



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

October 10, 2023 - 9:00 AM

Board Report #342

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

If disability-related accommodations are needed to participate in this meeting, please contact Board Services at (909) 296-0948 during regular business hours of IEHP (M-F 8:00 a.m. – 5:00 p.m.)

PUBLIC COMMENT AT INLAND EMPIRE HEALTH PLAN GOVERNING BOARD MEETINGS:

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

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

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

<https://youtube.com/live/NCn0i6uOXps?feature=share>

AGENDA

- I. Call to Order
- II. Pledge of Allegiance
- III. Roll Call
- IV. Changes to the Agenda
- V. Public Comments on Matters on the Agenda
- VI. Conflict of Interest Disclosure

AGENDA

VII. Adopt and Approve of the Meeting Minutes from the September 11, 2023 Regular Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access

VIII. IEHP

CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. Ratify and Approve Amendment 43 to the Local Initiative Primary Contract (#04-35765) with the California Department of Health Care Services
2. Approve Change Order #1 with to the Master Consulting Services Agreement Guidehouse, Inc.
3. Approve the Award of Request for Proposal #23-04757 to, and Delegation of Authority to Approve the Professional Services Agreement and Subsequent Contractual Documents Related Hereto, with Deloitte Consulting LLP
4. Approve the Professional Services Agreement with Health Management Associates, Inc.
5. Approve the IEHP Team Member Benefits Products and Delegation of Authority to enter into necessary Agreements
6. Approve the Inland Empire Health Plan Master Professional Services Agreement Template
7. Approve the Revised IEHP Covered Agent Agreement Template And Delegation of Authority to Approve Agreements with Agents and Agencies in Furtherance of the Covered California Line of Business

FINANCE DEPARTMENT (Keenan Freeman)

8. Delegation of Authority to Approve the Reinsurance Policy Procurement for Covered California Line of Business

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

9. Approve the Second Amendment to the Professional Service Agreement with T-Base Communication USA, Inc.
10. Delegation of Authority to Execute Memorandums of Understanding for the Community Health Worker Residency Pilot Program
11. Ratify and Approve the Funding Agreement with Riverside County Medical Association
12. Ratify and Approve the Funding Agreement with San Bernardino County Medical Society

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

13. Approve the Purchase Requisition for the VMWare Licensing Upgrade with Golden Star Technology, Inc.
14. Approve Ordering Documents 556751-2 and 558352-1 with Verint America's, Inc.
15. Approve an Increase in Funding with Inovalon, Inc.
16. Rescind Minute Order 23-074, Delegation of Authority to Approve the Ordering Document and Public Sector Agreement for Oracle Cloud Services, and Technical Support Services Renewal Order with Oracle America, Inc.
17. Approve the Statement of Work # 5 to the Master Consulting Services Agreement with Gartner, Inc.

OPERATIONS DEPARTMENT (Susie White)

18. Ratify and Approve the Second Amendment to the Professional Service Agreement with Deloitte Consulting LLP
19. Approve the Professional Services Agreement with National Association for Healthcare Quality
20. Approve the First Amendment to the Funding Agreement with Riverside County Medical Association
21. Approve the Award of Request For Proposal #23-05074 to Wex Health, Inc DbA Wex

QUALITY DEPARTMENT (Edward Juhn, M.D.)

22. Approve the Third Amendment to the Professional Services Agreement with QMetrics, Inc.
23. Approve the 2023 Culturally and Linguistically Appropriate Services Program Annual Evaluation Implementation Plan
24. Delegation of Authority to Approve the Letter of Agreement with Walgreen Co

PROVIDER NETWORK DEPARTMENT (Keenan Freeman)

25. Ratify and Approve the Twenty Fourth Amendment to the Capitated Full-Service Agreement with Kaiser Foundation Health Plan, Inc., Southern California Region – *Pasadena*
26. Ratify and Approve the Hospital Per Diem Agreement with Doctors Hospital of Riverside, LLC, DbA Parkview Community Hospital Medical Center – *Riverside*

27. Ratify and Approve the Hospital Per Diem Agreement with Ridgecrest Regional Hospital – *Ridgecrest*
28. Approval of the Evergreen Contracts
 - 1) Inland Behavioral and Health Services Inc- Ancillary Agreement – San Bernardino
 - 2) Sharp Memorial Hospital - Hospital Per Diem Agreement – San Diego
 - 3) Corona Residential Care Center - Residential Care for the Elderly - Corona
 - 4) Mere Enterprises Inc dba Abria Del Cielo Assisted Living Facility - Residential Care for the Elderly – San Bernardino
 - 5) Empirecare Health Associates Inc dba The Grove Care and Wellness - Skilled Nursing Facility Provider Agreement – Riverside
 - 6) Ensign Palm I LLC A Limited Liability Company dba Premier Care Center for Palm Springs - Skilled Nursing Facility Provider Agreement – Palm Springs
 - 7) Riverside Post Acute Care LLC dba Riverside Post Acute Care - Skilled Nursing Facility Provider Agreement – Riverside
 - 8) Silverscreen Healthcare Inc dba Asistencia Villa Rehabilitation and Care Center - Skilled Nursing Facility Provider Agreement - Redlands
 - 9) Rupinder Mann dba Rupinder Mann MD Inc - Skilled Nursing Facility Attending Physician Agreement - Redlands
 - 10) Medequip Inc dba Medica - Ancillary Agreement– Aliso Viejo
 - 11) Orange Coast Respiratory Care Services Inc- Ancillary Agreement Provider Agreement – Anaheim
 - 12) Central City Community Health Center Inc dba Central City Community Health Center- Behavioral Health Participating Provider Agreement – Norco
 - 13) Jennifer Lynn Codega LMFT - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
 - 14) Joyce Diane Harden dba Healing Ongoing Private Practice- Behavioral Health Participating Provider Agreement – Fontana
 - 15) Julie Chappa dba -Turning Leaf Family Therapy Group - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
 - 16) Katrina Niere dba Mind Health Therapy - Behavioral Health Participating Provider Agreement – Temecula
 - 17) Kharvena Moss - Behavioral Health Participating Provider Agreement – Riverside
 - 18) Lauren V Johnson - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
 - 19) Life Skills Awareness - Behavioral Health Participating Provider Agreement – Hesperia
 - 20) Lucy Pena Haas - Behavioral Health Participating Provider Agreement – Murrieta
 - 21) Maria Savala Mahany dba Maria Savala Mahany M Ed MFT - Behavioral Health Participating Provider Agreement – Victorville
 - 22) Maura Kane McAuliffe dba - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
 - 23) Stacy Donaldson - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
 - 24) Stepanian Family Counseling Inc - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
 - 25) Susan Jean Alexander- Behavioral Health Participating Provider Agreement – Palm Desert

- 26) Wendy Baker dba Wendy Baker Licensed Marriage and Family Therapist - Behavioral Health Participating Provider Agreement – Palm Desert
- 27) Physician Health Collaborative Corporation - Open Access Agreement (Excluding Medicare) - Adelanto
- 28) Antonio A Tan MD Professional Corporation - Capitated Primary Care Provider Agreement - Moreno Valley
- 29) Clinic Services of California Medical Group - Capitated Primary Care Provider Agreement - Colton
- 30) Oliverio Medical Corporation - Capitated Primary Care Provider Agreement – Banning
- 31) Ultimate Medical Practice A Professional Corporation - Capitated Primary Care Provider Agreement - Highland
- 32) West Point Medical Group Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) - Fontana
- 33) May Medical Management Corporation dba La Verne Medical Urgent Care - Fee-For-Service Primary Care Provider Agreement – La Verne
- 34) Stefany Ranshaw dba Behavior Team Inc - Participating Provider Agreement – QASP - Murrieta
- 35) CV Physical Therapy Inc dba Movement for Life Physical Therapy - Participating Provider Agreement – Specialist – San Bernardino
- 36) David Azer DO - Participating Provider Agreement – Specialist – Corona
- 37) Elizabeth Stankis – dba Liz Stankis RD - Participating Provider Agreement – Specialist – Palm Desert
- 38) Family Health Center of Joshua Tree dba Hi Desert Family Medical Clinic - Participating Provider Agreement – Specialist – Yucca Valley
- 39) Royalty Radiation Oncology Medical Group Inc - Participating Provider Agreement – Specialist – Pomona
- 40) Synergy Radiation Oncology Medical Group Inc - Participating Provider Agreement – Specialist – Riverside
- 41) Vitreo Retinal Associates Medical Group - Participating Provider Agreement – Specialist – Pomona
- 42) Revati J Ghatnekar dba Revati J Ghatnekar MD - Participating Provider Agreement – Specialist – Rancho Mirage
- 43) Borrego Community Health Foundation - Participating Provider Agreement – Vision – Thermal
- 44) Glenda Ong Medrina dba Glenda Ong Medrina OD LLC - Participating Provider Agreement – Vision – Beaumont
- 45) Steven R Kleen Optometric Corporation dba Dr Steven R Kleen Optometric Corporation - Participating Provider Agreement – Vision – Redlands
- 46) Moothedath A Menon MD - Participating Provider Agreement – Specialist – Apple Valley

POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

ADMINISTRATION (Jarrod McNaughton)

29. Chief Executive Officer Update

FINANCE DEPARTMENT (Keenan Freeman)

30. Review of the Monthly Financials

QUALITY DEPARTMENT (Edward Juhn, M.D.)

31. Overview of the Medi-Cal and Cal Mediconnect Healthcare Effectiveness Data and Information Set and Managed Care Accountability Set Results for Measure Year 2022

IX. IEHP Health Access - *No Business*

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

XI. Board Member Comments

XII. Closed Session

1. With respect to every item of business to be discussed in closed session pursuant to California Government Code Section 54956.9:

Conference with Legal Counsel-Anticipated Litigation: Initiation of litigation pursuant to subdivision (d)(4) of Government Code Section 54956.9:

- i. One potential case.

2. With Respect to Every Item of Business to be Discussed in Closed Session Pursuant to California Government Code Section 54956.87 subdivision (b):

HEALTH PLAN TRADE SECRETS: Meeting held for the purpose of discussion or taking action on health plan trade secrets, including initiating a new service, program, marketing strategy, business plan, or technology, or to add a benefit or product where the premature disclosure of the trade secret would create a substantial probability of depriving the health plan of a substantial economic benefit or opportunity.

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held on November 13, 2023 at Inland Empire Health Plan.

ADMINISTRATION

1. RATIFY AND APPROVE AMENDMENT 43 TO THE LOCAL INITIATIVE PRIMARY CONTRACT (#04-35765) WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve Amendment 43 to the Local Initiative Primary Contract (#04-35765) with the California Department of Health Care Services (DHCS) for the provision of Medi-Cal Health Plan Services effective July 1, 2022.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

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

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

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

Discussion:

IEHP received Amendment 43 to its DHCS Local Initiative Primary Contract for Medi-Cal Health Plan Services.

The Amendment’s effective date is July 1, 2022, or until approved by the Department of General Services (DGS), if DGS approval is required. This amendment incorporates changes for Subcontract Network Certification, Community Health Care Workers Services, Cognitive Health, Grievance and Appeals, and Asthma Preventive Services.

The term of this Agreement in its entirety is September 1, 2004, to December 31, 2022. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	M. Popka E. Hernandez 09/08/2023	L. Nery 09/07/2023	Make Selection [enter date]

ADMINISTRATION

2. APPROVE CHANGE ORDER #1 WITH TO THE MASTER CONSULTING SERVICES AGREEMENT GUIDEHOUSE, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve Change Order #1 to the Master Consulting Services Agreement (Agreement) with Guidehouse, Inc. (Guidehouse), for the provision of consulting and advisory travel expenses for an amount not to exceed \$11,049.76.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

In alignment with IEHP’s 2023 strategic plan and the state’s comprehensive quality plan, IEHP sought out several experts in the field of physicians and medical group formations to provide an assessment of IEHP potentially establishing a separate entity, a Medical Foundation, to employ physicians. Guidehouse was identified as having the unique consulting experience on this subject matter and has work experience with Southern California-based medical foundations.

Accordingly, the IEHP Governing Board approved the Agreement with Guidehouse on January 30, 2023, under Minute Order 23-004, for an amount not to exceed \$430,000 through July 31, 2023.

Discussion:

In accordance with the Agreement, IEHP agreed to reimburse Guidehouse for any necessary travel approved by IEHP required to fulfill their services. However, travel expenses were not calculated in the overall Agreement budget. Purchase Order # IHP3005236 was issued to Guidehouse on February 14, 2023, in an amount not to exceed \$430,000, aligned with the total Agreement amount.

It was later determined travel was required to support Chief Leadership engagement, assessments, and present final recommendations. Guidehouse has provided IEHP with appropriate documentation for reimbursement of travel expenses in the amount of \$11,049.76. Accordingly, IEHP is requesting approval of Order Change Order #1 to cover these travel expenses, not accounted for in the original Agreement and Purchase Order.

The cost of Change Order #1 shall not exceed \$11,049.76. The total amount payable to Guidehouse, inclusive of the Agreement and Change Order #1 shall not exceed an amount of \$441,049.76.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	J. Haines 9/18/23	Cl Longworth 09/18/23	M. Popka 09/18/23	M. Kim 09/18/23	J. McNaughton 09/20/23

ADMINISTRATION

3. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-04757 TO, AND DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT AND SUBSEQUENT CONTRACTUAL DOCUMENTS RELATED HERETO WITH, DELOITTE CONSULTING LLP

Recommended Action:

That Inland Empire Health Plan (IEHP) Governing Board approve the award of Request for Proposal (RFP) #23-04757 and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, execute the Professional Services Agreement (Agreement) and subsequent contractual documents with Deloitte Consulting LLP (Deloitte) for the provision of Project Management Training Services for an amount not to exceed \$504,000 through December 31, 2026.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

According to the Project Management Institute's 2016 report, companies will potentially lose up to 12% of their operating budget in the future if they continue to lack project management expertise. Furthermore, because many Program Management Professionals will lack the effective combination of skills to manage projects within the Medi-Cal industry, IEHP will face a significant risk of encountering a knowledge and skill gap if it does not take proactive steps to educate and promote Program Management Skills within its workforce. Therefore, it will be essential for IEHP to standardize its Program Management Practices across the organization. Moreover, IEHP will need a reliable partner with expertise in organizational transformation to identify gaps, provide training, and collaboratively work on developing a capable program management workforce including Project Professions and their direct supervisors.

On May 12, 2023 IEHP issued RFP #23-04757 on Bonfire, its public third-party bidding website where vendors were able to place a bidder proposal response. As a result, 77 bidders indicated interest with six (6) submitting proposals. Below is a summary of key outcomes of the RFP process.

First round Technical Proposal Scoring with 70 being best possible score:

Bidder	Score
AAA Dynamic Consulting Services	29.38
Vinsys Corporation	30.23
Upskilled Evolution LLC	36.12
Castlefirth	38.19
Apexon	40.40
Deloitte Consulting LLP	42.88

Combined Technical Proposal and Pricing Scoring with 100 being best possible score:

Bidder	Score
Upskilled Evolution LLC	44.01
Apexon	46.46
Deloitte Consulting LLP	48.14
Castlefirth	52.35
Vinsys Corporation	53.61
AAA Dynamic Consulting Services	59.38

Demo Scoring with 30 being best possible score:

Bidder	Score
Apexon	12
Deloitte Consulting LLP	22

In the pursuit of a thorough project evaluation, it became evident that pricing alone was insufficient as a metric for assessing the quality and feasibility for bidders' proposals. In response, the Evaluation Team opted for a more comprehensive approach. The Evaluation Team refocused efforts on the down-selected options, placing significant emphasis on technical scores and alignment." As shown in Technical Proposal Scores.

Final Scoring with 130 being best possible score:

Bidder	Score
Upskilled Evolution LLC	44.01
Castlefirth	52.35
Vinsys Corporation	53.61
Apexon	58.46
AAA Dynamic Consulting Services	59.38
Deloitte Consulting LLP	70.14

IEHP has a separate, unrelated Agreement with Deloitte for Program Management and Program Governance services and was selected as result of RFP #23-04648 and was approved by the Governing Board on April 10, 2023 under Minute Order 23-080.

Discussion:

Deloitte offers a comprehensive suite of services, encompassing Project Management Training and Agile Transformation Services, carefully designed to meet the ever-evolving demands of the healthcare landscape while ensuring the continuous delivery of exceptional services. As this partnership unfolds, several critical milestones will be reached:

- **Strategic Organizational Assessment:** Deloitte will undertake a comprehensive assessment of IEHP's organizational strengths and areas warranting improvement. This exhaustive analysis will serve as the foundation for crafting a tailored training plan designed to address

specific challenges. Deloitte will expertly guide IEHP toward the pinnacle of industry best practices.

- **Certification Readiness:** A cornerstone of this initiative is the precise definition of Program Professional positions within IEHP. Deloitte will play a pivotal role in preparing IEHP's professionals for industry-recognized certifications, ensuring they are well-equipped to excel in their roles. Drawing from Deloitte's distinguished track record, IEHP anticipates a substantial enhancement in its workforce's capabilities.
- **Building on a Legacy of Excellence:** Deloitte's past successes have consistently exceeded expectations, propelling IEHP's project staff to unprecedented levels of proficiency and achievement. IEHP's unwavering confidence in Deloitte's ability to drive positive change is deeply rooted in its history of outstanding accomplishments.

