Board should request and receive sufficient information to evaluate the appropriateness of management’s responses to identified violations of the organization’s policies or Federal or State laws.

Conclusion

A health care governing Board should make efforts to increase its knowledge of relevant and emerging regulatory risks, the role and functioning of the organization’s compliance program in the face of those risks, and the flow and elevation of reporting of potential issues and problems to

²³ See OIG, *Self-Disclosure Information*, <http://oig.hhs.gov/compliance/self-disclosure-info>.

²⁴ See *id.*, at 2 (“we believe that using the [Self-Disclosure Protocol] may mitigate potential exposure under section 1128J(d) of the Act, 42 U.S.C. 1320a-7k(d).”)

senior management. A Board should also encourage a level of compliance accountability across the organization. A Board may find that not every measure addressed in this document is appropriate for its organization, but every Board is responsible for ensuring that its organization complies with relevant Federal, State, and local laws. The recommendations presented in this document are intended to assist Boards with the performance of those activities that are key to their compliance program oversight responsibilities. Ultimately, compliance efforts are necessary to protect patients and public funds, but the form and manner of such efforts will always be dependent on the organization's individual situation.

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Lawrence Prybil, et al., *Governance in Nonprofit Community Health Systems: An Initial Report on CEO Perspectives*, Grant Thornton LLP (Feb. 2008).





2024 IEHP Governing Board Compliance Training Attestation

I hereby confirm that I have completed the IEHP Governing Board Annual Compliance training provided to me and understand my obligations as an IEHP Governing Board Member. I understand as an IEHP Governing Board Member I must exercise reasonable oversight of the implementation and effectiveness of the IEHP Compliance Program and take appropriate action to ensure compliance issues are resolved. I understand the IEHP Governing Board as a whole is accountable for reviewing the status of the Compliance Program.¹

I acknowledge that I am expected to read, understand, and adhere to the IEHP Code of Business Conduct and Ethics, designated policies and procedures, and will familiarize myself with their contents. I understand my responsibility to protect applicable confidential records and data to which I may have knowledge or access to in the course of my board membership with IEHP. Any disclosure of confidential records or data to non-IEHP associates or entities requires authorization by IEHP senior management and may require the execution of an agreement. I understand that my duty to maintain confidentiality continues even after I am no longer an IEHP Governing Board Member. I further acknowledge IEHP must, under CMS guidance, establish, implement, and provide effective training and education for the governing body members.²

I understand that information reported under the Fraud, Waste and Abuse Program will remain confidential to the extent allowed by law, and IEHP will investigate any suspected fraudulent activity and take appropriate preventive and/or corrective action. I understand that IEHP's policy will not tolerate retaliation against any person who suspects fraud, waste or abuse and reports those suspicions to IEHP.

I understand the Federal Government requires that seven key elements are included in the Compliance/FWA program. The elements include: Written Policies, Procedures and Standards of Conduct; Compliance Officer, Compliance Committee and High Level Oversight; Effective Training and Education; Effective Lines of Communication; Well-Publicized Disciplinary Standards; Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks; Procedures and System of Prompt Response to Compliance Issues.

I understand these elements and the activities undertaken, outcomes, and/or plans by IEHP to comply with each of the elements.

I understand that IEHP does not tolerate any form of retaliation or intimidation for reporting any Compliance issues or concerns, including Fraud, Waste, and Abuse, HIPAA Privacy and Security or any other non-compliant, unethical or illegal behavior.

IEHP Governing Board Member (Print)

IEHP Governing Board Member Signature

Date

¹ Medicare Managed Care Manual Chapters 9 and 21 Section 50.2.3

² Medicare Managed Care Manual Chapters 9 and 21 Section 50.3

ADMINISTRATION

32. CHIEF EXECUTIVE OFFICER UPDATE

Recommended Action:

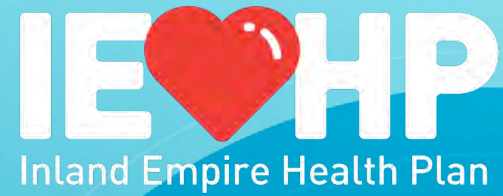
Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

Chief Executive Officer update for the February 5, 2024 Governing Board Meeting.



Governing Board Meeting

CEO BOARD REPORT | *Feb. 5, 2024*

MISSION MOMENT – CONNECTING WITH THE COMMUNITY

- Recently visited three homeless camps in San Bernardino to learn more about what’s being done to help this at-risk community.
- Served as a sober reminder of how much work we still must do if we are to ever fully achieve our vision of optimal care and vibrant health for all who call the Inland Empire home.
- Huge thanks to my friend Maria Lemus for her passion for this community and her continued commitment to doing the right thing for those most vulnerable.