To provide a structured training approach, IEHP is planning the formation of eight (8) Cohorts, each comprising of either 20 Project Professionals, or 20 Project Leaders. These Cohorts will encompass a diverse array of roles, including:

- Strategy Program Administrators
- Special Program Managers
- Project Managers
- Program Administrators
- Direct Supervisors (Directors/VPs with project Professionals as direct reports)

Each Cohort will embark on specialized training tailored to their unique responsibilities, ensuring the acquisition of essential skills and knowledge requisite for their roles within IEHP.

IEHP's partnership with Deloitte Consulting LLP is set to usher in a promising era of transformation and growth, aligning with IEHP's Mission Vision Values of integrated and equitable health services and operational performance. Through strategic investments in the workforce, IEHP is steadfastly committed to enhancing its capacity to provide outstanding services to its valued members. This partnership serves as a guiding beacon, propelling IEHP toward a position of leadership within the healthcare industry.

A breakdown of costs are as follows:

Cohort Type	# of Cohorts	Price Per Cohort	Total
Team Members	5	\$52,500	\$262,500
Leaders	3	\$52,500	\$157,500
Total	8		\$420,000
Grand Total		With 20% Contingency	\$504,000

CONSENT AGENDA

The 20% Contingency covers any classes or course material taught in addition to the curriculum provided based on additional needs of the individual team member or leader.

The cost of this Agreement shall not exceed \$504,000 through December 31, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Will be included in CY2024 budget	J. Haines 09/20/23	S. Albritton 09/19/2023	M. Popka 09/21/23	T. Pham 09/20/23	J. McNaughton 0921/23

ADMINISTRATION

4. APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH HEALTH MANAGEMENT ASSOCIATES, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Professional Services Agreement (Agreement) with Health Management Associates, Inc. (HMA) for the provision of Managed Care Consulting Services for an amount not to exceed \$225,000.00 through September 30, 2024.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

HMA provides extensive knowledge, expertise and continued strategic planning and consultation to IEHP Chief executives in facilitating specific needs as it relates to finance and administration. This contract helps IEHP leadership have readily available resources for expertise with a vendor that has an established rapport and historical knowledge of the health plan.

HMA was selected through a single source procurement. IEHP has determined that a single source procurement is justified because the vendor has deep familiarity with IEHP's existing processes and systems such that the benefit of contracting with HMA represents a significant time savings compared to onboarding a new Vendor for the same services. IEHP has contracted with HMA since 2017.

HMA is currently contracted with IEHP under two other contracts for Actuarial Services and Pharmacy Operations. Health Services – Pharmacy Operations has an agreement for consulting services for Oversight and Monitory Plan for IEHP/PBM Compliance with D-SNP valid through October 31,2023 for an amount not to exceed \$73,010.00. Finance – Actuarial Services has separate agreement for financial analysis services through March 20, 2026 for an amount not to exceed \$1,500,000.00. The services provided under these existing engagements are unrelated this Agreement.

Discussion:

Under this new Agreement, HMA will provide strategic consultation services to IEHP leadership, as needed.

Strategic Consulting topics may include but not limited to:

1. Revenue reconciliation of the Line of Business (LOB's), particular focus on Managed Long-Term and Support (MLTSS).
2. Rate Development Template (RDT) production process.
3. In-Home Health Supportive Services (IHSS) expense tracking.
4. Incurred But Not Reported (IBNR) process and accuracy.

5. Providing coordination within the Finance Department’s internal controls, expected deliverables, internal procedures/processes, recommendation of internal employee structure, and technology around a “Best in Class” finance operation.
6. Attending financing meetings, advising staff on matters specific to the financing, preparing, and reviewing financing documents, and assisting with due diligence and disclosure processes.
7. Assessing and providing recommendation of a fully functioning performance management process to include:
 - a. Setting organization objectives across all levels of the department
 - b. Identifying indicators to measure progress toward achieving objectives on a regular basis
 - c. Identifying responsibility for monitoring progress
 - d. Identifying areas where achieving objectives requires focused quality improvement processes.

Requests for services shall be on an as needed basis. IEHP has budgeted \$200,000.00 for these services and is also including a \$25,000.00 contingency amount to account for travel expenses.

The cost of this Agreement shall not to exceed \$225,000.00 through September 30, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	J. Haines 9/19/23	M. Perez 9/12/23	M. Popka 09/19/23	K. Freeman 9/13/23	K. Freeman 9/13/23

ADMINISTRATION

5. APPROVE THE IEHP TEAM MEMBER BENEFITS PRODUCTS AND DELEGATION OF AUTHORITY TO ENTER INTO NECESSARY AGREEMENTS

Recommended Action:

That the Governing Board of Inland Empire Health Plan (IEHP) approve the Team Member benefits product agreements and policy documents for Calendar Year 2024 and authorize the Chief Executive Officer or his designee to, after legal review and approval, sign any successive agreements associated with IEHP Team Member benefits for Calendar Year 2024.

Contact:

Supriya Sood, Chief People Officer

Background:

IEHP provides various employee benefits for IEHP Team Members, some of which are also extended to their eligible dependents.

Discussion:

For the 2024 benefits plan year, the medical plan carriers will continue to be under PRISM (Public Risk Innovation, Solutions, and Management, formerly CSAC EIA). PRISM is a risk sharing pool dedicated to controlling loss by providing risk management solutions. IEHP is requesting to renew the agreement with the medical plans under PRISM.

This is also to request approval to change the Employee Assistance Program (EAP) from Lifeworks to Spring Health with a new agreement. The agreement term is for a period of twenty-four months at approximately \$410,000 annually. The Spring Health carrier will be able to provide a more robust EAP benefit to IEHP Team Members. A summary of the new program offering includes:

- Clinical Care Navigation - an unlimited service providing proactive and reactive high touch support for members. Care Navigators are licensed mental health clinicians meaning they are trained and have expertise to triage care, deescalate mental health situations and provide emotional support.
- Access to Higher Levels of Care - Members can always access therapy whenever they would like even if they were matched to a coach first.
- Unlimited Consultations for Leaders - Manager Consultants are a team of licensed mental health clinicians who coordinate and provide unlimited consultations and referrals for managers and leaders. Types of consultations range from general to mandatory referrals and critical incident response coordination.
- Accessibility - Spring Health monitors provider availability in real time to ensure less than two days to next available therapy appointment across all states.
- Direct scheduling – access to self-service for Care Navigation, Therapy, Coaching and Medication Management with a click of a button - removing barriers from traditional care.

In addition to the new EAP benefit program, this request also includes the approval of renewing agreements with various Team Member benefit providers for benefit period January 1, 2024, through December 31, 2024, as shown below:

Benefit Provider	Benefit Product	Benefit Level	2023 Rates ⁽¹⁾	2024 Rates ⁽¹⁾	2023 Premium ⁽²⁾	2024 Estimated Premium ⁽³⁾
Anthem Blue Cross (PRISM)	Medical HMO	Employee	\$604	\$676		
		Employee +1	\$1,286	\$1,438		
		Employee +2 or more	\$1,843	\$2,059		
		Subtotal			\$21,289,440	\$23,672,256
	Medical PPO	Employee	\$544	\$617		
		Employee +1	\$1,158	\$1,314		
		Employee +2 or more	\$1,657	\$1,879		
		Subtotal			\$5,226,336	\$5,812,344
	Medical PPO High Deductible Plan with Health Savings Account (HSA)	Employee	\$550	\$616		
		Employee +1	\$72	\$1,316		
		Employee +2 or more	\$90	\$1,885		
		Subtotal			\$977,616	\$1,087,344
	Kaiser Permanente (PRISM)	Medical HMO	Employee	\$614	\$687	
Employee +1			\$1,308	\$1,463		
Employee +2 or more			\$1,876	\$2,096		
Subtotal					\$18,004,056	\$20,021,316
Delta Dental PPO (PRISM)	Dental PPO	Employee	\$34.40	\$32.70		
		Employee +1	\$66.90	\$63.70		
		Employee +2 or more	\$123.70	\$117.90		
		Subtotal			\$3,248,364	\$3,107,915
Medical Eye Services- MES/EyeMed	Vision	Employee	\$8.45	\$8.45		
		Employee +1	\$15.20	\$15.20		

CONSENT AGENDA

Benefit Provider	Benefit Product	Benefit Level	2023 Rates ⁽¹⁾	2024 Rates ⁽¹⁾	2023 Premium ⁽²⁾	2024 Estimated Premium ⁽³⁾	
(PRISM)		Employee +2 or more	\$21.79	\$21.79			
		Subtotal			\$576,525	\$576,525	
Navia	Flexible Spending Account (FSA)	Subtotal			\$41,118	\$48,048	
Lincoln Financial	Basic Life and AD&D, Short Term Disability, Long Term Disability, Employee Assistance Program	Basic Life and AD&D: Rate per \$1,000 (1*Annual Earnings up to \$250K)	\$0.06	\$0.06	\$182,843	\$182,843	
		Short Term Disability: Rate per \$10 (weekly benefit)	\$0.13	\$0.13	\$352,992	\$352,992	
		Long Term Disability: Rate per \$100 of Covered Payroll	\$0.20	\$0.20	\$285,562	\$285,562	
		Subtotal			\$821,397	\$821,397	
LifeWorks/Spring Health ⁽³⁾	Employee Assistance Program (EAP)	Subtotal			\$121,701	\$410,380	
		Total Estimated Cost (+Contingency @ 10%)				\$50,306,553	\$55,557,525
		Total Estimated Final Cost					\$61,113,277

(1) Rates are monthly unless otherwise indicated.

(2) 2023 premium is based on current year average cost.

(3) 2024 Estimated premiums is based on early 2023 participating Team Member count.

CONSENT AGENDA

The estimated annual premium for Calendar Year 2024 is \$55,557,525. IEHP also requests approval of a 10% contingency since the estimated premium was based on early 2023 Team Member count, and to also account for providing benefits to any additional IEHP Team Members hired during the next benefit plan year. The estimated premium, including the contingency, is approximately \$61,113,277. It should also be noted that the estimated premium for CY 2024 is \$5,250,972 or 10.4% higher, than the estimated CY 2023 premium, primarily due to the increase in enrollment for new Team Members, the premium rate increase across the multiple health plans, and new employee assistance program benefit.

IEHP is also requesting to renew agreements with vendors for those benefits for which IEHP Team Member participation is voluntary, and the premium is entirely paid for by participating IEHP Team Members. The estimated premium for these optional benefits is stated below, which is initially paid by IEHP and then deducted from IEHP Team Members' paychecks.

Optional Benefit Product	Benefit Provider	2023 Premium	2024 Estimated Premium
Supplemental Voluntary Life Insurance	Lincoln Financial Group	\$ 448,000	\$ 555,440
Voluntary Short-Term Disability	Lincoln Financial Group	\$ 392,900	\$ 506,056
Critical Illness	Lincoln Financial Group	\$ 268,900	\$ 290,366
Accident Insurance	Lincoln Financial Group	\$ 278,000	\$ 345,840
Pet Discount Program	United Pet Care	\$ 101,700	\$ 201,253
Total - Optional Benefit Product		\$ 1,489,500	\$ 1,898,955

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Will be included in CY2024 Budget	V. Johnson J. Haines 09/19/23	NA	M. Popka 09/18/23	D. Del Toro 09/15/23	S. Sood 09/19/23

ADMINISTRATION

6. APPROVE THE INLAND EMPIRE HEALTH PLAN MASTER PROFESSIONAL SERVICES AGREEMENT TEMPLATE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the IEHP Master Professional Services Agreement template and authorize the Chief Executive Officer, or his designee, to execute the template.

Contact:

Jarrod McNaughton, Chief Executive Officer

Background:

On September 12, 2016, the Governing Board approved the IEHP Master Professional Services Agreement template (MO 16-131). IEHP utilizes its Master Professional Services Agreement template for services and goods that are procured by IEHP, pursuant to its Purchasing Manual.

Periodically, IEHP reviews its Master Professional Services Agreement template and updates are made as necessary.

Discussion:

IEHP's Master Professional Services Agreement template has been revised to include the following: 1) Covered California (CCA) Addendum and 2) updated Business Associate Agreement (BAA) template.

The addition of the CCA Addendum sets forth the requirements that all IEHP Contractors who perform services related to any IEHP Program under CCA, must comply with.

The updated BAA template is expanded to include applicable CCA Program requirements for Business Associates. Such requirements include: 1) compliance with all applicable California state health information privacy and security laws, including the Confidentiality of Medical Information Act, the California Insurance Information and Privacy Protection Act, and the Information Practices Act, 2) compliance with the Electronic Transactions Rule set forth in 45 C.F.R. Part 162, for conduction any electronic transaction, 3) cooperation with IEHP and CCA for breach and/or security incident investigations and reporting, 4) immediate e-mail notification to IEHP of employment changes, 5) development of an incident response plan and 5) indemnification of CCA.

The following regulatory requirement updates were made to the BAA template: 1) reduction in breach reporting timing from 15 days to 24 hours, 2) reduction in risk assessment investigation performance from 20 calendar days to 5 calendar days, and 3) reduction in presenting completed risk assessment investigation to IEHP's Compliance Department from 25 calendar days to 7 calendar days.

CONSENT AGENDA

Lastly, updates were made to the BAA for clarity and/or for internal procedures, including: 1) implantation of policies and procedures to conduct auditing and monitoring of safeguards to protect PHI, 2) compliance with auditing and/or monitoring requests by IEHP and 3) define the definition of “workforce” and outline “workforce training” topics.

IEHP is seeking approval of the IEHP’s revised Master Professional Services Agreement template and its Attachments, attached hereto.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 09/25/23	A. Wang 09/25/23	A. Wang 09/25/23

ADMINISTRATION

7. APPROVE THE REVISED IEHP COVERED AGENT AGREEMENT TEMPLATE AND DELEGATION OF AUTHORITY TO APPROVE AGREEMENTS WITH AGENTS AND AGENCIES IN FURTHERANCE OF THE COVERED CALIFORNIA LINE OF BUSINESS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the revised IEHP Covered Agent Agreement Template and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, execute agreements that substantially conform to the template with selected agents and agencies.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

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

On August 14, 2023 under Minute Order 23-174, the Governing Board approved the original Covered California Exchange Agency Agreement Template and delegation of authority to enter into agreements for contracting California licensed agencies and agents to offer the IEHP Covered California plans beginning with plan year 2024.

Discussion:

The original template was revised to update the Business Associate Agreement along with other minor revisions to title and form.

IEHP still intends to contract with approximately 300 agents that will enroll a projected 3600 new IEHP Covered California members with an estimated budget of \$1,234,000. The final budget will be included in the Calendar Year 2024 budget that will be present to the Governing Board.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	N/A	A. Mejia 09/29/23	T. Pham 09/29/23	J. McNaughton 09/29/23

FINANCE DEPARTMENT

8. DELEGATION OF AUTHORITY TO APPROVE THE REINSURANCE POLICY PROCUREMENT FOR COVERED CALIFORNIA LINE OF BUSINESS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive officer (CEO) or his designee to, after legal review and approval, sign the reinsurance policy with Odyssey Re for Covered California (CCA) line of business, for policy period January 1, 2024 through December 31, 2024, for an estimated total cost not to exceed \$250,000, which includes an estimate for applicable taxes and fees, and margin for higher-than-expected CCA enrollment.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

As it enters into CCA market in January 2024, IEHP is exposed to the commercial health insurance risk that could potentially be significant and catastrophic. As part of the Affordable Care Act (ACA) Risk Adjustment Program, the High-Cost Risk Pool (HCRP) reimburses ACA issuers for enrollees with high claims costs above a certain threshold. For 2024, the threshold is \$1 million and 60% coinsurance rate.¹ IEHP would like to procure reinsurance policy coverage for the uninsured portion from the HCRP due to the potential exposure to catastrophic claims with commercial line of business. Risk Strategies was contracted by IEHP to procure such insurance because of its extensive experience in this space. The procurement process involved Risk Strategies identifying appropriate insurance carriers who can provide the adequate insurance coverage at a reasonable cost.

Discussion:

Risk Strategies solicited quotes from nine (9) carriers, two (2) of which declined to quote. Based on the available quotes/rate indications and Risk Strategies' experience with carriers, we narrowed down to one carrier, Odyssey Reinsurance Company (ORC), for final quotes to cover 90% of risk exposure above various deductible levels.² In addition, we also requested quotes to include experience refund provision³ in the case when we have larger than expected amount of CCA enrollment with favorable experience. The proposed premium are as follows:

Deductible Level	Proposed Premium - Per Member Per Month (PMPM)		Annual Premium ³ without Experience Refund Provision
	Include Experience Refund Provision	Exclude Experience Refund Provision	
\$ 300K	\$ 14.85	\$ 14.28	\$ 2,827,212
\$ 350K	\$ 11.21	\$ 10.78	\$ 2,134,212
\$ 400K	\$ 9.04	\$ 8.69	\$ 1,721,077
\$ 500K	\$ 6.54	\$ 6.29	\$ 1,245,115
\$ 750K	\$ 3.20	\$ 3.08	\$ 609,231
\$ 1M	N/A	\$ 1.04	\$ 205,920

Based on our internal analysis of the potential exposure of large claims, we propose to **procure the coverage at \$1M deductible level without experience refund provision**, as it would be unlikely for our CCA enrollment to reach the level to meet the minimum premium requirement for the experience refund provision.

IEHP requests that the Governing Board approve an estimate total cost not to exceed \$250,000, which includes an estimate for applicable taxes and fees, and margin for higher-than-expected CCA enrollment.

Notes:

1. [CMS-991-F OFR Master NBPP Webposting \(04-26-2022\)](#)
2. For deductible level below \$1 million, the coverage is 90% of between the deductible level and \$1 million and 30% of the excess of \$1 million. For \$1 million deductible, the coverage is 30% of excess of \$1 million.
3. The provision for Experience Refund is to receive 35% of profit defined as [65% of premium] less [actual claims], with 3-year of loss carryover forward. This provision requires \$1 million premium as a minimum.
4. Annual Premium is based on an estimate CCA member month count of 198,000 (Monthly Average of 16,500) for 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	J. Haines 09/21/23	NA	M. Popka 09/21/23	C. Chio 09/15/23	K. Freeman 9/18/23

HEALTH SERVICES DEPARTMENT

9. APPROVE THE SECOND AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH T-BASE COMMUNICATION USA, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Second Amendment to the Professional Service Agreement (Agreement) with T-Base Communication USA, INC. (T-Base) for the provision of Alternative Format Transcription Services for an additional amount not to exceed \$2,000,000. The total amount payable under this Agreement shall not exceed \$3,190,000 through November 30, 2026.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

IEHP requires this service as Alternative Format request is a regulatorily required service to ensure IEHP Members and potential Members have adequate linguistic access to IEHP Member informing materials in an alternative format.

T-Base is an assistive technology company that provides a range of software applications and educational materials including talking books, Braille textbooks, and tactile graphics to assist people with disabilities. T-Base has provided cost-effective alternative format transcription services that meet IEHP’s quality, turn-around and cost requirements since 2016. The Alternative Format Transcription services include IEHP’s threshold languages, English, Spanish, Vietnamese, and Mandarin (Chinese), in the following formats: Grade 1 Braille, Grade 2 Braille, Large Print, Audio, E-Text, and AccessOne Enhanced Equivalent.

IEHP has contracted with T-Base since 2016 for transcription services. Most recently, T-Base was selected as the winning bidder of Request for Proposal #20-0314 (RFP 20-03104) and awarded a Agreement on November 8, 2021.

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

Date Approved	MO#	Purpose	Term Expiration	Cost
11/8/2021	21-303	RFP 20-03104 Award and Professional Services Agreement for Transcription Services	11/30/2026	\$1,190,000
07/12/2023	23-042	First Amendment to update the State Plan Licensing/State Attachment	11/30/2026	\$0
Total Cost to date:				\$1,190,000
New Cost				\$2,000,000
Total Cost				\$3,190,000

Discussion:

On March 14, 2022, the Department of Health Care Services (DHCS) released an All Plan Letter 22-002, informing Managed Care Plans (MCP) responsibilities in utilizing the weekly DHCS Alternative Format Selection (AFS) file data to identify members who have requested an alternative format. DHCS AFS file data identified 11,000 IEHP members who selected to receive all member informing materials in an alternative format (large print, braille, audio CD, etc.). In April of 2022, IEHP’s universe of members who had an indicator of an alternative format selection increased from 600 members to over 11,000.

The additional cost of this Second Amendment shall not exceed \$2,000,000. The total cost (including this request) of this Agreement shall not exceed \$3,190,00 through November 30th, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	L. Herrera 09/13/2023	H. Clear 09/13/2023	M. Popka 09/15/2023	Gabriel Uribe 09/13/2023	T. Wada 09/14/2023

HEALTH SERVICES DEPARTMENT

10. DELEGATION OF AUTHORITY TO EXECUTE MEMORANDUMS OF UNDERSTANDING FOR THE COMMUNITY HEALTH WORKER RESIDENCY 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 (MOU) with Community Based Organizations (CBOs) and Network Providers, for IEHP's CHW Pilot Program, through December 31, 2024.

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 newly adopted benefit, IEHP responded by launching the CHW training program to support multiple cohorts between May 1, 2023 through June 30, 2024.

On August 14, 2023, under MO 23-180, the Governing Board provided approval for IEHP to enter into MOUs with various CBOs and Network Providers for their participation in providing internship opportunities to CHWs in IEHP's CHW Residency pilot program, through June 30, 2024. To date, IEHP has entered into six (6) of these MOUs with the following agencies:

- Asian American Resource Center
- Give Something Back
- High Desert Second Chance
- Music Changing Lives
- Renewing Hope
- Sahaba Initiative

Discussion:

IEHP's CHW Residency Program has proven to be successful thus far 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

Based on these successes, IEHP would like to extend the term of the CHW Residency Program through December 31, 2024, to support additional cohorts. Additionally, IEHP is requesting delegation of authority to enter into subsequent MOUs with CBOs and Providers, to support the work experience pathway related to the CHW Pilot Program through its duration.

The CHW Pilot Program shall be effective from June 27, 2023, through December 31, 2024. There is no compensation that will be exchanged under present and future MOUs.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 09/21/23	A. Rai 09/20/23	T. Wada 09/22/23

HEALTH SERVICES DEPARTMENT

11. RATIFY AND APPROVE THE FUNDING AGREEMENT WITH RIVERSIDE COUNTY MEDICAL ASSOCIATION

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Funding Agreement with Riverside County Medical Association (RCMA) for the provision of Equity Practice Transformation (EPT) Program provider support for an amount not to exceed \$50,000 effective September 26, 2023 through April 1, 2024.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

The Department of Health Care Services (DHCS) is launching the Equity and Practice Transformation (EPT) program, a one-time \$700 million program focused on transforming primary care practices to advance health equity and reduce Covid-19-driven care disparities.

The funds available through this program will pay for delivery system transformation payments to primary care practices (pediatrics, family practice, adult medicine primary care, primary care OB/GYN and behavioral health providers in primary care settings) focused on advancing DHCS' equity goals in the "50 by 2025: Bold Goals" Initiative.

The EPT program will extend over a 5-year period, beginning January 2024, with the goal of funding practice transformation aligned with value-based payment models and implement the infrastructure necessary to expand the utilization of evidence-based models of team-based care to improve health equity. Providers who apply and are accepted as participants in the program will be required to conduct activities in three spaces: Empanelment and Access, Technology and Data, and Patient Centered Population-Based Care. IEHP is partnering with RCMA to provide support to providers as they complete their assessment tool and applications to the EPT program, IEHP is partnering with RCMA.

IEHP has contracted with RCMA for the past four (4) years to support its mission of creating new access points for Members in its Provider Network. Apart from publicizing IEHP's Network Expansion Fund (NEF) Program, RCMA has actively promoted physician recruitment in the IE. RCMA's Physician Recruitment Toolkit has served as a resource for hiring entities.

Discussion:

Under this new Agreement, RCMA will provide support to targeted provider groups as they apply for the DHCS EPT program. The program application, which is due October 23, 2023, is extensive and requires that the practices provide information on quality measures, areas of focus, a plan for funding allocation, and a commitment to a list of required activities. Since these activities are particularly challenging for smaller/medium sized practices to complete in a short timeline, DHCS has required that MCPs provide support to these practices for successful completion of the applications for the program. RCMA will provide this support on behalf of IEHP.

CONSENT AGENDA

The cost of this Funding Agreement shall not to exceed \$50,000 effective September 26, 2023 through April 1, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	M. Martinez 09/28/23	N/A	M. Popka 09/27/23	M. Wray 09/27/23	T. Wada 9/27/23

HEALTH SERVICES DEPARTMENT

12. RATIFY AND APPROVE THE FUNDING AGREEMENT WITH SAN BERNARDINO COUNTY MEDICAL SOCIETY

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Funding Agreement with San Bernardino Medical Society (SBCMS) for the provision of Equity Practice Transformation (EPT) Program provider support for an amount not to exceed \$50,000 effective September 26, 2023 through April 1, 2024.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

The Department of Health Care Services (DHCS) is launching the Equity and Practice Transformation (EPT) program, a one-time \$700 million program focused on transforming primary care practices to advance health equity and reduce Covid-19-driven care disparities.

The funds available through this program will pay for delivery system transformation payments to primary care practices (pediatrics, family practice, adult medicine primary care, primary care OB/GYN and behavioral health providers in primary care settings) focused on advancing DHCS' equity goals in the "50 by 2025: Bold Goals" Initiative.

The EPT program will extend over a 5-year period, beginning January 2024, with the goal of funding practice transformation aligned with value-based payment models and implement the infrastructure necessary to expand the utilization of evidence-based models of team-based care to improve health equity. Providers who apply and are accepted as participants in the program will be required to conduct activities in three spaces: Empanelment and Access, Technology and Data, and Patient Centered Population-Based Care. IEHP is partnering with SBCMS to provide support to Providers as they complete their assessment tool and applications to the EPT program.

IEHP has previously partnered with SBCMS to provide assistance to Providers in their transition to new EMR systems.

Discussion:

Under this Agreement, SBCMS will provide support to targeted provider groups as they apply for the DHCS EPT program. The program application, which is due October 23, 2023 is extensive and requires that the practices provide information on quality measures, areas of focus, a plan for funding allocation, and a commitment to a list of required activities. Since these activities are particularly challenging for smaller/medium sized practices to complete in a short timeline, DHCS has required that MCPs provide support to these practices for successful completion of the applications. SBCMS will provide this support on behalf of IEHP.

The cost of this Funding Agreement shall not to exceed \$50,000 effective September 26, 2023 through April 1, 2024.

CONSENT AGENDA

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	M. Martinez 09/28/23	N/A	M. Popka 09/27/23	M. Wray 09/27/23	T. Wada 09/27/23

INFORMATION TECHNOLOGY

13. APPROVE THE PURCHASE REQUISITION FOR THE VMWARE LICENSING UPGRADE WITH GOLDEN STAR TECHNOLOGY, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the purchase requisition for the VMware NSX Advance upgrade, with Golden Star Technology, Inc. for an additional amount not to exceed \$896,268.80 for three (3) years. The total amount payable to Golden Star Technology shall not exceed \$3,657,759.15.

Contact:

Vinil Devabhaktuni, Chief Information Officer

Background:

VMware virtualization allows IEHP to run multiple virtual machines on a single physical machine, with each virtual machine sharing the resources across different operating systems and multiple applications of that one physical computer. VMware is an operating system that sits directly on the hardware and is the interface between the hardware and the various operating systems. VMware expands the hardware to many different independent servers all with their own processors and memory.

IEHP began utilization of VMware in October 2012 and continues to utilize VMware and related support as a critical part of its technology infrastructure. VMware currently runs all IEHP production, test, and development environments across three data centers: Riverside, Las Vegas and IEHP Atrium.

Originally, IEHP purchased 100 VMware NSX security licenses to pilot the NSX basic version on its current testing environment. After careful consideration, workshops and due diligence, it was determined that a more comprehensive and feature enriched version of the platform was needed. After comparing the three different versions NSX, NSX Advance, and NSX Enterprise all with Advance Threat Prevention (ATP), IEHP decided on the NSX Advance platform.

The NSX Advance platform with ATP includes the following key aspects:

- **Network Virtualization:** abstracts networking and security services from the underlying hardware. This means that you can create, manage, and run entire networks in software, decoupled from the physical network infrastructure. This provides greater flexibility and agility.
- **Micro-Segmentation:** which allows creation of granular security policies that are applied at the virtual machine (VM) level. Isolating and securing individual workloads, preventing lateral movement of threats within the network.
- **Network Automation:** automates network provisioning and management tasks. It can dynamically adapt to changes in the environment, scaling up or down as needed and reduces the manual effort required for network configuration.

- **Multi-Cloud Support:** designed to work in various cloud environments, including private data centers, public clouds like AWS and Azure, and hybrid cloud setups, making it suitable for organizations with diverse infrastructure needs.
- **Security and Compliance:** includes security features such as distributed firewalling, intrusion detection and prevention, and micro-segmentation to help organizations improve their overall security posture and comply with regulatory requirements.
- **Load Balancing and VPN:** provides load balancing services to distribute network traffic across multiple servers or services for high availability and performance. It also supports VPN connectivity for secure communication between different network segments.
- **Centralized Management:** offers a centralized management interface that allows administrators to configure and monitor network and security policies across the entire virtualized infrastructure.
- **Advance Threat Prevention:** a suite of analysis tools that work in conjunction with NSX to defend against advance threats that use known and unknown attack vectors.
- **Threat Visibility:** delivers deep visibility into all network traffic.
- **Advance Malware Detection:** secures production data center against threats that have been engineered to evade standard security tools.
- **Lower False Positives:** greatly improves the accuracy of alerts, so that focus can be on smaller sets of actual intrusions.

Golden Star Technology, Inc. was selected as the vendor to provide the VMware NSX Advanced and Threat security platform licenses through the NASPO ValuePoint Co-Op Base Contract # AR2472 (California Contract #7-17-70-40-05).

The Governing Board has previously approved the following contractual documents as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
November 2013	13-49	Approved spending authority purchases up to \$100,000 with Gold Star Technology for the provision of additional Network monitoring modules to align with the IEHP's Enterprise Data Network.	April 25, 2014	\$65,000.00
January 2022	22-010	Approval of award to Golden Star Technology as a result of RFQ #21-03681 and Delegation of Authority to execute the Enterprise	January 31, 2025	\$2,696,490.35

Date Approved	MO#	Purpose	Term Expiration	Cost
		License Agreement with Golden Star Technology for support of existing VMware production infrastructure and additional licensing.		
Total Cost to date:				\$2,761,490.35
New Cost:				\$896,268.80
Total Cost under Golden Star Technology:				\$3,657,759.15

Discussion:

Overall NSX Advance with ATP supports the OS2.1 Strategic Initiative to improve IEHP’s security posture and reduce its attack surface as well as increasing the modernization of its network infrastructure and enabling great flexibility and automation within its production data center and cloud environments.

Purchasing the NSX Advance solution from Golden Star Technology, utilizing the NASPO agreement, provides IEHP with a savings of \$496,376.20 over retail pricing. The table below denotes a breakdown of the total cost for the VMware upgrade, plus \$250,000 for contingent purchases associated with future VMware licensing. This contingency will be utilized to secure licenses in alignment with cloud expansion, growth projections and security needs which will allow IEHP to:

- Ensure seamless operations during periods of growth.
- Adapt quickly to changing requirements.
- Support our commitment to providing excellent and timely service to our user base.

Item	Total
Learning Credits Package	\$5,200.00
VMware NSX Advanced threat Protection Add on to NSX distributed Firewall	\$9,859.20
VMware NSX Advanced per Core Licenses 3 year	\$631,209.60
Total NASPO ValuePoint Co-Op Amount:	\$646,268.80
Contingency Amount	\$250,000.00
Total Amount	\$896,268.80

The additional cost for the VMware NSX Advance upgrade shall not exceed \$896,268.80 for three (3) years. The total amount payable to Golden Star Technology shall not exceed \$3,657,759.15.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Tsui 09/19/2023	M. Maury 09/18/2023	M. Popka 9/21/2023	J. Maass 9/15/2023	V. Devabhaktuni 09/25/23

INFORMATION TECHNOLOGY

14. APPROVE ORDERING DOCUMENTS 556751-2 AND 558352-1 TO THE MASTER LICENSING AGREEMENT WITH VERINT AMERICA’S INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve Ordering Documents 556751-2 for the provision of a license expansion and 558352-1 for the provision of a Software Development Kit (SDK) with Verint Americas Inc. (Verint). The additional amount for both Ordering Documents shall not to exceed \$346,750.67 through April 14, 2025. The total amount payable under the Master Licensing Agreement (MLA) shall not exceed \$6,888,456.86 through April 14, 2025.

Contact:

Vinil Devabhaktuni, Chief Information Officer

Background:

IEHP’s call centers have been utilizing Verint’s workforce management system for scheduling, forecasting, tracking, reporting historical patterns and trends, and presenting current data. Utilizing the workforce management tool provides scheduling precision, reduced labor costs, enhanced employee morale through fair scheduling, and the delivery of better customer service due to a well-staffed and well-prepared team.

In October 2012, IEHP released a Request for Proposal (RFP) for a workforce management system to operate its call centers in a cost-effective manner and provide a high level of customer service to its Members and Providers. Five (5) vendors responded and participated in the RFP with Verint being selected in December 2012. In March 2013, the Master License Agreement (MLA) between IEHP and Verint was signed.