IEHP MONTHLY MEMBERSHIP REPORT

| MONTH | FORECAST MEMBERSHIP | ACTUAL MEMBERSHIP | + OR – FORECAST | + OR – LAST MONTH |
|---------------|---------------------|-------------------|-----------------|-------------------|
| December 2023 | 1,633,507 | 1,626,571 | (6,936) | (9,906) |
| January 2024 | 1,471,531 | 1,471,192 | (339) | (155,379) |



RITE AID CLOSURE IN NEEDLES

- The City of Needles city council approved a State of Emergency resolution on 1/30.
- The new pharmacy closure date is Friday, February 9.
- DHCS worked with Rite Aid to extend pharmacy services for an additional week.
- As a reminder, the pharmacy benefit was carved out of Medi-Cal in 2022.



Rite Aid located in Needles, CA



EVENTS FEATURE IEHP LEADERS AS SPEAKERS

- **Chief Quality Officer Dr. Edward Juhn** will be speaking at the NCQA Health Equity Forum in March. The forum will include leaders from DHCS, Covered California and HCAI.
- **VP of Strategy Thomas Pham** was the featured speaker on Jan. 30 for the first in-person meeting of 2024 for ACE of Southern California. Thomas spoke about “Learning from Experience.” In addition, **VP of Hospital Relations Sylvia Lozano** was elected to the board of ACE for the second year.
- **Senior Director of Community Health Cesar Armendariz** was the keynote speaker at a MLK event on Jan. 13 in Ontario. Assembly Majority Leader Emerita Eloise Gomez Reyes gave a special surprise acknowledgement to IEHP.



KTLA VISITS IEHP

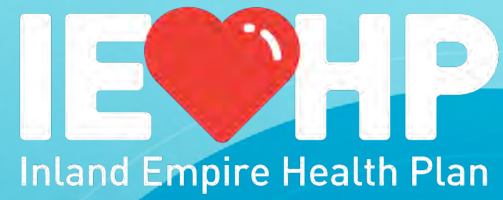
- KTLA’s “L.A. Unscripted” visited our campus to talk about IEHP Covered – our new product line for Covered California.
- Wayne Guzman, director of sales and outreach, and Enrollment Specialist Gricelda Sanchez were interviewed for the episode, which aired several times in the past two weeks.



IEHP FOUNDATION NAMES NEW CEO

- Greg Bradbard has been named CEO of the IEHP Foundation.
- His first day will be Feb. 20 and he will report directly to the IEHP Foundation Board.
- He brings more than 25 years of experience in nonprofit leadership to the Foundation and a deep passion for improving the lives of vulnerable populations.
- Greg most recently served as president of the Hope Through Housing Foundation and senior vice president for National CORE.





Thank You!

ADMINISTRATION

33. IEHP FOUNDATION UPDATE

Recommended Action:

Review and File

Contact:

Jarrold McNaughton, Chief Executive Officer
Stephen Bennet, Chair, IEHP Foundation

Discussion:

Stephen Bennett, Chair of the IEHP Foundation, will present an update on Foundation activities.

Timeline of Milestones

| Strategy & Community Impact | 2021 | 2022 | 2023 | 2024 |
|---------------------------------------|-----------|---------------------------|--------------------------|---------------|
| Researched health models | | Sept. – Dec. 2022 | | |
| Awarded microgrants - \$200,000 | | | July 2023 | |
| Hosted community lunches | | | October – November 2023 | |
| Finalization of Strategic Plan | | | | January 2024 |
| Leadership | | | | |
| Inaugural Foundation President | | March 2022 - May 2023 | | |
| Staff recruited and hired | | March 2022 - January 2023 | | |
| CEO search process | | | July 2023 – January 2024 | |
| CEO appointed | | | | February 2024 |
| Endowment Stewardship | | | | |
| Investment firm selected | | | July 2023 | |
| Asset management adopted | | | July 2023 | |
| Final installment invested | | | July 2023 | |
| Governance | | | | |
| Foundation incorporated | July 2021 | | | |
| Board of Directors established | | July 2022 | | |
| Governance consultant hired | | | July 2023 | |

Endowment Stewardship

- All Endowment funds are managed by Summit Rock Advisors (New York, New York).
- Investment Policy Statement (IPS) was adopted by the Foundation Board on July 26, 2023.
- Assessed level of risk required to preserve capital by earning more than a 4% spend rate plus the rate of inflation.
- Received \$111,534,304 from IEHP on the following dates:
 - 8/31/2022 - \$50,000,000
 - 7/21/2023 - \$61,534,304
- Endowment balance as of December 31, 2023, is \$118,832,024.