The Governing Board previously approved the following Agreements:

Date Approved	MO#	Purpose	Term Expiration	Cost
4/12/2013	13-53	Delegation of Authority to negotiate and execute an agreement for the implementation of a Workforce Management Solution which includes the quality Management and Speech Analytic Modules	Perpetual	\$650,000.00
10/15/2013	13-49	Approve spending authority for services from Verint to install the voice analytic module onto Cisco’s UCCS into IEHP’s second server (UCCX Cluster 2)	N/A	\$25,000.00
10/15/2013	13-49	Approve purchase of Verint’s Spanish Voice Analytics functionality	N/A	\$18,000.00

CONSENT AGENDA

Date Approved	MO#	Purpose	Term Expiration	Cost
10/15/2013	13-346	Delegation of Authority to sign the First Amendment to the Agreement with Verint Systems, Inc for additional workforce management (WFM) solution licenses	Perpetual	\$300,000.00
4/14/2014	14-98	Delegation of Authority to sign a Second Amendment with Verint Systems, Inc for a maintenance upgrade and additional services	Perpetual	\$65,000.00
3/9/2015	15-64	Delegation of Authority to execute a new service under the MLA for consulting services on integration of the Workforce Management implementation with Automatic Data Processing (ADP) Environment and an increase in spending authority for the MLA with Verint	10/14/2013	\$20,000.00
5/11/2015	15-111	Ratified and approved the renewal of the Premium Maintenance and Support Plan under the MLA for the workforce Management System and approval of an increase in spending authority	4/14/2016	\$175,000.00
2/8/2016	16-24	Authorized the spending authority increase to the MLA to update the Statement of Work and renew the Premium Maintenance and Support Plan to the Workforce Management System (WMS)	4/14/2017	\$888,320.00
4/10/2017	17-43	Approve the renewal of the MLA for the Workforce Management system and includes licenses, consulting services, and a premium maintenance and support plan.	4/14/2018	\$584,933.87
3/12/2018	18-92	Approve the renewal of the MLA for the workforce management system, which includes licenses, consulting services, and a premium maintenance and support plan.	4/14/2019	\$482,100.85
5/13/2019	19-85	Ratify and approve the renewal of the MLA for the workforce management system and includes licenses, consulting services, and a premium maintenance and support plan	4/14/2020	\$362,145.89
5/11/2020	20-111	Ratify and approve the renewal of the MLA for the workforce management system provided by Verint as well as an upgrade to existing services for five (5) years.	4/14/2025	\$2,317,405.58

Date Approved	MO#	Purpose	Term Expiration	Cost
2/8/2021	21-51	Delegation of authority to approve the change order to the MLA with Verint Americas, Inc for an increased number of licenses and the server upgrade implementation	4/14/2025	\$653,800.00
Total Cost to Date:				\$6,541,706.19
New Cost				\$346,750.67
Total Cost				\$6,888,456.86

Discussion:

With the addition of new Programs (DualChoice), expanded Medi-Cal zip code coverage areas, California Advancing and Innovating Medi-Cal (CalAIM) program implementations, and IEHP Membership growth over the past two years, IEHP also expanded its Call Center Teams to ensure responsive Customer Services to its Members, Providers and Community. Various departments across IEHP utilize Verint for Workforce Management, Recording, and Screen Captures.

In a recent license audit conducted by Verint, it was determined through utilization reporting that beginning in April 2022, IEHP has exceeded the allotted license volume. This review of license utilization is a standard practice built into the MLA, and IEHP has an obligation to pay for additional licensing utilized beyond the current contracted number of units. Verint has presented IEHP with the following pricing breakdown for the increase of licenses through the current term of the MLA:

Item	Units	Price
Verint Interaction Data Platform	109	\$26,814.00
Verint Interaction Analytics -Speech	217	\$230,454.00
Verint Screen Interaction Recording	90	\$22,140.00
Verint Voice Interaction Recording	109	\$53,301.00
Total Term License For – 36 Months April 15, 2022- April 14, 2025		\$332,709.00

Accordingly, IEHP is requesting approval of Ordering Document 556751-2 for an amount not to exceed \$332,709.00 for the licensing expansion, through April 14, 2025.

Additionally, IEHP is requesting approval of Ordering Document 558352-1 for the addition of Verint’s SDK which provides Application Programming Interface (API) functionality for an amount not to exceed \$14,041.67. As part of the Information Technology Automation and Innovation Initiative, IEHP has been exploring efficiencies within its applications and processes. The SDK would enable IEHP to automate updates to Call Center Dashboards.

The current process is to run multiple reports, each requiring its own filter criteria, by navigating through Verint's web interface, and exporting that output into an Excel file. The data is then further

sliced and diced to provide the source data for the dashboard that is used to discuss key metrics around the performance of the call center team.

Automating this process using Verint's API will allow seamless access of Verint data from the background reducing a minimum of an hour of daily manual work across two FTEs through automation. Furthermore, it will also ensure timely and accurate delivery of important metrics that are discussed by Member Experience leaders because it will run at a specified time daily in unattended mode, thereby removing any possibilities for human error.

The combined additional cost of the licensing expansion and the SDK functionality shall not exceed \$346,750.67. The total cost (including this request) of this MLA shall not exceed \$6,888,456.86 through April 14, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	S. Chiu 9/15/2023	D. Burnett 9/15/2023	M. Popka 9/22/2023	J. Maass 9/15/2023	V. Devabhaktuni 9/25/2023

INFORMATION TECHNOLOGY

15. APPROVE INCREASE IN FUNDING TO THE DELEGATION OF AUTHORITY WITH INOVALON, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Additional Funding to the approved Delegation of Authority under Minute Order 23-077 to enter into an Agreement and all subsequent amendment, statements of work (SOWs) and orders with Inovalon, Inc. (Inovalon) for the provision of a National Committee for Quality Assurance NCQA Certified Healthcare Effectiveness Data and Information Set (HEDIS) software and Quality Analytics with visual reporting solution for an additional amount not to exceed \$2,412,579.90. The total amount payable to Inovalon under the Master Software and Services Agreement shall not exceed \$8,014,475.90.

Contact:

Vinil Devabhaktuni, Chief Information Officer

Background:

IEHP is required by National Committee for Quality Assurance (NCQA), Department of Health Care Services (DHCS), and the Center for Medicare and Medicaid Service (CMS) to annually report audited Healthcare Effectiveness Data and Information Set (HEDIS) results.

IEHP has contracted with Inovalon, formally known as Catalyst and MedAssurant, since 2012, under a Master Services Agreement (MSA). Inovalon was original selected through the Request for Proposal (RFP) process as the vendor for the provision of NCQA Certified HEDIS reporting software and quality analytics solution. Inovalon runs the required measure catalogs for submission and provides IEHP with the software, integrated tools and services for advanced analytics, predictive forecasting, care gap identification and risk adjustment accuracy services. To date, the total amount payable to Inovalon under the current MSA is not to exceed \$13,738,516 through October 31, 2023.

Date Approved	MO#	Purpose	Term Expiration	Cost
4/10/2023	23-077	Approved the award of RFP #22-04287 and Delegation of Authority to approve agreements, amendments, statements of work and orders with Inovalon for the provision of a National Committee for Quality Assurance (NCQA) certified Healthcare Effectiveness Data and Information Set (HEDIS) software and quality analytics with visual analytics with visual reporting solution.	10/31/2028	\$5,601,896.00
Total Cost to date:				\$5,601,896.00
New Cost:				\$2,412,579.90
Total Cost:				\$8,014,475.90

The current MSA with Inovalon will expire on October 31, 2023. In an effort to ensure IEHP would continue to receive the best value for these services, in December of 2022 IEHP issued RFP #22-04287 to source a vendor to provide HEDIS software for its existing Medicaid and Medicare Dual Eligible Special Needs Plans (DSNP) product lines, and future lines of business including Covered California (Marketplace Exchange), Align. Measure. Perform (AMP), Medicare Advantage, and Commercial. On April 10, 2023, under MO 23-077, the IEHP Governing Board approved the Award of RFP #22-04287 and Delegation of Authority request to contract with Inovalon for the provision of a National Committee for Quality Assurance (NCQA) certified Healthcare Effectiveness Data and Information Set (HEDIS) software and quality analytics with visual reporting solution at a cost not to exceed \$5,601,896 for a five-year term.

Discussion:

During the contract negotiation process with Inovalon, IEHP became aware that the total not to exceed amount presented to the Governing Board under MO 23-077 only included the Per Member Per Month costs as presented during the RFP, and an estimated contingency amount. The costs for software maintenance, support hours and specific catalog measure data set fees, as noted below, were not included.

Subscribed Products	Line Item	Annual Cost
Converged Quality	Platform Maintenance Fee	\$145,611.60
Converged Quality	Level II Support Hours	\$11,164.00
Converged Quality	Reporting Population Fee	\$9,100.74
Converged Quality	CA MCAS (Managed Care Accountability Set)	\$49,364.89
Converged Quality	CA PLD (Patient Level Data)	\$15,165.43
Converged Quality	IHA AMP Catalog (Integrated Healthcare Association Align / Measure / Perform)	\$54,844.93
Converged Quality	Covered CA	\$74,356.64
Converged Quality	INOV MA 5 Star Predictive	\$153,058.68
Quality Medical Record Management	Regulatory Medical Record Management License Fee	\$107,176.29
Total Additional Amount		\$619,843.20

Upon presentation of these additional costs, IEHP completed the following due diligence actions:

1. A review of the RFP award, including scope and impact to the selection of the vendor.
 - a. The sourcing requirements included a vendor to provide HEDIS software for Medi-Cal, Medicare Dual Choice, Covered California, Align. Measure. Perform. (AMP), Medicare and Commercial product lines with the capabilities to meet NCQA certification requirements for all HEDIS measures. The additional data catalogs presented are in alignment with the RFP scope and are necessary to IEHP for measure analytics and submission to meet regulatory requirements.
 - b. Inovalon was not originally the lowest cost and highest scoring vendor, they were selected as the vendor of best value due to their capabilities and firsthand proven experience with the data sets and measures requested; resultingly the price increase did not impact the vendor selection.

CONSENT AGENDA

- Analysis of the potential cost increase compared to the previously presented not to exceed amount, including any potential areas of reduction or costs not explicitly noted. The following are the results of this analysis and presentation of the alignment of the additional request for funding.

As a result, IEHP was able to reduce the total amount by adjusting the Per Member Per Month (PMPM) Member Baseline counts to be in alignment with projected Membership volumes, adding an allowance for increased volume over baselines as the PMPM overage contingency, and removing data measures not needed. The updated costs have been recalculated as follows:

Product	Line Item	Annual Cost
Converged Quality	Platform Maintenance Fee	\$145,611.60
Converged Quality	Quality Measurement Platform Processing Fee PMPM	\$779,400.00
Converged Quality	Support Agreement	\$11,164.00
Converged Quality	Reporting Population Fee	\$9,100.74
Converged Quality	NCQA HEDIS	\$0.00
Converged Quality	CA MCAS	\$49,364.89
Converged Quality	CA PLD	\$15,165.43
Converged Quality	IHA AMP Catalog	\$54,844.93
Converged Quality	Covered CA	\$74,356.64
Quality Medical Record Management	Regulatory Quality Medical Record Management License Fee	\$107,176.29
Estimated Annual Cost:		\$1,246,184.52
PMPM Overage Contingency	PMPM Overage Contingency Fee up to 200,000 Members	\$103,920.00
Annual Amount with PMPM Overage:		\$1,350,104.52

Accordingly, below is the summary table of the additional funds requested and revised total not to exceed amount.

	MO 23-077 Approved \$	New Requested Amount	New Annual NTE Amount
Annual Contract Value Year 1 (23/24)	\$953,065.00	\$397,039.52	\$1,350,104.52
Annual Contract Value Year 2 (24/25)	\$984,824.00	\$446,282.51	\$1,431,106.51
Annual Contract Value Year 3 (25/26)	\$1,017,545.00	\$499,828.64	\$1,517,373.64

	MO 23-077 Approved \$	New Requested Amount	New Annual NTE Amount
Annual Contract Value Year 4 (26/27)	\$1,051,243.00	\$522,668.78	\$1,573,911.78
Annual Contract Value Year 5 (27/28)	\$1,085,951.00	\$546,760.45	\$1,632,711.45
	\$5,092,628.00	\$2,412,579.90	\$7,505,207.90
10% contingency	\$509,263.00	\$0.00	\$509,263.00
	\$5,601,891.00	\$2,412,579.90	\$8,014,470.90

A contingency of 10% remains since services are utilized as needed, and variances can occur due to the volume of data processed, frequency of measurement runs requested, data volumes and licensing.

The additional funding to MO 23-077 shall not exceed \$2,412,579.90. The total amount delegated to IEHP under MO 23-077 to enter into an Agreement and all subsequent amendment, statements of work (SOWs) and orders with Inovalon for the provision of the NCQA Certified HEDIS software shall not to exceed \$8,014,470.90 for a term of five (5) years.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	Key Tsui 9/20/2022	Mary Maury 9/21/2023	M. Popka 6/26/2023	J. Maass 9/18/2023	V. Devabhaktuni 9/26/2023

INFORMATION TECHNOLOGY

16. RESCIND MINUTE ORDER 23-074, DELEGATION OF AUTHORITY TO APPROVE THE ORDERING DOCUMENT AND PUBLIC SECTOR AGREEMENT FOR ORACLE CLOUD SERVICES, AND TECHNICAL SUPPORT SERVICES RENEWAL ORDER WITH ORACLE AMERICA, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP):

1) Rescind Minute Order 23-074 (MO 23-074);

2) Authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign an Ordering Document and Public Sector Agreement for Oracle Cloud Services with Oracle America Inc. (Oracle America) for the provision of Oracle Apex Platform as a Service (PaaS) and Infrastructure as a Service (IaaS) Universal Public Cloud services for an amount not to exceed \$5,000 for a term of one (1) year; and

3) Authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign a Technical Support Services Renewal Order with Oracle America for one (1) year for the continued provision of Oracle Technical Support Services for an additional amount not to exceed \$61,479.50 through November 17, 2024. The total amount payable under the Oracle database licensing and support Agreements shall not exceed \$794,393.95 through November 17, 2024.

The total amount payable to Oracle America shall not exceed \$4,862,099.55 through September 22, 2025

Contact:

Vinil Devabhaktuni, Chief Information Officer

Background:

IEHP is currently utilizing the following software services with Oracle America including:

Oracle Technical Database Licensing and support:

In 2010, with the purchase of MAXMC IEHP's Medical Management System IEHP required database support services from Oracle America for the provision of maintenance and updates to any existing Oracle based hardware (servers) with Oracle software and/or Oracle databases installed. Over the years, the Oracle platforms have changed as IEHP's purchased solutions have changed, but the need for the support services continues as long as we have Software solutions that are Oracle platform based. The current platform that IEHP utilizes that is Oracle supported is the Optum Claims Xten solution that is integrated into our HSP Claims Administration System for claims pricing.

Oracle Apex Paas and IaaS Universal public cloud services:

In August 2022, IEHP subscribed to a trial period of the Oracle Apex platform to explore its capabilities with IEHP’s Financial System, Oracle and Contracting System, Conga. The Oracle Apex services solution supports the integration of IEHP’s financial and contract data into a single dashboard for coordinated review, analysis, and reporting through a low-code development platform.

On April 10, 2023, under MO 23-074, the Governing Board approved the Purchase Order with Oracle America, Inc.” for the provision of Oracle Apex PaaS and IaaS Universal public cloud services for an amount not to exceed \$4,140 for a one (1) year term effective March 1, 2023, through February 28, 2024.

Oracle Fusion Financial Enterprise Resource Planning (ERP) solution:

Since 2014, IEHP has utilized Oracle’s Financial Enterprise Resource Planning (ERP) solution, replacing the Plan’s existing legacy systems to more efficiently manage Great Plains (GP), General Ledger (GL), Accounts Payable (AP), budgeting, forecasting, financial reporting, and procurement operations. The Governing Board has continued to approve the utilization of the Oracle Fusion ERP through its current use today.

The below grid does not include Oracle CRM cost which was sunset in 2016.

Oracle America has been previously approved for the following software and services:

Product/Service	Purpose	Term	Amount
Oracle Fusion ERP			
Oracle Fusion ERP Financial System	MO 14-321 Approval of the Ordering Document to the SaaS Agreement with Oracle America Inc. for the Oracle Fusion ERP system	12/16/2015	\$350,000.00
Oracle Fusion ERP Financial System	MO-15-93 Approval of the Ordering Document to the SaaS Agreement with Oracle America Inc. for an additional training environment for the Oracle Fusion ERP	12/22/2017	\$60,000.00
Oracle Fusion ERP Financial System	MO 16-64 Ordering Document for time and materials services and Ordering Document Amendment One	12/22/2017	\$77,264.00
Oracle Fusion ERP Financial System	MO 16-173 Ratify and approve the new ordering document to the	02/22/2017	\$369,525.75

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

Product/Service	Purpose	Term	Amount
Oracle Fusion ERP Financial System	MO 23-205 Delegation of Authority to approve an ordering document for a two (2) year term extension of the Oracle Fusion Enterprise Planning Financial System (Fusion) testing environment.	9/22/2025	\$44,939.52
Oracle Fusion ERP Financial System Total Agreement Cost:			\$4,062,705.60
New Cost:			\$0.00
Total:			\$4,062,705.60
Product/Service	Purpose	Term	Amount
Oracle Database Services			
Oracle Database Services	MO 10-266 Approved the Annual Renewal of the Technical Support Services Agreement with Oracle Corporation for the MaxMC Oracle Database License	November 2011	\$62,000.00
Oracle Database Services	MO 11-277 Approved the Annual Renewal of the Technical Support Services Agreement with Oracle Corporation for the MaxMC Oracle Database License	November 2012	\$64,000.00
Oracle Database Services	MO 12-321 Approved the Annual Renewal of the Technical Support Services Agreement with Oracle Corporation for the MaxMC Oracle Database License	November 2013	\$65,000.00
Oracle Database Services	MO 13-49 Approved the Technical Support Services Agreement with Oracle Corporation for the MaxMC Oracle Database License	November 2013	\$74,115.16
Oracle Database Services	MO 16-65 Ratify and approved the renewal for Oracle Database	Perpetual	\$317,157.28

Product/Service	Purpose	Term	Amount
	Enterprise Edition Processor Perpetual - Software Update License and Support		
Oracle Database Services	MO 22-006 Ratify and Approve the Ordering Document with Oracle America Inc. for Annual Technical Support Services Program for Software Update License and Support	11/17/2022	\$54,736.01
Oracle Database Services	MO 22-257 Ratify and Approve the Ordering Document for Oracle Database compression processor licenses, accompanying support and maintenance for 1 year	06/29/2023	\$38,980.00
Oracle Database Services	MO 22-273 Ratify and Approve the First Amendment to the Ordering Document with Oracle America for Oracle Database Processor Licenses and Support by adding additional language to the Ordering Document	6/12/2023	No Cost
Oracle Database Services	MO 22-329 Approve additional funding for Oracle Database processor licenses, support and maintenance for 1 year	11/17/2023	\$56,926.00
Oracle Database Services	MO 22-361 Approve the First Amendment to the Ordering Documents to add language for data security with Oracle America Inc. for Oracle Database Processor Licenses and Support	6/12/2023	No Cost
Oracle Database Services Total Agreement Cost:			\$732,914.45
New Cost:			\$61,479.50
Total:			\$794,393.95

Product/Service	Purpose	Term	Amount
Oracle APEX PaaS			
Oracle Apex PaaS and IaaS Universal public cloud services	MO 23-074 Provides a low-code platform for data integration into a report dashboard	02/28/2024	\$5,000.00
Oracle Apex PaaS and IaaS Cloud Services Total Cost:			\$5,000.00
Rescind MO 23-074			-\$5,000.00
New Cost:			\$5,000.00
Total:			\$5,000.00
Total Cost of Oracle America Active Agreements:			\$4,862,099.55

Discussion:

Oracle America provides varying software and services to IEHP that require updated agreements for the continuation of services. Each item is presented below to explain the service provided and define the ongoing need and approvals requested.