| | Asset Allocation | | | Investment Return | |
|---------------------------------|----------------------|---------------|------------------|-------------------|-------------|
| | Current Value | | Near-Term Target | MTD | YTD |
| | (\$) | (%) | (%) | (%) | (%) |
| Reserve | | | | | |
| Cash | 28,108,153 | 23.7 | 3.5 | 0.4 | 2.2 |
| Fixed Income | 10,338,942 | 8.7 | 9.0 | 2.4 | 3.5 |
| Total Reserve | \$38,447,094 | 32.4% | 12.5% | 1.0% | 2.9% |
| Diversifiers | | | | | |
| Credit Strategies | | | 2.5 | | |
| Multi-Asset Blend | 5,748,801 | 4.8 | 5.0 | 3.3 | 3.1 |
| Diversified Strategies | 14,444,451 | 12.2 | 12.5 | 1.0 | 3.4 |
| Hedged Equity | 11,739,349 | 9.9 | 10.0 | 2.7 | 3.7 |
| Total Diversifiers | \$31,932,602 | 26.9% | 30.0% | 2.0% | 3.0% |
| Directional Equity | | | | | |
| Benchmark Equity | 23,918,520 | 20.1 | 37.5 | 4.4 | 4.4 |
| Select Equity | 24,533,808 | 20.6 | 20.0 | 5.2 | 3.1 |
| Total Directional Equity | \$48,452,328 | 40.8% | 57.5% | 4.8% | 4.3% |
| Total Investment Assets | \$118,832,024 | 100.0% | 100.0% | 2.8% | 5.6% |
| Grand Total | \$118,832,024 | | | | |

Launching Projects

Budget Allocation: \$4 – 5 million/year from existing endowment

Vibrant Health Model – Funding Strategies for the Inland Empire:

- 1. Public Policy & Advocacy:** Advance policies and advocacy efforts that address health inequities.
- 2. Regional Funding:** Invest in nonprofit infrastructure to maximize public and private funding.
- 3. Direct Giving for Innovation & Pilot Projects:** Directly fund local nonprofits with innovative and responsive solutions to improve health outcomes.

The Vibrant Health Model addresses three core drivers of health:



Root Causes



Core Needs



Health Equity

Foundation Impact

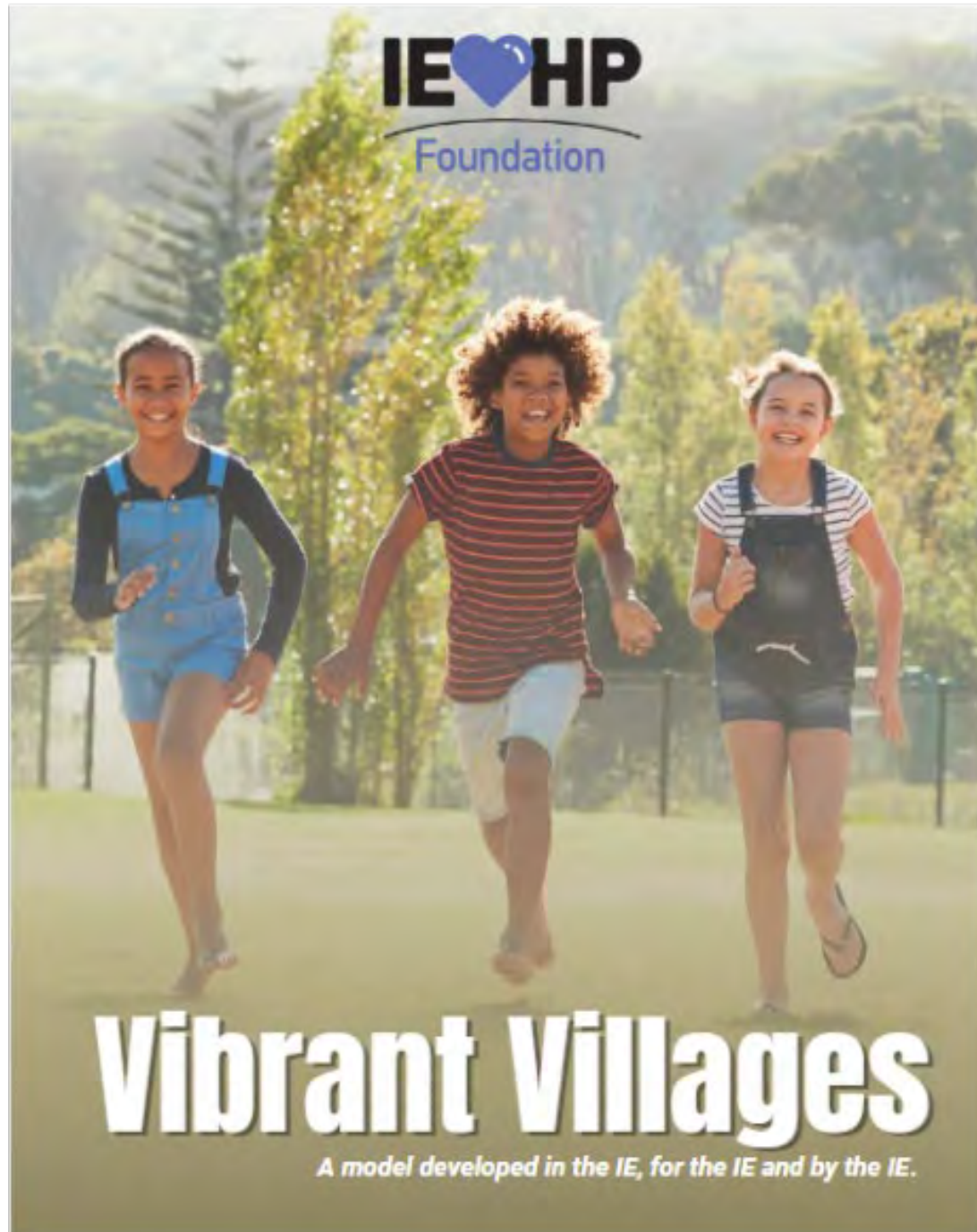


- **Impact communities**
- **Influence systems**
- **Leverage partnerships**
- **Learning from data and lived experiences**

Photo Source: <https://www.ahrq.gov/prevention/resources/chronic-care/clinical-community-relationships-measures-atlas/ccrm-atlas3.html>

Future-Funded Projects

IEHP Foundation could invest in the following place-based initiatives:



Questions?

Thank You

QUALITY DEPARTMENT

34. OVERVIEW OF THE 2024 PAY FOR PERFORMANCE PROGRAMS FOR PRIMARY CARE PROVIDERS, INDEPENDENT PHYSICIANS ASSOCIATIONS, AND HOSPITALS

Recommended Action:

Review and File

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

IEHP's Pay for Performance (P4P) Programs are designed to reward network providers who meet key quality improvement measure goals. Programs have been designed in a way that provides financial rewards based on both year-over-year improvements and achieving top tier quality performance levels. IEHP has seen demonstrated improvements in measure performance since the inception of these programs. IEHP's current Medi-Cal and Covered CA P4P Programs falling in this structure include:

- Global Quality P4P for Primary Care Providers (GQ P4P PCPs)
- Global Quality P4P for Independent Physicians Associations (GQ P4P IPAs)
- Hospital P4P

Additional Pay for Performance programs also in place include programs that reward providers for performing key preventive care and chronic care services on a per-event basis. IEHP's current P4P programs falling into this structure include:

- OB P4P
- Urgent Care + Wellness

IEHP's DSNP Medicare product incentive programs are focused on Medicare Star performance and Model of Care requirements. These programs include:

- Medicare IEHP Direct Stars
- DSNP Model of Care P4P

Discussion:

Pay for Performance Programs for 2024

IEHP is committed to promoting high quality healthcare to our members, and the P4P programs offer a mechanism to reward providers who provide high quality of care. To emphasize IEHP's commitment to this important work, IEHP has made significant financial contributions to the P4P programs. The budget details for the 2024 P4P program are noted in the table below.

| Provider P4P Programs at IEHP | | | | |
|--------------------------------------|-------------------------|--------------------------------|--------------------|------------------------------------|
| Program Name | Line of Business | Participating Providers | 2023 Budget | 2024 Budget[^] |
| Global Quality P4P-PCPs | Medi-Cal & Covered CA | PCPs | \$148 million | \$148 million |
| Global Quality P4P-IPAs | Medi-Cal & Covered CA | IPAs | \$45.2 million | \$50 million |
| Hospital P4P | Medi-Cal & Covered CA | Hospitals | \$79 million | \$80.8 million |
| OB P4P | Medi-Cal & Covered CA | OB/GYNs | \$6.5 million | \$6.5 million |
| Urgent Care + Wellness | Medi-Cal & Covered CA | Urgent Care Providers | \$300,000 | \$1.2 million |
| Medicare IEHP Direct Stars | Medicare | PCPs | \$1.0 million | \$1.3 million |
| DSNP Model of Care P4P | Medicare | IPAs | \$1.1 million | \$1.1 million |
| Medicare P4P IEHP Direct | Medicare | PCPs | \$300,000 | - |
| DualChoice Annual Visits | Medicare | PCPs | \$2.5 million | - |
| Total | | | \$283.9 million | \$288.9 million[^] |

[^]2024 budget amounts displayed are the maximum payout amounts. Payouts will not exceed payment maximums noted for each program. Adjustments to payment formulas (pmpms and multipliers) may be made based on network performance in the program year.