Oracle Apex PaaS and IaaS Universal public cloud services:

The Oracle Apex services solution provides the integration of IEHP’s financial and contract data, into a single dashboard that is used on a daily basis by Finance, Procurement and Vendor Management teams for coordinated review, analysis, and reporting of contract and financial data.

Following the approval of MO 23-074 to enter into a Purchase Order with Oracle America for Apex services, Oracle rejected the Purchase Order and informed IEHP that they required a signed Ordering document and Public Sector Agreement for Oracle Cloud Services to initiate the annual Apex services.

Accordingly, IEHP is requesting to rescind MO23-074, and delegation of authority to enter into an Ordering Document and Public Sector Agreement for Oracle Cloud Services, for Oracle Apex Services. The Apex services are structured as a funded allocation model that is based upon utilization of services and will be variable monthly. IEHP has estimated a not to exceed amount of \$5,000 for a one (1) year term.

Oracle Database Licensing and Technical Support:

On an annual basis IEHP enters into a renewal agreement for database support services. This renewal enables IEHP to continue to run the latest software versions and apply patches for all Oracle software and databases that are used to support critical business systems that directly support Members and Providers and regulatory responsibilities, such as Optum Claims Xten. Due to the existing relationship and specialty of this service, Oracle is the only vendor capable of meeting IEHP’s needs for this service.

IEHP is requesting Delegation of Authority to approve the annual renewal order with Oracle America Inc. for the continued provision of Oracle Technical Support Services, for an additional not-to-exceed amount of \$61,480 through November 17, 2024.

CONSENT AGENDA

The total amount allocated (including this request) to Oracle America Inc. shall not exceed \$4,862,099.55 through September 22, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Tsui 9/18/2023	E. Mata 9/19/2023	M. Popka 9/25/2023	J. Maass 9/15/2023	V. Devabhaktuni 9/25/2023

INFORMATION TECHNOLOGY

17. APPROVE THE STATEMENT OF WORK # 5 TO THE MASTER CONSULTING SERVICES AGREEMENT WITH GARTNER, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Statement of Work (SOW) #5 to the Master Consulting Services Agreement (MCSA) with Gartner, Inc. (Gartner) for an additional amount not-to-exceed \$250,000 through January 12, 2024. The total payable under the MCAS shall not exceed \$1,181,700.

Contact:

Vinil Devabhaktuni, Chief Information Officer

Background:

IEHP has been contracting with Gartner under a Vendor Services Agreement (VSA) for industry research and advisory services since 2016, under the approval of Minute Order 16-64. The total amount payable to Gartner under the VSA is not to exceed \$1,260,133 through December 31, 2025.

Upon establishment of the IT strategy and roadmap for application landscape in 2021, IEHP has also been utilizing Gartner, under the MCAS, to further progress on the strategic roadmap to align business and systems strategy with the aim to modernize the current Provider Network Management (PNM) technology and corresponding processes. Under the MCAS, Gartner has provided consulting and advisory services for the following:

- Assessment of current IT applications, products, services, and relative maturity level of the IT organization.
- Identification of a new Core Administrative Process Solution (CAPS) that adapts to new business requirements and extend to newer technologies. These capabilities will effectively configure / manage health benefits in addition to efficiently process claims, enrollment, billing, and purchases.
- Provided advisory services to understand the current and future capabilities that are available within Care Management System and identified the capability gaps that needed to be fulfilled.
- Assessed the ability to advance access and create a health information platform with an Electronic Medical Records (EMR) system to establish a two-way exchange of information at the “point of care” between providers and IEHP. A strategy was provided that identified all the future state EMR support options, areas of risk, and an executable approach to offering a secure, interconnected, and efficient way to information exchange to increase value and reduce risk.
- Assessment of the Quality Department to identify opportunities for improvement that lead to the development and implementation of a future state organizational model and operations.

Gartner was selected through a single source procurement. IEHP has determined that a single source procurement is justified because:

- a. Gartner is the market leader in vendor landscapes, capabilities, contracting terms, and pricing. In addition, Gartner has verifiable benchmarking capabilities of like-client implementation and operational experiences.
- b. Gartner research and consulting have deep knowledge of the organization and technology landscape that position Gartner to understand the unique needs of IEHP and assist them in selecting the optimal PNM in an efficient and cost-effective manner.

The Governing Board previously approved the MCAS, Statement of Work(s), and Amendments as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
03/14/2022	22-052	Ratify and Approve the Master Client Services Agreement (MCSA) and the Services Agreement with SOW #1 for the assessment of current IT applications, products, services, and relative maturity level	01/31/2023	\$195,000
05/09/2022	22-180	Amendment to the SOW #1 to add Travel Expenses	01/31/2023	\$19,500
08/08/2022	22-275	Ratify and Approve SOW #2 for the provision of a Core Administrative Processing (CAPS) and Care Management Systems	10/20/2022	\$205,700
08/08/2022	22-275	Ratify and Approve SOW #3 – Future state Electronic Medical Record (EMR) support options.	10/20/2022	\$308,000
10/11/2022	22-334	Approve SOW #4 for to assess the Quality Department and identify opportunities for improvement of future state organization model and operations.	12/31/2022	\$203,500
Total Cost to date under the MCAS:				\$931,700
New Cost:				\$250,000
Total Cost under the MCAS:				\$1,181,700

Discussion:

As a result of the assessment of product and business strategy alignment that Gartner completed for IEHP, the Provider Network Database was identified as a high risk to multiple IEHP departments including Provider Services, Hospital Services, Contracting, Credentialing, and Quality. Therefore, IEHP is now seeking to select a PNM platform that will harmonize with existing and planned future state technology.

Under SOW#5, Gartner will continue to support IEHP with an accelerated vendor selection approach with the following services:

- **RFP Preparation:** Support in preparing business and IT requirements to better understand the solution suite needed from a provider network management vendor. Include a capability gap assessment to determine whether the current or planned IEHP systems can support some of the capability gaps to reduce requirements and investments in new systems for RFP.
- **Vendor RFP Response:** Prepare the RFP requirements documents for IEHP procurement RFP development and release, and support vendor question / answers.
- **Vendor Onsite:** Prepare questions for the vendor onsite, clearly document the solution suite needed from the provider network management vendor and finalize the onsite agenda.
- **Vendor Selection Support:** Attend the vendor demos, assist IEHP evaluation team with scoring and analysis, and identify a recommended vendor that will support IEHP’s Provider Network Management Platform needs.
- **Vendor Due Diligence:** Support vendor due diligence through Gartner market data and research.

As such, IEHP recommends the Governing Board approve SOW#5 with Gartner for an additional cost not exceed \$250,000 for three (3) months through January 12, 2024. The total cost (including this request) under the MCAS, shall not exceed \$1,181,700.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Tsui 9/20/23	D. Burnett 9/22/23	M. Popka 9/22/2023	J. Maass 9/25/2023	V. Devabhaktuni 9/25/2023

OPERATIONS DEPARTMENT

18. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH DELOITTE CONSULTING LLP

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Professional Service Agreement (Agreement) with Deloitte Consulting LLP (Deloitte) for the provision of Program Management and Project Governance services for the implementation of Covered California (CCA) for an additional amount not to exceed \$95,680 effective September 5, 2023. The total amount payable under this Agreement shall not exceed \$2,595,680 through December 31, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

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

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

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

The Governing Board had previously approved the Agreement as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
04/10/23	23-080	Program Management and Project Governance Services	12/31/24	\$2,425,000
08/14/23	23-185	Ratify and Approve the First Amendment travel	12/31/24	\$75,000

		expenses for onsite resources.		
			Total Cost to date:	\$2,500,000
			New Cost:	\$95,680
			Total Cost:	\$2,595,680

Discussion:

Deloitte is IEHP’s CCA Program Management and Project Governance Services provider. Under the Agreement, Deloitte has a dedicated team of four (4) key consultants with relevant experience and expertise to perform the following duties:

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

As the implementation progresses IEHP has recently discovered a knowledge gap in the specific area of CCA coverage policies. Deloitte has identified a consultant who is well versed in this area and can provide the guidance and expertise needed to drive to successful implementation. Deloitte can provide this additional resource for 8 weeks of consulting services relating to the resolution of open configuration requirements issues, including requisite coordination across IEHP vendors. The consultant will:

- Accelerate delivery of key coverage decisions necessary for HE to configure the CCA claims system.
- Manage delivery of key service/code sets necessary for configuration.
- Manage the completion of any additional claims related questions/required decisions necessary to complete claim/config build.
- Manage vendor (Health Edge, First Source) interaction and requirement gathering, ensuring IEHP business decision deliverables are met within critical timelines.

The additional cost of this Second Amendment shall not exceed \$95,680 effective September 5, 2023. The total cost (including this request) of this Agreement shall not exceed \$2,595,680.00 through December 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	S. Chiu 9/14/2023	T. Picarone 9/14/2023	M. Popka 09/20/23	J. Maass 9/26/2023	V. Devabhaktuni 9/26/2023

OPERATIONS DEPARTMENT

19. APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Professional Services Agreement (Agreement) with National Association for Healthcare Quality (NAHQ) for the provision of Professional Development Resources for an amount not to exceed \$313,950 through October 31, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

NAHQ serves as the industry leader in the development of healthcare quality trainings, competencies, and certification.

IEHP seeks to contract with NAHQ for the provision of professional development services to both IEHP personnel and Quality healthcare personnel within IEHP's 34 network hospitals.

IEHP requires this service to support its 2024 strategic plan. Specifically, this service will provide the foundation for Optimal Care Strategy 3 (Hospital Care) by aiding in the establishment of a competent healthcare Quality workforce within IEHP's network hospitals.

NAHQ was selected through a single source procurement. IEHP has determined that a single source procurement is justified because the good or service is:

- 1) Unique, special, or involves specific professional or technical expertise that differentiates the selected vendor from other vendors who can provide the same good/service.
 - a) In addition to being the industry leader in healthcare quality education, NAHQ has also developed the only Healthcare Quality Competency Framework which serves as the foundation for this Agreement.

Discussion:

IEHP has engaged NAHQ to analyze the current competence of its Quality workforce, both within IEHP's Hospital Relations Department and in its network hospitals and offer training and resources to increase their professional skills. IEHP will partner with its network hospitals to identify 115 employees to participate in this engagement.

Under the Agreement, NAHQ will provide IEHP with Professional Development Resources including:

- 1) Professional Assessment Licenses for competency evaluation:
 - a) Participant access to take the competency assessment (the basis of competency determination)

- b) A custom report based on the assessment results which will outline each participant’s competency
 - c) Individual benchmarking dashboards for each participant
- 2) Workforce Accelerator Dashboard Licenses for three IEHP team members for purposes of competency result review
- a) This provides IEHP with access to (in addition to the report listed above):
 - i) Data relating to each individual Participant’s Professional Assessment questionnaire results
 - ii) Aggregated data relating to the competency of all Participants’ Professional Assessment questionnaire results.
- 3) Professional Development and Navigator Services that will allow participants to upskill in areas of limited competency
- a) A dedicated Certified Professional in Healthcare Quality (CPHQ) Navigator who will:
 - i) Serve as the key contact between NAHQ and IEHP
 - ii) Coordinate the administration of the Professional Assessment
 - iii) Prepare the Workforce Summary Report
 - b) Professional Membership Subscriptions to all 115 participant which include:
 - i) Access to training materials for NAHQ’s Healthcare Competency Framework eight healthcare quality dimensions and 29 competencies

The costs associated with this Agreement include the following:

Category	Cost
115 Professional Assessment Licenses	\$160,885.00
Professional Development and Navigator Services	\$134,515.00
3 Workforce Accelerator Dashboard Licenses	\$3,600.00
5% Contingency	\$14,950.00
TOTAL	\$313,950.00

Accordingly, IEHP is requesting approval of this Agreement for an amount not to exceed \$313,950.00 through October 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Moussa 9/8/2023	S. Cox R. Hsieh H. Clear 9/8/2023	M. Popka 9/8/2023	S. Lozano 9/11/2023	S. White 09/21/23

OPERATIONS DEPARTMENT

20. APPROVE THE FIRST AMENDMENT TO THE FUNDING AGREEMENT WITH RIVERSIDE COUNTY MEDICAL ASSOCIATION

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the First Amendment to the Funding Agreement (Agreement) with Riverside County Medical Association (RCMA) for the provision of physician recruitment services for an additional amount not to exceed \$75,000 and extend the term through November 30, 2024. The total amount payable under this Agreement shall not exceed \$150,000 through November 30, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

The Inland Empire (IE) has one of the lowest ratios of Primary Care Physicians (PCPs) and Specialty Physicians per 100,000 residents in California. It has been well documented that the IE does not have adequate PCP capacity to serve currently insured residents. IEHP has partnered with RCMA the past three (3) years to support its mission of creating new access points for Members in its Provider Network.

Apart from publicizing IEHP’s Network Expansion Fund (NEF) Program, RCMA has actively promoted physician recruitment in the IE. They have actively participated in career fairs, both in and outside of the IE, to connect hiring entities with physicians and residents that are looking for employment opportunities in the IE.

In December 2022 under Minute Order 22-404, the Governing Board approved the Agreement, for funds to support RCMA’s recruitment efforts for promoting and attracting physicians to practice in the IE.

Discussion:

Under the First Amendment, IEHP will continue to provide financial support to RCMA’s recruitment efforts for promoting and attracting physicians to practice in the IE for an additional one-year term for an amount not to exceed \$75,000. The total cost of this Agreement shall not exceed \$150,000 through November 30, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Robbins 09/13/2023	N/A	M. Popka 09/14/2023	K. Fermin 09/14/2023	S. White 09/15/2023

OPERATIONS DEPARTMENT

21. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-05074 TO WEX HEALTH, INC DBA WEX

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the award of Request for Proposal #23-05074 (RFP #23-05074) to WEX Health, Inc dba WEX (WEX) for the provision of Medicare Dual Eligible Special Needs Plan (D-SNP) Over the Counter (OTC) supplemental benefit program service.

Contact:

Susie White, Chief Operating Officer

Background:

As part of IEHP’s Medicare D-SNP’s growth strategy in the competitive Inland Empire Medicare marketplace, IEHP plans to offer an OTC supplemental benefit for its Medicare D-SNP 2024 product. IEHP requires a vendor that can assist in the administration of the OTC supplemental benefit.

On September 6, 2023, IEHP issued RFP #23-05074 on Bonfire, its public third-party bidding website. As a result, four (4) bidders indicated interest with four (4) bidders submitting proposals.

BIDDERS
WEX Health, Inc
Convey Health Solutions
NationsBenefits
InComm Healthcare

The initial responses were reviewed and scored. Scoring of the RFP was based on a scale of 500 points with 500 points being the best possible score.

Four (4) evaluators from IEHP participated in the RFP process. All four (4) evaluators conducted scoring on the categories listed below for all submitted bids.