Below is a description of the key changes to the program for program year 2024.

Global Quality P4P Program for Primary Care Providers (PCPs) and Independent Physicians Associations (IPAs)

2024 will be the ninth (9) year of the GQ P4P Program for PCPs and IPAs. In the 2024 program year, the budget will remain at \$148 million total incentive dollars available to PCPs. Pay-per-event Quality Bonus Services are included in the GQ P4P PCP program and are linked to key quality measures that are low performing and were previously covered under the DHCS Proposition 56 Value Based Payments Program. Those services include:

- Pediatric Immunization Administration
- Adult Influenza Vaccine Administration
- Blood Lead Screening
- Dental Fluoride Varnish
- Tobacco Use Screening

The table below lists the Core Quality Measures included in the 2024 Global Quality P4P Program. New measures for program year 2024 are noted in *italics*.

Table 1: 2024 Global Quality P4P Program – Core Measures

| Domain | Measure |
|---|---|
| Clinical Quality | Adult Influenza Vaccine |
| | <i>Adult Pneumococcal Vaccine</i> |
| | <i>Adult Td/Tdap Vaccine</i> |
| | <i>Adult Zoster Vaccine</i> |
| | Antidepressant Medication Management |
| | Asthma Medication Ratio |
| | Breast Cancer Screening |
| | Cervical Cancer Screening |
| | Child and Adolescent Well-Care Visits |
| | Childhood Immunizations Combo 10 |
| | Chlamydia Screening in Women |
| | Colorectal Cancer Screening |
| | Controlling High Blood Pressure |
| | Developmental Screening |
| | Diabetes Care – Blood Pressure Control <140/90 |
| | Diabetes Care – HbA1c Control <8 |
| | Diabetes Care – Kidney Health Evaluation |
| | Immunizations for Adolescents – Combo 2 |
| | Initial Health Assessment |
| | <i>Lead Screening in Children</i> |
| | Post Discharge Follow-Up |
| | Reduce Avoidable ER Visits |
| | Social Determinants of Health Screening and Identification Rate |
| | Statin Therapy Received For Patients with Diabetes and for Patients with Cardiovascular Disease |
| | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents |
| | - Counseling for Physical Activity |
| | - Counseling for Nutrition |
| | - BMI Percentile |
| | Well-Child Visits in the First 15 Months of Life |
| | Well-Child Visits in the First 30 Months of Life (15-30 Months) |
| Medical Assistance with Smoking Cessation: Advising Smokers to Quit | |
| Behavioral Health Integration | Screening for Clinical Depression in Primary Care |
| Behavioral Health Integration | Substance Use Assessment in Primary Care |
| Member Experience | Access to Care Needed Right Away |
| | Getting Needed Care |
| | Coordination of Care |
| | Rating of Personal Doctor |

| | |
|-----------------------|--|
| | <i>Provider Grievance Rate – Rude Staff</i> |
| Access to Care | After Hours Availability- On-Call Physician Access |
| | After Hours Availability- Life-Threatening Emergency Calls |
| | Appointment Availability – Urgent |
| | Appointment Availability – Routine |

The table below lists the new Process Measures included in the 2024 Global Quality P4P Program.

| Type | Measure Name |
|-------------------|---|
| Pay for Reporting | <i>Provider Diversity Equity Inclusion Survey</i> PCPs are encouraged to complete the Diversity Equity Inclusion (DEI) Survey in Spring 2024. The purpose of this survey is to assess the IEHP PCP networks comfort in diversity, equity, and inclusion topics. This activity supports new DHCS contractual requirements for Health Equity. |
| Health IT | HIE Connectivity PCPs Connect & Submit CCDAs to Manifest MX. Enhancements to this measure for 2024 include more robust data quality reporting requirements. |

Bonus Bundles included in the 2024 Global Quality P4P Program are noted in the table below. Providers and IPAs will be given an opportunity to earn up to 2 bonus bundles if all measure targets within a bundle are achieved. Measure targets are pre-defined at the beginning of the program year.

| Bundle Name | Measures Included |
|------------------|---|
| Early Childhood | Childhood Immunizations – Combo 10 Well-Child First 15 Months of Life Well-Child First 15-30 Months of Life Developmental Screening in the first 3 years of life |
| Adolescent | Well Care Visits – Ages 12 - 17 Immunizations for Adolescents Combo 2 Depression Screening and Follow Up Plan – Ages 12 – 17 Chlamydia Screening – Ages 16 - 20 |
| Cancer Screening | Breast Cancer Screening Cervical Cancer Screening Colorectal Cancer Screening |
| Cardiovascular | Controlling High Blood Pressure Statin Therapy for Patients with Cardiovascular Disease – Received |

| | |
|--------------------|--|
| | Statin Therapy for Patients with Cardiovascular Disease – Adherence |
| Diabetes | Diabetes Care – HbA1c Control <8 Diabetes Care – Blood Pressure Control <140/90 Diabetes Care – Kidney Health Evaluation Statin Therapy for Patients with Diabetes – Received |
| Patient Experience | Rating of Personal Doctor After-Hours Availability – On-Call Physician Access Appointment Availability – Urgent Visits <i>Provider Grievance Rate – Rude Staff</i> |

Hospital P4P

2024 will be the seventh (7) year of the IEHP Hospital P4P Program. In 2024, the annual budget will increase to \$81.8 million total incentive dollars available to network hospitals in the Inland Empire. Measures included in the 2024 Hospital P4P Program are noted in the table below. Measures that are included in the 2024 Hospital P4P Program fall into six domains including: Health IT, Utilization, Follow Up Care, Maternity Care, Patient Safety and Quality. New measures for program year 2024 are noted in *italics*.

| Domain | Measure Name |
|-------------------|--|
| Health IT | MX Active Data Sharing |
| Utilization | Plan All-Cause Readmissions Observed -to-Expected Ratio |
| | Follow-Up Care for Mental Health & Substance Use Disorder ED |
| Follow-up Care | Post Discharge Follow-Up Within Seven Days of Discharge |
| Maternity Care | California Maternal Quality Care Collaborative (CMQCC) NTSV Delivery Rate |
| | Timely Postpartum Care |
| Quality | Hospital Quality Star Rating |
| | HQI Cares Implementing BETA Heart |
| | Quality Improvement Program focused on: improving patient experience, <i>clinical variation reduction, readmission reduction, safety, and adverse events</i> |
| | <i>Cal Hospital Compare Opioid Honor Roll</i> |
| Patient Safety | HQI Measure 1: Sepsis Mortality |
| | HQI Measure 2: Hospital Associated Infections |
| | HQI Measure 3: Hospital-wide All-Cause Mortality |
| | HQI Measure 4: Patient Safety and Adverse Events Composite |
| | <i>Maternal Morbidity Safety Bundle Implementation</i> |
| Member Experience | <i>Member Satisfaction Survey</i> |
| Network Adequacy | <i>Adequate Covered CA Network</i> |

POLICY AGENDA

P4P Program Measure Performance

The table below provides the measure performance for Program Year 2023 for the P4P MCAS-based measures. Key performance highlights include:

- Of the 32 HEDIS based measures included in the Global Quality P4P program, 25 (78.1%) are trending higher in December 2023 compared to the same time in 2022.
- Seven (7) out of the 18 Department of Healthcare Services (DHCS) Managed Care Accountability Set (MCAS) Minimum Performance Level (MPL) measures have already reached the Minimum Performance Level, with ongoing 2023 data collection still underway.
- 13 out of 18 (72.2%) DHCS MCAS MPL measures are performing better in December 2023 compared to December 2022.

P4P Measure Performance Snapshot for MCAS Measures: 2022 vs. 2023

| P4P | Measure | MY 2022 Dec Rate | MY 2023 Dec Rate | MY 2023 MPL 50th Percentile | Rate Change % | MPL Met |
|-----|--|------------------|------------------|-----------------------------|---------------|---------|
| Yes | Follow-Up After ED Visit for Mental Illness - 30 Days | 50.06% | 44.58% | 54.87% | -5.48% | |
| Yes | Follow-Up After ED Visit for Substance Abuse - 30 Days | 34.42% | 32.26% | 36.34% | -2.16% | |
| Yes | Child and Adolescent Well-Care Visits*** | 42.00% | 48.26% | 48.07% | 6.26% | Yes |
| Yes | Childhood Immunization Status: Combination 10 | 21.32% | 20.97% | 30.90% | -0.35% | |
| Yes | Developmental Screening in the First Three Years of Life | 35.36% | 52.96% | 34.70% | 17.60% | Yes |
| Yes | Immunizations for Adolescents: Combination 2 | 34.05% | 36.87% | 34.31% | 2.82% | Yes |
| Yes | Lead Screening in Children | 48.22% | 52.19% | 62.79% | 3.97% | |
| No | Topical Fluoride for Children: Dental or Oral Health Services | NA | 8.41% | 19.30% | - | |
| Yes | Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits | 25.71% | 50.53% | 58.38% | 24.82% | |
| Yes | Well-Child Visits in the First 30 Months of Life - 15 to 30 Months – Two or More Well-Child Visits | 59.83% | 68.75% | 66.76% | 8.92% | Yes |
| Yes | Asthma Medication Ratio | 64.24% | 64.05% | 65.61% | -0.19% | |
| Yes | Controlling High Blood Pressure | 45.07% | 52.42% | 61.31% | 7.35% | |
| Yes | Hemoglobin A1c Poor Control (>9%)** | 44.08% | 36.11% | 37.96% | -7.97% | Yes |
| Yes | Chlamydia Screening in Women | 62.62% | 66.15% | 56.04% | 3.53% | Yes |
| Yes | Timeliness of Prenatal Care | 75.36% | 81.39% | 84.23% | 6.03% | |
| Yes | Postpartum Care | 71.80% | 74.84% | 78.10% | 3.04% | |
| Yes | Breast Cancer Screening | 56.19% | 60.81% | 52.60% | 4.62% | Yes |
| Yes | Cervical Cancer Screening | 53.36% | 55.65% | 57.11% | 2.29% | |