CRITERIA	WEIGHT (POINTS)	SCORING CATEGORY
Company Profile / Experience	420	Technical Score
Scope of Services	45	Technical Score
Overall Cost	30	Technical Score
Local Preference	5	Pricing Score
Total	500	

The results of the RFP evaluation scoring are indicated in the table below:

COMBINED SCORE	WEX Health	NationsBenefits	InComm Health	Convey Health
Company Profile / Exp. (420 Pts)	282.75	282.50	276.50	279.50
Scope of Services (45 Pts)	34.63	32.13	25.25	33.13
Overall Cost (30 Pts)	20.16	18.43	30	17.20
Local Preference (5 Pts)	0.0	0.0	0.0	0.0
Total Score (500 Pts)	337.54	333.06	331.75	329.83
Overall Ranking	1 st	2 nd	3 rd	4 th

The RFP Evaluation Committee determined WEX to be the most responsive and responsible bidder in support of IEHP’s Medicare D-SNP needs. WEX has the technical ability and expertise in the custom debit card via custom merchant network space. Moreover, WEX was the best suited vendor that could meet the extremely tight implementation schedule because of the existing infrastructure set in place during the previous supplemental benefit implementation.

IEHP has an existing Agreement with WEX for a limited spend debit card via custom merchant network vendor. WEX was previously selected via the Single Source procurement process, for the original existing Agreement.

The Governing Board had previously approved the Agreement with WEX as follows:

DATE APPROVED	MO#	PURPOSE	TERM EXPIRATION	COST
07/01/2022	22-263	Professional Service Agreement for D-SNP Supplemental Benefit: Limited Spend Debit Card via Custom Merchant Network	06/30/2025	\$600,000.00
Total Cost to date:				\$95,292.00
New Cost				\$0.00
Total Contract Cost				\$600,000.00
Remaining Contract Value				\$ 504,708.00

Discussion:

IEHP will leverage WEX’s custom merchant network and limited spend debit card to administer the OTC supplemental benefit for its Medicare D-SNP 2024 product.

Under the current Agreement with WEX, the scope includes a limited spend debit card via three (3) custom merchant networks determined by IEHP. For 2023, IEHP created a custom network for D-SNP utility service payment supplemental benefit. IEHP has two more available custom networks that can be configured for administration of additional supplemental benefits such as: over the counter (OTC), groceries, transportation, home services, premium give backs, dental, vision, hearing, fitness, among other supplemental benefits. IEHP will utilize its second custom merchant network to develop and administer the OTC benefit via the WEX contract for 2024.

CONSENT AGENDA

There are no changes to the terms of the existing Agreement with WEX.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	C. Aguirre 09/21/23	C. Goss 09/25/23	M. Popka 09/22/23	G. Cleary 09/21/23	S. White 09/25/23

QUALITY DEPARTMENT

22. APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH QMETRICS, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Third Amendment to the Professional Services Agreement (Agreement) with. QMetrics, Inc. (QMetrics) for the provision of Survey Services for an additional amount not to exceed \$162,911 through May 18, 2025. The total amount payable under this Agreement shall not exceed \$1,028,130 through May 18,2025.

Contact:

Edward Juhn, Chief Quality Officer

Background:

Surveys in scope are required by IEHP’s regulatory agencies Department of Health Care Services (DHCS), National Committee for Quality Assurance (NCQA), and Department of Managed Health Care (DMHC). DMHC requires health plans to utilize an external vendor to validate the Provider Appointment Availability Survey (PAAS) data and conduct a quality assurance review of the plan’s Timely Access Compliance Report prior to submission of the report to DMHC. QMetrics provides comprehensive survey services to meet these requirements. IEHP has contracted with QMetrics since 2020 for survey services. QMetrics was selected as a result of Single Source Justification.

Discussion:

Approval of the Third Amendment with QMetrics will allow IEHP to meet the new DMHC requirement for conducting an annual Enrollee Experience Survey. QMetrics designed the Enrollee Experience Survey to meet all DMHC requirements and gather Members’ knowledge of access standards, experience with obtaining timely care, and experiences with interpreter services.

MY 2021 - MY 2024 Fees				
Survey	MY 2021	MY 2022	MY 2023	MY 2024
Full Suite: PAAS Pre-Validation, Survey Administration & Validation + NCQA providers	\$188,230	\$225,663	\$247,702	\$247,702
PAAS Optional Plan to Plan data quality review and integration into Plan’s templates.				
After Hours Survey				
Expanded Appointment Set: Up to 5 appointment types: PCPs & OBGYN providers.				

MY 2021 - MY 2024 Fees				
Survey	MY 2021	MY 2022	MY 2023	MY 2024
Emergency Instructions Survey with Comprehensive Report – PCPs, SCPs, and Behavioral Health				
Enrollee Experience Survey (3,000 Letters/Mailers)	N/A	N/A	\$44,792	\$44,792
10% Contingency for Provider Count Increase	-	-	-	\$29,249
Total Cost	\$188,230	\$225,663	\$292,494	\$321,743
Total Not to Exceed Amount	\$1,028,130			

The additional cost of this Amendment shall not exceed \$162,911. The total cost (including this request) of this Agreement shall not exceed \$1,028,130 through May 18,2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Moussa 9/18/23	H. Clear 9/18/23	M. Popka 09/19/23	G. Fick 9/2023	E. Juhn 9/18/23

QUALITY DEPARTMENT

23. APPROVE THE 2023-2024 CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES PROGRAM ANNUAL EVALUATION IMPLEMENTATION PLAN

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the 2023 Culturally and Linguistically Appropriate Services (CLAS) Program Annual Evaluation Implementation Plan as presented.

Contact:

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

Background:

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

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

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

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

Discussion:

For Health Equity surveys scheduled on or between July 1, 2023, and June 30, 2024, NCQA allows health plans to submit an implementation plan in lieu of an annual review of their CLAS Program. The 2023-2024 CLAS Program Evaluation Implementation Plan was developed to reflect new CLAS processes and initiatives and IEHP’s timeline for implementation of data collection activities. CLAS activities include Diversity and Equity Inclusion, Language Assistance, Reducing Health Disparities, and Member Experience.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	G. Fick 9/18/2023	E. Juhn 9/18/2023

QUALITY DEPARTMENT

24. DELEGATION OF AUTHORITY TO APPROVE THE LETTER OF AGREEMENT WITH WALGREEN CO

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Letter of Agreement (LOA) with Walgreen Co. (Walgreens) for the provision of the Human Papillomavirus (HPV) vaccine for an amount not to exceed \$150,000 effective on the date of last signature through December 31, 2023.

Contact:

Edward Juhn, Chief Quality Officer

Background:

HPV is the Human Papillomavirus vaccine that protects children and adolescents from infections that can cause cancers. At least two doses of the HPV vaccine before age 13 is recommended by the Centers for Disease Control and Prevention (CDC) as part of the Advisory Committee on Immunization Practices (ACIP) immunization schedule, and also part of the Adolescent Immunizations (IMA) Healthcare Effectiveness and Data Information Set (HEDIS) quality measure. An opportunity was identified to support Members who did not receive their last HPV vaccine and did not visit a Primary Care Provider (PCP) within the last year.

Retail Pharmacies present a feasible option to augment and complement PCPs in delivering the recommended care to Members including, but not limited to, the following reasons:

- Geographical proximity to Members;
- Extended hours of availability for increased access; and
- Existing capabilities to procure and administer vaccines in the community.

IEHP seeks to execute a LOA that permits a Proof-of-Concept (POC) pilot with Walgreens. The POC aims to understand how retail pharmacies can support PCPs in HPV care gap closures for Members, address barriers to care, and improve IEHP HEDIS/Managed Care Accountability Set (MCAS) performance in the scope outlined below:

- Members who have received Tdap, Meningococcal, and the first dose of HPV;
- Members who are still eligible to receive the last dose of HPV before turning 13 years old; and
- Medi-Cal Members who qualify for the Adolescent Immunizations quality measure in measurement year 2023.

Anticipated results from the POC include, but are not limited to:

1. **Member Experience** – Delivering convenient, quality care closer to Members' homes may increase access to care and encourage engagement.

2. **New Models of Care** – Validate retail pharmacy effectiveness at care gap closure with an initial focus on adolescent immunizations and potential expansion to other quality measures.
3. **Provider Experience** – Strengthen partnerships with Providers by deploying additional support to help Providers engage Members and deliver recommended care.
4. **Improved Performance** – Focused Member outreach and HPV vaccine access expansion may increase IEHP HEDIS/MCAS rates.
5. **Mitigate Sanctions** – IEHP may reduce and avoid California Department of Health Care Services (DHCS) sanctions through IMA quality measure improvement.

Discussion:

IEHP has crafted a preliminary Scope of Work (SOW) that clearly delineates Walgreens’ and its respective roles and responsibilities pertinent to the POC including, but not limited to:

1. Member outreach
2. Vaccine administration
3. Billing and coding requirements
4. Data reporting specifications

IEHP and Walgreens will continue to collaborate closely and, upon mutual agreement, finalize a LOA that primarily caters to the needs of IEHP Members and Walgreens’ and IEHP’s goals.

Walgreens will provide the HPV vaccine at-cost, which is within reason per the CDC August 2023 release of the Vaccine Price List. Furthermore, Walgreens has waived all vaccine administration and procurement fees for the purposes of the POC.

The activities resulting from this LOA and POC will test and identify sustainable improvements that engage Members in their care and assist in improving the IMA quality measurement performance for the remainder of 2023. Furthermore, the LOA and POC affirms IEHP’s strategic commitment to Optimal Care and to IEHP Members and Providers.

IEHP seeks approval to authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign the LOA with Walgreens for the provision of Human Papillomavirus (HPV) vaccine administration services for an amount not to exceed \$150,000 effective on the date of last signature through December 31, 2023.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Moussa 9/22/23	NA	M. Popka 9/26/23	C. Nguyen 9/26/23	E. Juhn 9/26/23

PROVIDER NETWORK DEPARTMENT

25. RATIFY AND APPROVE THE TWENTY FOURTH AMENDMENT TO THE CAPITATED FULL SERVICE AGREEMENT WITH KAISER FOUNDATION HEALTH PLAN, INC., SOUTHERN CALIFORNIA REGION – PASADENA

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Twenty Fourth Amendment to the Capitated Full Service Agreement with Kaiser Foundation Health Plan, Inc., Southern California Region, effective January 1, 2022.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Kaiser Foundation Health Plan, Inc., Southern California Region is currently a contracted IPA in the IEHP Network.

Discussion:

The Amendment is to replace the Attachment F, 2022 Delegation Activities. All of the terms and conditions of the Agreement are to remain in full force and effect.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

26. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT WITH DOCTORS HOSPITAL OF RIVERSIDE, LLC DBA PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER – RIVERSIDE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Hospital Per Diem Agreement with Doctors Hospital of Riverside, LLC dba Parkview Community Hospital Medical Center, effective April 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Doctors Hospital of Riverside, LLC dba Parkview Community Hospital Medical Center is currently a contracted Hospital in the IEHP Network.

Discussion:

The renewal contract is to extend the term beginning April 1, 2023, through March 1, 2027. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

27. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH RIDGECREST REGIONAL HOSPITAL – RIDGECREST

Recommended Action:

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

Contact:

Keenan Freeman, Chief Financial Officer

Background:

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

Discussion:

The Amendment is to add the Medicare line of business, effective January 1, 2023, and the Covered California lines of business, effective January 1, 2024.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

28. APPROVAL OF THE EVERGREEN CONTRACTS

Recommended Action:

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

Contact:

Keenan Freeman, Chief Financial Officer

Background:

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

Discussion:

Renewal under the Evergreen Clause of the following Agreements effective, November 1, 2023:
Additional one (1) year term:

- 1) Inland Behavioral and Health Services Inc- Ancillary Agreement – San Bernardino
- 2) Sharp Memorial Hospital - Hospital Per Diem Agreement – San Diego
- 3) Corona Residential Care Center - Residential Care for the Elderly - Corona
- 4) Mere Enterprises Inc dba Abria Del Cielo Assisted Living Facility - Residential Care for the Elderly – San Bernardino

Additional two (3) year term:

- 5) Empirecare Health Associates Inc dba The Grove Care and Wellness - Skilled Nursing Facility Provider Agreement – Riverside
- 6) Ensign Palm I LLC A Limited Liability Company dba Premier Care Center for Palm Springs - Skilled Nursing Facility Provider Agreement – Palm Springs
- 7) Riverside Post Acute Care LLC dba Riverside Post Acute Care - Skilled Nursing Facility Provider Agreement – Riverside
- 8) Silverscreen Healthcare Inc dba Asistencia Villa Rehabilitation and Care Center - Skilled Nursing Facility Provider Agreement - Redlands
- 9) Rupinder Mann dba Rupinder Mann MD Inc - Skilled Nursing Facility Attending Physician Agreement - Redlands

Additional five (5) year term:

- 10) Medequip Inc dba Medica - Ancillary Agreement– Aliso Viejo
- 11) Orange Coast Respiratory Care Services Inc- Ancillary Agreement Provider Agreement – Anaheim
- 12) Central City Community Health Center Inc dba Central City Community Health Center- Behavioral Health Participating Provider Agreement – Norco

- 13) Jennifer Lynn Codega LMFT - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
- 14) Joyce Diane Harden dba Healing Ongoing Private Practice- Behavioral Health Participating Provider Agreement – Fontana
- 15) Julie Chappa dba -Turning Leaf Family Therapy Group - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
- 16) Katrina Niere dba Mind Health Therapy - Behavioral Health Participating Provider Agreement – Temecula
- 17) Kharvena Moss - Behavioral Health Participating Provider Agreement – Riverside
- 18) Lauren V Johnson - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
- 19) Life Skills Awareness - Behavioral Health Participating Provider Agreement – Hesperia
- 20) Lucy Pena Haas - Behavioral Health Participating Provider Agreement – Murrieta
- 21) Maria Savala Mahany dba Maria Savala Mahany M Ed MFT - Behavioral Health Participating Provider Agreement – Victorville
- 22) Maura Kane McAuliffe dba - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
- 23) Stacy Donaldson - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
- 24) Stepanian Family Counseling Inc - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
- 25) Susan Jean Alexander- Behavioral Health Participating Provider Agreement – Palm Desert
- 26) Wendy Baker dba Wendy Baker Licensed Marriage and Family Therapist - Behavioral Health Participating Provider Agreement – Palm Desert
- 27) Physician Health Collaborative Corporation - Open Access Agreement (Excluding Medicare) - Adelanto
- 28) Antonio A Tan MD Professional Corporation - Capitated Primary Care Provider Agreement - Moreno Valley
- 29) Clinic Services of California Medical Group - Capitated Primary Care Provider Agreement - Colton
- 30) Oliverio Medical Corporation - Capitated Primary Care Provider Agreement – Banning
- 31) Ultimate Medical Practice A Professional Corporation - Capitated Primary Care Provider Agreement - Highland
- 32) West Point Medical Group Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) - Fontana
- 33) May Medical Management Corporation dba La Verne Medical Urgent Care - Fee-For-Service Primary Care Provider Agreement – La Verne
- 34) Stefany Ranshaw dba Behavior Team Inc - Participating Provider Agreement – QASP - Murrieta
- 35) CV Physical Therapy Inc dba Movement for Life Physical Therapy - Participating Provider Agreement – Specialist – San Bernardino
- 36) David Azer DO - Participating Provider Agreement – Specialist – Corona
- 37) Elizabeth Stankis – dba Liz Stankis RD - Participating Provider Agreement – Specialist – Palm Desert
- 38) Family Health Center of Joshua Tree dba Hi Desert Family Medical Clinic - Participating Provider Agreement – Specialist – Yucca Valley

- 39) Royalty Radiation Oncology Medical Group Inc - Participating Provider Agreement – Specialist – Pomona
- 40) Synergy Radiation Oncology Medical Group Inc - Participating Provider Agreement – Specialist – Riverside
- 41) Vitreo Retinal Associates Medical Group - Participating Provider Agreement – Specialist – Pomona
- 42) Revati J Ghatnekar dba Revati J Ghatnekar MD - Participating Provider Agreement – Specialist – Rancho Mirage
- 43) Borrego Community Health Foundation - Participating Provider Agreement – Vision – Thermal
- 44) Glenda Ong Medrina dba Glenda Ong Medrina OD LLC - Participating Provider Agreement – Vision – Beaumont
- 45) Steven R Kleen Optometric Corporation dba Dr Steven R Kleen Optometric Corporation - Participating Provider Agreement – Vision – Redlands
- 46) Moothedath A Menon MD - Participating Provider Agreement – Specialist – Apple Valley

Fiscal Impact:

Included in CY2023 Budget

Fiscal Review:

N/A

Reviewed by Counsel:

N/A

ADMINISTRATION

29. CHIEF EXECUTIVE OFFICER UPDATE

Recommended Action:

Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

Chief Executive Officer update for the October 10, 2023, Governing Board Meeting.

Governing Board Meeting



CEO BOARD REPORT

Oct. 10, 2023

MISSION MOMENT – BEAUTIFY CABAZON

- IEHP team members and their families volunteered at the **Sept. 30** “Beautify Cabazon” community service event.
- Projects of the day included picking up trash and painting.
- Supervisor Gutierrez plans to host more “beautify” events.



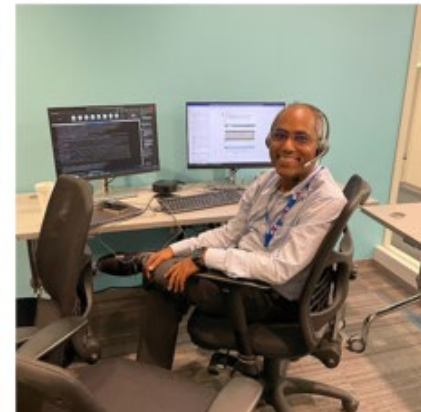
IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
August 2023	1,651,929	1,689,399	37,470	2,615
September 2023	1,643,581	1,676,391	32,810	(13,008)
October 2023	1,652,813	1,647,872	(4,941)	(28,519)



A MOMENTOUS DAY

- Open enrollment for those already on Covered California began **Oct. 1** and IEHP is now one of the options.
- On **Oct. 2**, IEHP enrolled its very first Covered California member. Congrats to our IEHP Enrollment Specialist Mayra Nava-Flores who facilitated this historical enrollment.
- General public open enrollment begins **Nov. 1**.
- A very special shout-out to our remarkable IT Team who spent countless evenings and weekends making sure the system was ready to go. Huge thanks to Vinil, Vitthal and the entire team.
- Big kudos to our Covered California leaders Chau and Greg, along with the finance, actuarial, compliance, contracting, and marketing teams for their tremendous work.



PROVIDER DINNER SERIES

- 18 providers attended the **Sept. 14** dinner at Town's End Stillhouse & Grill in Apple Valley.
- Discussion topics included Medi-Cal Redetermination, CalAIM, Network Expansion Fund, MCO Provider Tax and the Healthcare Scholarship Fund.
- Next dinner is planned for **Oct. 11** at Fleming's Prime Steakhouse in Rancho Cucamonga.
- November and December will be on hiatus. Dinner series will resume in **Jan. 2024**.



REMINDER: 2ND ANNUAL FUTURE OF HEALTH SUMMIT

- Friday, **Oct. 13** at IEHP.
- We're absolutely thrilled to invite you to this educational and inspirational conference with some of today's leading health care experts.
- Our scheduled speakers include California Department of Health Care Services Director Michelle Baass and RLDatix's Chief Patient Safety and Risk Officer Dr. Timothy McDonald.
- We'll have an immersive panel discussion on mental health with author and award-winning documentarian Dr. Kenneth Paul Rosenberg, Dr. Matthew Chang from RUHS and Dr. Vanessa Perez from Health Service Alliance. IEHP's Amrita Rai will facilitate the panel.



Featured Presenters and Panelists:



Kenneth Paul Rosenberg, MD
Psychiatrist, author & award-winning documentarian



Michelle Baass, MPPA
Director, California Department of Health Care Services



Timothy McDonald, MD, JD
Chief Patient Safety & Risk Officer, RLDatix



Matthew Chang, MD, MMM
Director of Behavioral Health, Riverside University Health System



Vanessa Perez, PhD
Director of Behavioral Health, Health Service Alliance



INLAND EMPIRE MASTER PLAN FOR AGING

- IEHP hosted the Inland Coalition on Aging conference on **Sept. 29**.
- The Master Plan for Aging presents a roadmap for aging well with a focus on housing, transportation, health care, Alzheimer's, mental health, social support, and caregiving.
- Special thanks to IEHP's Dr. Ben Juaregui and his team for their help in organizing the conference.



BLYTHE VISIT

- IEHP team visited the town of Blythe on **Sept. 30**.
- Multiple teams shared the latest programs and information available to the community.
- Afternoon session included more than a dozen community leaders who came together for a powerful listening session.
- It's clear more must be done to attract providers and physicians to this region to ensure Blythe residents have access to quality care, close to home.



Governing Board Meeting

THANK YOU!

FINANCE DEPARTMENT

30. REVIEW OF THE MONTHLY FINANCIALS

Recommended Action:

Review and File

Contact:

Keenan Freeman, Chief Financial Officer

Discussion:

Monthly Financials for Period Ending August 31, 2023.

FINANCE DIVISION

August 2023

MONTHLY FINANCIALS

Presented
October 10, 2023



Actual vs Budget - Consolidated

	August Month-to-Date			August Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 597,001,903	\$ 576,441,850	\$ 20,560,053	\$ 4,710,083,989	\$ 4,681,339,073	\$ 28,744,916
Total Medical Costs	\$ 541,501,543	\$ 551,705,452	\$ 10,203,909	\$ 4,179,945,792	\$ 4,305,726,863	\$ 125,781,071
Total Operating Expenses	\$ 32,755,410	\$ 41,372,541	\$ 8,617,131	\$ 268,207,722	\$ 313,848,991	\$ 45,641,269
Total Non Operating Income (Expense)	\$ (7,983,643)	\$ 3,294,509	\$ (11,278,152)	\$ 43,895,123	\$ 26,763,518	\$ 17,131,605
Non-Medi-Cal/Medicare Expenses	\$ 730,638	\$ 666,667	\$ (63,971)	\$ 5,974,503	\$ 5,333,333	\$ (641,170)
Net Surplus (Deficit)	\$ 14,030,669	\$ (14,008,300)	\$ 28,038,970	\$ 299,851,095	\$ 83,193,404	\$ 216,657,691

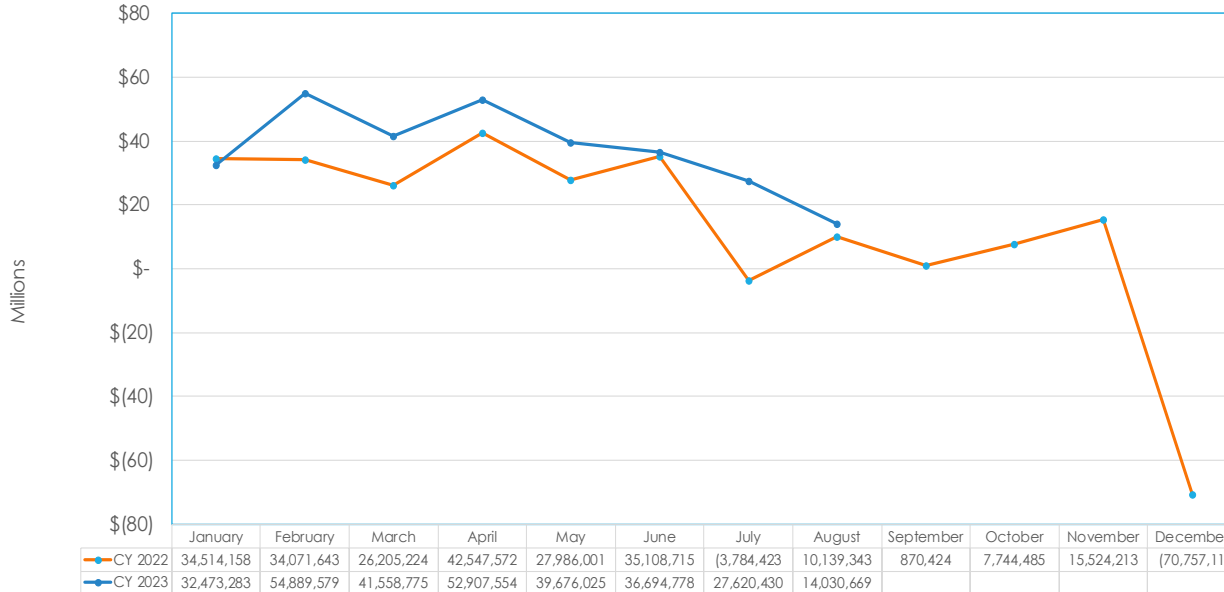
Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to net favorable CY 2022 and CY 2023 rate adjustments for various COAs, higher-than-expected MCE Non-Duals, Child, and SPD Full Duals member months, and Part A/B member months and risk scores partially offset by lower-than-expected Adult member months.
- The favorable medical cost variance compared to budget is primarily due to favorable Kaiser capitation expense and patient claims partially offset by unfavorable claims expenses due to higher utilization of BHT, HCBS Other, and Transportation services.
- The favorable operating expense variance compared to budget is primarily due to IT project delays, and IT and Marketing underutilization.
- The unfavorable non-operating income (expense) variance compared to budget is primarily due to CY 2022 MCO Tax rate adjustment partially offset by higher-than-expected interest income.



Net Surplus Year-Over-Year - Consolidated

Consolidated
Net Surplus by Month (Actuals)



Actual vs Budget: Medi-Cal

	August Month-to-Date			August Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 534,605,871	\$ 519,084,649	\$ 15,521,222	\$ 4,221,726,740	\$ 4,219,088,513	\$ 2,638,227
Total Medical Costs	\$ 485,657,101	\$ 498,723,736	\$ 13,066,635	\$ 3,756,915,508	\$ 3,893,642,563	\$ 136,727,055
Total Operating Expenses	\$ 28,590,195	\$ 36,236,847	\$ 7,646,652	\$ 233,937,644	\$ 274,695,982	\$ 40,758,338
Total Non Operating Income (Expense)	\$ (12,154,633)	\$ 2,855,509	\$ (15,010,142)	\$ 8,125,507	\$ 22,899,229	\$ (14,773,722)
Net Surplus (Deficit)	\$ 8,203,942	\$ (13,020,425)	\$ 21,224,367	\$ 238,999,095	\$ 73,649,196	\$ 165,349,899

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to net favorable CY 2022 and CY 2023 rate adjustments for various COAs, and higher-than-expected MCE Non-Duals, Child, and SPD Full Duals member months partially offset by lower-than-expected Adult member months.
- The favorable medical cost variance compared to budget is primarily due to favorable Kaiser capitation expense and inpatient claims partially offset by unfavorable claims expenses due to higher utilization of BHT, HCBS Other, and Transportation services.
- The favorable operating expense variance compared to budget is primarily due to IT project delays, and IT and Marketing underutilization.
- The unfavorable non-operating income (expense) variance compared to budget is due to CY 2022 MCO Tax rate adjustment.



Net Surplus Year-Over-Year: Medi-Cal



Actual vs Budget: D-SNP

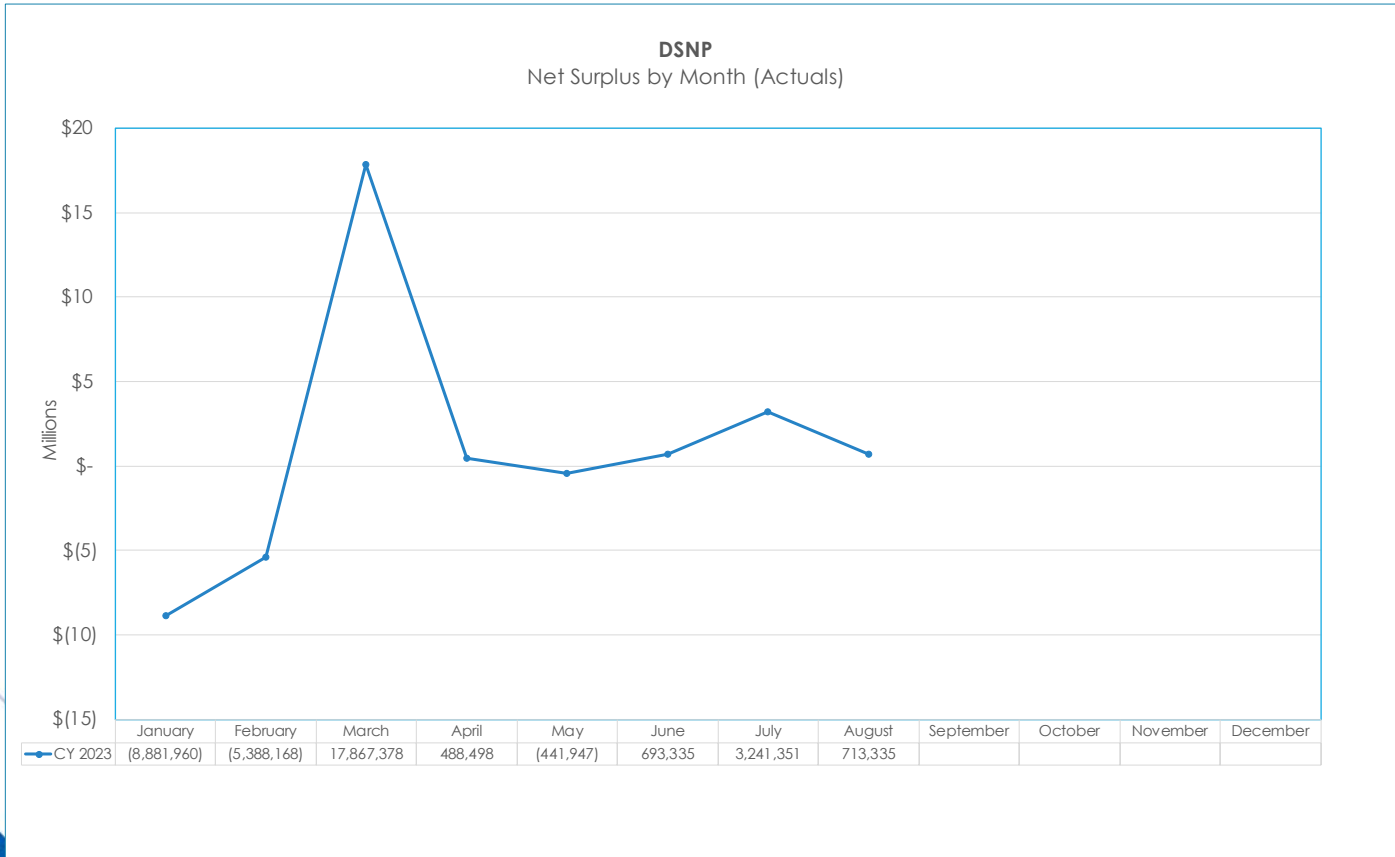
	August Month-to-Date			August Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 60,422,507	\$ 57,357,201	\$ 3,065,306	\$ 478,635,694	\$ 462,250,560	\$ 16,385,134
Total Medical Costs	\$ 55,543,957	\$ 52,981,716	\$ (2,562,241)	\$ 436,073,794	\$ 412,084,300	\$ (23,989,494)
Total Operating Expenses	\$ 4,165,214	\$ 5,135,693	\$ 970,479	\$ 34,270,079	\$ 39,153,009	\$ 4,882,930
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ 713,335	\$ (760,208)	\$ 1,473,543	\$ 8,291,822	\$ 11,013,251	\$ (2,721,429)

Highlights for the Month:

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



Net Surplus Year-Over-Year: D-SNP



Actual vs Budget: CMC

	August Month-to-Date			August Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 1,973,525	\$ -	\$ 1,973,525	\$ 9,721,555	\$ -	\$ 9,721,555
Total Medical Costs	\$ 300,485	\$ -	\$ (300,485)	\$ (13,043,510)	\$ -	\$ 13,043,510
Total Operating Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ 1,673,040	\$ -	\$ 1,673,040	\$ 22,765,065	\$ -	\$ 22,765,065

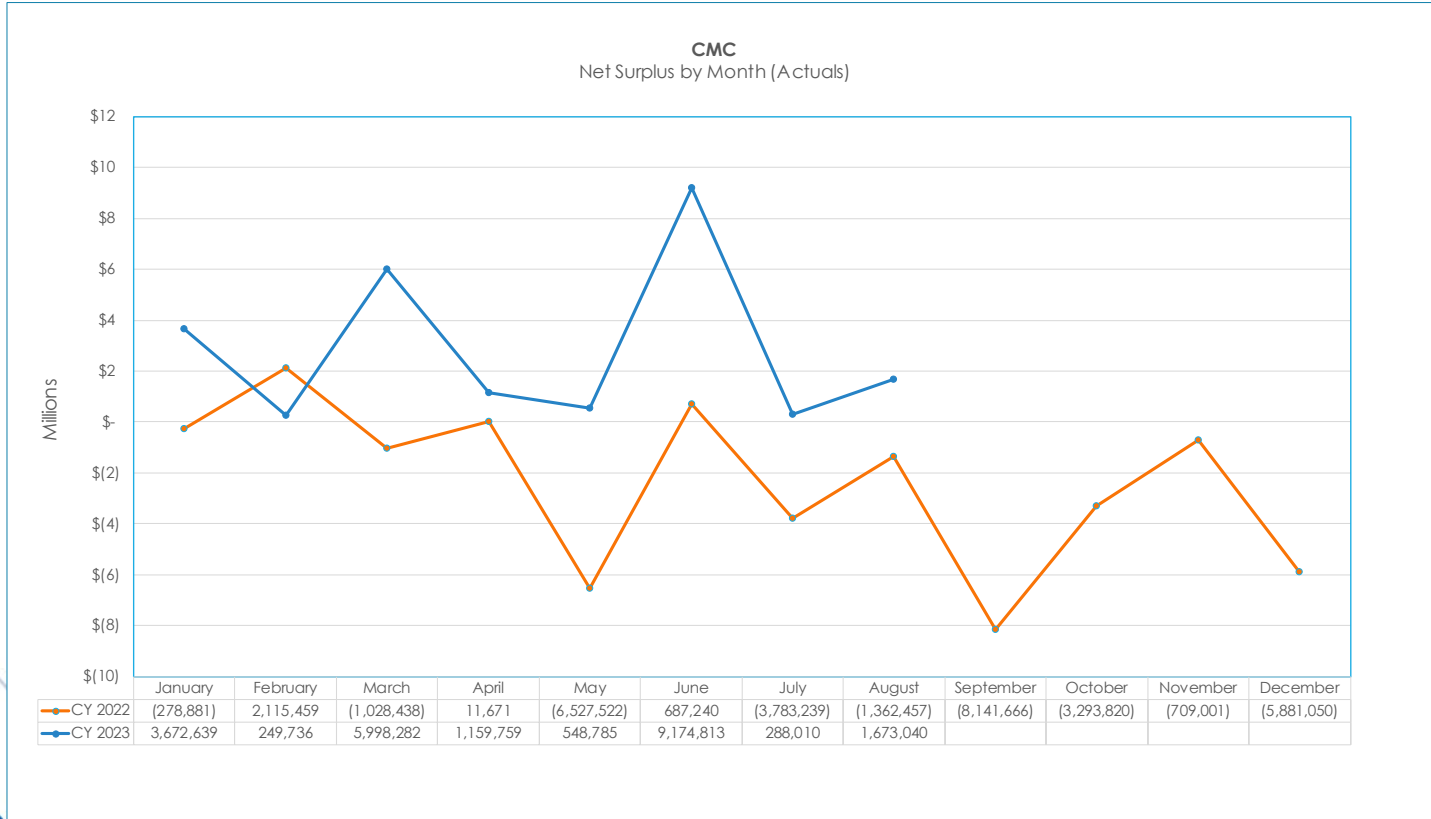
Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to favorable CY 2022 rate adjustment.