* Based on data as of December 2023 - 1st Run

**Lower rate indicates better performance

***Based on data as of Jan 2024 – 1st production run

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|---------------------------|------------------|--------------------|--------------------------------|-------------------------|----------------------|
| Included in CY2024 Budget | NA | NA | Make Selection [enter date] | J. Diekmann 1/2/2024 | E. Juhn 1/18/2024 |



Inland Empire Health Plan

Live Wholeheartedly.

2024 Pay for Performance (P4P) Programs

Ed Juhn, MD, Chief Quality Officer
Genia Fick, MA, Vice President, Quality

P4P Overview

- Pay for Performance (P4P) Programs are designed to reward Providers for achieving quality improvement goals
- Financial rewards available for:
 - Year over year improvement
 - Quality goal achievement
 - Delivery of key preventive care services
- Aligns with IEHP's quality performance goals
 - Set by regulatory agencies: DHCS; DMHC; CMS; NCQA



2024 Pay for Performance Program Budget

| Provider P4P Programs at IEHP | | | | |
|-------------------------------|----------------|-------------------------|------------------------|------------------------|
| Program Name | Product | Participating Providers | 2023 Budget* | 2024 Budget* |
| Global Quality P4P- PCPs | Medi-Cal & CCA | PCPs | \$148 million | \$148 million |
| Global Quality P4P- IPAs | Medi-Cal & CCA | IPAs | \$45.2 million | \$50 million |
| Hospital P4P | Medi-Cal & CCA | Hospitals | \$79 million | \$80.8 million |
| OB P4P | Medi-Cal & CCA | OB/GYNs | \$6.5 million | \$6.5 million |
| Medicare IEHP Direct Stars | Medicare | PCPs | \$1.0 million | \$1.3 million |
| DSNP Model of Care P4P | Medicare | IPAs | \$1.1 million | \$1.1 million |
| DualChoice Annual Visits | Medicare | PCPs | \$2.5 million | -- |
| Medicare P4P IEHP Direct | Medicare | PCPs | \$300,000 | -- |
| Urgent Care + Wellness | Medi-Cal & CCA | Urgent Cares | \$300,000 | \$1.2 million |
| Total | | | \$283.9 million | \$288.9 million |




*Budget amounts displayed are the maximum payout amounts. Payouts will not exceed payment maximums noted for each program. Adjustments to payment formulas (pmpms and multipliers) may be made based on network performance in the program year.





Program Highlights

Pay for Performance Program Impacts

| Providers Engaged  | Measures Impacted  | Regulatory Programs  |
|---|--|---|
| <p>894 PCP locations 9 Medi-Cal IPAs 6 Medicare IPAs 32 hospitals 267 OB/GYNs 10 Urgent Cares</p> <p>12+ Provider Training / Town Hall Sessions</p> | <p>30+ HEDIS measures improving in 2023</p> <p>430+ Primary Care Sites now connected to Manifest MedEx</p> <p>Hospitals and IPAs conducting independent Quality Improvement Activities</p> | <p>DHCS MCAS NCQA Health Plan Ratings Covered CA QTI DMHC Timely Access</p> |



Early 2023 P4P Program Trends

| Measure | MY 2022 Rate (Dec 2022) | MY 2023 Rate* (Dec 2023) |
|--|----------------------------|-----------------------------|
| Cancer Prevention | | |
| Breast Cancer Screening | 56.19% | 60.81% |
| Cervical Cancer Screening | 53.36% | 55.65% |
| Colorectal Cancer Screening (ages 50-75) | 42.87% | 49.25% |
| Children's Health | | |
| Child & Adolescent Well Care Visits | 42.00% | 47.67% |
| Developmental Screening in the First Three Years of Life | 35.36% | 52.96% |
| Immunizations for Adolescents – Combo 2 | 34.05% | 36.87% |
| Lead Screening in Children | 48.22% | 52.19% |
| Well Child Visits in the First 30 Months of Life – 0 to 15 Months | 25.71% | 50.53% |
| Well Child Visits in the First 30 Months of Life – 15 to 30 Months | 59.83% | 68.75% |

**Interim results as of Dec 2023, these are not the final rates for the 2022 program year
MY = measurement year*



Early 2023 P4P Program Trends

| Measure | MY 2022 Rate (Dec 2022) | MY 2023 Rate* (Dec 2023) |
|---|----------------------------|-----------------------------|
| Behavioral Health | | |
| Antidepressant Medication Management – Acute | 62.75% | 73.21% |
| Antidepressant Medication Management – Continuation | 41.34% | 56.63% |
| Chronic Disease Management | | |
| Controlling High Blood Pressure | 45.07% | 52.42% |
| Hemoglobin A1c Control for Patients with Diabetes – HbA1c Control (<8%) | 47.07% | 54.30% |
| Kidney Health Evaluation for Patients with Diabetes | 39.77% | 46.73% |
| Reproductive Health | | |
| Chlamydia Screening in Women | 62.62% | 66.15% |
| Timeliness of Prenatal Care | 75.36% | 81.39% |
| Postpartum Care | 71.80% | 74.84% |

**Interim results as of Dec 2023, these are not the final rates for the 2022 program year
MY = measurement year*



Early 2023 P4P Program Trends

| Domain | Measure Results* |
|------------------------|---|
| Health IT | 431 PCPs connected to Manifest MedEx Health Information Exchange (HIE) and passed data validation |
| | 554 PCP locations reported enhanced provider demographic data in support of health equity |
| Administrative Process | Provider Grievance Response Rate improved, met target of >90% |

**Interim results as of Dec 2023, these are not the final rates for the 2022 program year*





What's New in 2024

2024 Programs: New Measures

Global Quality

- Member Experience: Customer Service-Related Grievances
- Adult Pneumococcal Vaccine
- Adult Tdap Vaccine
- Adult Zoster Vaccine
- Health Equity: Provider Diversity Equity Inclusion Survey
- Timely Prenatal Care
- Timely Postpartum Care

Hospital

- Member Experience: Percentile Achievement
- QIA: Clinical Variation Reduction
- QIA: Readmission Reduction
- QIA: Safety and Adverse Events
- Cal Hospital Compare Opioid Honor Roll

Urgent Care

- Well Child Visits
- Adolescent Vaccinations: Meningococcal Conjugate, Tdap, HPV
- Lead Screening
- Fluoride Varnish



Looking Ahead

- External Assessment of Member and Provider Incentive Programs
- Explore updates to Provider Contracts incorporating Quality performance targets
- Expand Provider Education and Engagement efforts
- Enhanced Provider Analytics to help guide quality improvement efforts



Thank You!



Acronyms

CMS – Centers for Medicare and Medicaid Services
DHCS – California Department of Healthcare Services
DMHC – California Department of Managed Health Care
DSNP – Dual Eligible Special Needs Plans
IPA – Independent Physician Association
HIE – Health Information Exchange
MCAS – Managed Care Accountability Set
MY – Measurement Year
NCQA – National Committee for Quality Assurance
OBGYN – Obstetrician Gynecologist
PCP – Primary Care Physician
P4P – Pay for Performance
QIA – Quality Improvement Activity
QTI – Quality Transformation Initiative



ADMINISTRATION

35. APPROVE THE THIRD AMENDMENT TO THE IEHP HEALTH ACCESS JOINT POWERS AGREEMENT BETWEEN THE COUNTIES OF RIVERSIDE AND SAN BERNARDINO.

Recommended Action:

That the Governing Board of IEHP Health Access approve the Third Amendment to the IEHP Health Access Joint Powers Agreement (“JPA”) between the Counties of San Bernardino and Riverside.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

The Counties of San Bernardino and Riverside entered into the JPA, creating IEHP Health Access (the “Agreement”) on May 3, 2005. The Agreement was amended two times – in 2016 and 2020. Consistent with this Board’s delegation of authority to set up IEHP Health Access as an ECM provider, the Agreement will now be amended to be consistent with that delegation.

Discussion:

This Third Amendment to the Agreement will reflect that the purpose of IEHP Health Access will be to provide health care services for eligible persons. The Amendment will also permit IEHP Health Access to appoint and employ a Chief Executive Officer, as well as Treasurer and Controller. Other terms and conditions of the Agreement that are not addressed by the Third Amendment will remain unchanged. Once approved by the Governing Board of IEHP Health Access, this Third Amendment will be presented to the Boards of Supervisors for the Counties of Riverside and San Bernardino for approval and execution.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval |
|----------------------|-------------------------|---------------------------|----------------------------|--------------------------|-------------------------|
| None | NA | NA | S. Oh [date] | A. Wang [date] | J. McNaughton [date] |