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



Net Surplus Year-Over-Year: CMC



Balance Sheet – Current Month vs Prior Month

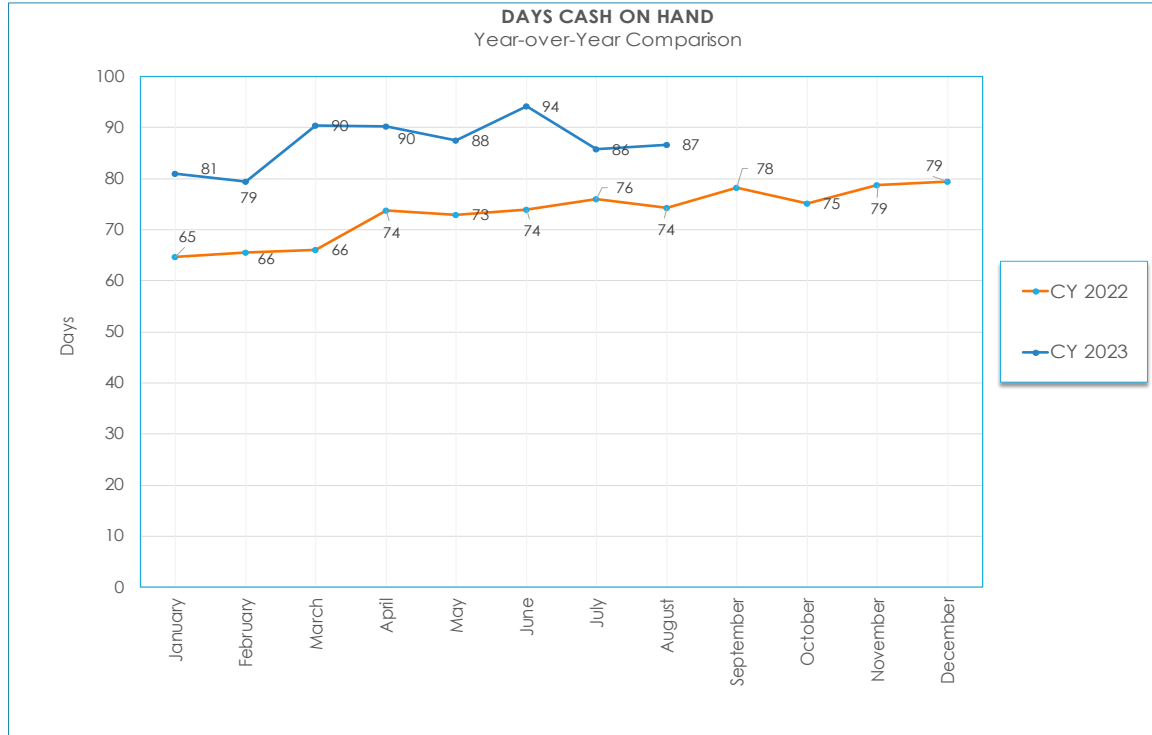
	Aug-23	Jul-23	Variance
<u>Assets and Deferred Outflows</u>			
Current Assets	\$ 2,396,257,371	\$ 2,349,512,594	\$ 46,744,777
Long Term Receivables	\$ 51,286	\$ 54,201	\$ (2,915)
Capital Assets	\$ 249,583,255	\$ 247,293,658	\$ 2,289,597
Deferred Outflows of Resources	\$ 70,903,506	\$ 70,903,506	\$ -
Net Other Assets	\$ -	\$ -	\$ -
Total Assets and Deferred Outflows	\$ 2,716,795,417	\$ 2,667,763,958	\$ 49,031,459
<u>Liabilities, Deferred Inflows, and Net Position</u>			
Current Liabilities	\$ 1,052,844,152	\$ 1,019,047,588	\$ 33,796,563
Long-Term Liabilities	\$ 53,277,004	\$ 52,069,856	\$ 1,207,148
Deferred Inflows	\$ 573,984	\$ 576,907	\$ (2,922)
Net Position	\$ 1,610,100,277	\$ 1,596,069,608	\$ 14,030,669
Total Liabilities, Deferred Inflows, and Net Position	\$ 2,716,795,417	\$ 2,667,763,958	\$ 49,031,459

Highlights for the Month:

- Increase in Current Assets and Current Liabilities is primarily due to reclassification of Prop 56 Provider accrual and lower Kaiser capitation expense partially offset by DHCS UIS overpayment, and a decrease in claims reserves.



Days Cash on Hand



Highlights for the Month:

- DHCS UIS overpayment

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



Unusual Items/Events – Impact to August 2023 Financials

	<u>Summary of Unusual Items</u>	<u>P&L Impact</u>	
1	CY22 & CY23 Rate True Up	\$15.4M pick up	*
2	Kaiser Capitation Expense (SIS/UIS member mix)	\$13.8M pick up	**
3	Age Determination Logic Change for Adult & Child COAs	-\$9.0M hit	***
4	CY2022 MCO Tax Rate True Up	-\$15.0M hit	

Notes:

- * DHCS provided the final and latest rates for CY22 and CY23 in 2023. The P&L impact represents the difference in old revenue used to record revenue and the latest rates.
- ** The \$13.8M pick up stems from Kaiser having a bigger proportion of SIS members than UIS members.
- *** DHCS changed their payment methodology for determining when a Child member becomes an Adult member. This change was to align DHCS' capitation payments with their rate setting methodology.



Unusual Items/Events – Impact to August 2023 Financials

Summary of the Rate True Up for CY22 & CY23

CCI			
	CY22	CY23	Total
CMC	1,996,073	-	1,996,073
LTC - Non Dual	6,653,338	39,375	6,692,713
Dual Over 21	9,360,712	-	9,360,712
Total	18,010,123	39,375	18,049,498

Non-CCI			
	CY22	CY23	Total
Adult	(7,922,949)	838,394	(7,084,554)
Child	(1,435,913)	(504,156)	(1,940,069)
Dual Under 21	(36,730)	-	(36,730)
MCE - Non Dual	(6,902,501)	2,496,621	(4,405,880)
SPD	8,666,685	2,937,672	11,604,356
LTC - Full Duals	-	5,469	5,469
SPD Full Duals	-	(753,176)	(753,176)
Total	(7,631,409)	5,020,824	(2,610,585)

Grand Total **10,378,715** **5,060,198** **15,438,913**



Acronyms & Definitions

BHT – Behavioral Health Treatment for members under the age of 21

CalAIM – California Advancing and Innovating Medi-Cal

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

COA – Category of Aid

CY– Calendar Year

DHCS – Department of Health Care Services

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

ECM – Enhanced Care Management

G&A – General & Administrative

HCBS – Home and Community-Based Services

HHIP – Housing and Homelessness Incentive Program

HQAF – Hospital Quality Assurance Fee

IBNR – Incurred But Not Reported

IT – Information Technology

LTC – Long Term Care

MCE – Adult Medi-Cal Expansion population

MCO – Managed Care Organization

MLR – Medical Loss Ratio

MOT – Major Organ Transplant

P4P – Pay for Performance

SBHIP – Student Behavioral Health Incentive Program

SIS/UIS – Satisfactory Immigration Status/Unsatisfactory Immigration Status

SPD – Seniors and Persons with Disabilities



QUALITY DEPARTMENT

31. OVERVIEW OF THE MEDI-CAL AND CAL MEDICONNECT HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET AND MANAGED CARE ACCOUNTABILITY SET RESULTS FOR MEASURE YEAR 2022

Recommended Action:

Review and File

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

Healthcare Effectiveness Data and Information Set (HEDIS) was developed and is maintained by the National Committee for Quality Assurance (NCQA). HEDIS is healthcare's most widely used health plan quality measurement systems. HEDIS includes measures that assess quality across six health plan domains:

- Effectiveness of Care
- Access and Availability of Care
- Experience of Care
- Utilization
- Descriptive Plan information
- Clinical Data Systems

HEDIS results are important because they are:

- Required for NCQA Health Plan Accreditation
- Used by the Department of Health Care Services (DHCS) for quality monitoring, enforcements and penalties
- Required by the Centers for Medicare and Medicaid Services (CMS) for quality monitoring
- Used by IEHP for quality oversight of the healthcare that IEHP Members receive
- Used by IEHP to compare quality performance against national benchmarks
- Used by the public to view quality performance of health plans

HEDIS results are used by IEHP's regulatory agencies in key programs, including:

- 6 measures used by DHCS for Medi-Cal Default Member Assignment
- 10 HEDIS used by CMS for overall Star Ratings.
- 45 Medi-Cal measures used by NCQA for Health Plan Ratings (HPR)
- 34 out of 39 measures used by DHCS for Managed Care Accountability Set (MCAS) performance are HEDIS measures
 - 15 MCAS measures have an established minimum performance level (MPL) with associated possible sanctions

This report will discuss measures in the HPR, MCAS, and Medicare Star Ratings measures sets.

Discussion:

Health Plan Rating Results

IEHP reported 45 HEDIS measures that are a part of the NCQA Health Plan Ratings for Medicaid measure set. All required measures were submitted timely, passing all independent audit validation requirements, to DHCS and NCQA for Medi-Cal performance in HEDIS Measurement Year (MY) 2022. All information shared in this report uses the most currently available national benchmarks (i.e., 2023 NCQA Health Plan Ratings Percentiles and the 2022 NCQA Quality Compass National Benchmarks for Medicaid).

Overall, IEHP’s HPR performance is as follows:

- 4 measures demonstrated a percentile ranking $\geq 90^{\text{th}}$ percentile
- 12 measures demonstrated a percentile ranking of $\geq 66^{\text{th}}$ and $< 90^{\text{th}}$ percentile
- 16 measures demonstrated a percentile ranking of $\geq 33^{\text{rd}}$ and $< 66^{\text{th}}$ percentile
- 7 measures demonstrated a percentile ranking of $\geq 10^{\text{th}}$ and $< 33^{\text{rd}}$ percentile
- 3 measures demonstrated a percentile ranking $< 10^{\text{th}}$

The following table displays **IEHP’s Medi-Cal performance for HEDIS Measurement Years 2020-2022** and percentile rankings for all HEDIS measures in the Health Plan Ratings measure set. IEHP developed a companywide Strategic Plan to ensure Members receive optimal care; these 2022 performance year measures are identified in the last column of the table below.

HEDIS ® Measures for Medi-Cal	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2022 Percentile (Plan Rating)	IEHP Strategic Plan Measure?
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	68.59%	64.34%	72.61%	90 th (5) ↑↑	
Antidepressant Medication Management (AMM) <i>Effective Continuation Phase Treatment</i>	50.26%	69.05%	63.39%	90 th (5) ↔	Yes
Appropriate Testing for Pharyngitis (CWP)	25.99%	19.49%	18.34%	< 10 th (1) ↔	
Appropriate Treatment for Upper Respiratory Infection (URI)*	87.09%	85.23%	85.23%	10 th (2) ↔	
Asthma Medication Ratio (AMR)	57.39%	59.08%	65.87%	33.33 rd (3) ↑	Yes
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)*	42.54%	40.15%	42.26%	< 10 th (1) ↔	
Blood Pressure Control (<140/90) for Patients With Diabetes (BPD)	59.61%	59.61%	66.42%	33.33 rd (3) ↔	Yes
Breast Cancer Screening (BCS)	59.76%	57.84%	58.73%	66.67 th (4) ↔	Yes

HEDIS ® Measures for Medi-Cal	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2022 Percentile (Plan Rating)	IEHP Strategic Plan Measure?
Cervical Cancer Screening (CCS)	62.04%	54.01%	56.97%	33.33 rd (3) ↑	
Childhood Immunization Status (CIS) Combination 10	29.20%	28.71%	28.95%	33.33 rd (3) ↑	Yes
Chlamydia Screening in Women (CHL)	62.38%	64.97%	64.88%	66.67 th (4) ↔	
Controlling High Blood Pressure (CBP)	54.99%	60.83%	65.32%	33.33 rd (3) ↓	Yes
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication (SSD)	81.80%	83.64%	76.27%	10 th (2) ↓↓	
Eye Exam for Patients With Diabetes (EED)	54.99%	58.39%	55.23%	33.33 rd (3) ↓	
Follow-Up Care for Children Prescribed ADHD Medication (ADD) <i>Continuation & Maintenance Phase</i>	48.31%	53.09%	55.20%	33.33 rd (3) ↔	
Follow-Up after Emergency Department Visit for Mental Illness (FUM) <i>Total - 7- Day Follow-Up</i>	35.36%	41.56%	41.72%	33.33 rd (3) ↔	
Hemoglobin A1c Control for Patients With Diabetes (HBD) <i>HbA1c Control (<8%)</i>	49.15%	49.88%	56.20%	66.67 th (4) ↑	Yes
Immunizations for Adolescents (IMA) <i>Combination 2</i>	41.12%	30.41%	34.55%	33.33 rd (3) ↑	Yes
Kidney Health Evaluation for Patients with Diabetes (KED)	36.11%	42.95%	45.47%	66.67 th (4)	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) <i>Blood Glucose and Cholesterol Testing</i>	43.75%	39.29%	36.03%	33.33 rd (3) ↓	
Pharmacotherapy for Opioid Use Disorder (POD)	3.45%	23.11%	17.44%	10 th (2) ↔	
Pharmacotherapy Management of COPD Exacerbation (PCE) <i>Systemic Corticosteroid</i>	73.13%	74.02%	77.35%	66.67 th (4) ↑	

HEDIS ® Measures for Medi-Cal	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2022 Percentile (Plan Rating)	IEHP Strategic Plan Measure?
<i>Bronchodilator</i>	90.06%	90.59%	89.43%	66.67 th (4) ↔	
Prenatal and Postpartum Care (PPC)					
<i>Timeliness of Prenatal Care</i>	89.05%	83.94%	88.15%	66.67 th (4) ↑	Yes
<i>Timely Postpartum Care</i>	75.18%	80.05%	79.63%	33.33 rd (3) ↓	
Plan All-Cause Readmissions (PCR) <i>Observed-to-Expected Ratio[^] - 18-64 Years</i>	0.8538	0.8802	0.8783	90 th (5) ↔	Yes
Prenatal Immunization Status (PRS-E) <i>Combination</i>	17.80%	17.38%	14.48%	10 th (2) ↓	
Risk of Continued Opioid Use[^] (COU) <i>≥31 days covered</i>	8.74%	8.59%	6.76%	< 10 th (1) ↔	
Statin Therapy for Patients with Cardiovascular Disease (SPC)					
<i>Received Statin Therapy</i>	78.37%	78.77%	80.74%	33.33 rd (3) ↑	Yes
<i>Adherence 80%</i>	85.01%	85.43%	80.70%	66.67 th (4) ↓	
Statin Therapy for Patients with Diabetes (SPD)					
<i>Received Statin Therapy</i>	66.96%	68.82%	70.11%	66.67 th (4) ↔	Yes
<i>Adherence 80%</i>	84.17%	84.05%	76.84%	66.67 th (4) ↓	
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	34.53%	44.80%	47.96%	10 th (2) ↔	
Use of Imaging Studies for Low Back Pain* (LBP)	77.43%	76.82%	75.90%	66.67 th (4) ↔	
Use of Opioids at High Dosage[^] (HDO)	2.24%	2.16%	4.99%	33.33 rd (3) ↓	
Use of Opioids from Multiple Providers[^] (UOP) <i>Multiple Prescribers and Multiple Pharmacies</i>	3.37%	3.41%	3.54%	10 th (2) ↔	
Weight Assessment, Counseling for Nutrition and Physical Activity for Children (WCC) <i>BMI</i>	81.02%	84.43%	82.22%	33.33 rd (3) ↓	
Flu Vaccinations for Adults	41.03%	35.29%	39.63%	33.33 rd (3) ↑	Yes

HEDIS ® Measures for Medi-Cal	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2022 Percentile (Plan Rating)	IEHP Strategic Plan Measure?
Race/Ethnicity Stratification for all required measures			Met	90th (5)	

^ Lower Rate is Better
* Reflects an inverted rate

Performance Key:

↓	Indicates a decrease in the percentile ranking as compared to the previous measurement year. Each arrow down reflects a level of change in the percentile ranking. (e.g. a measure that went from the 75th percentile to the 50th percentile will display one down arrow)
↑	Indicates an increase in the percentile ranking as compared to the previous measurement year. Each arrow up reflects a level of change in the percentile ranking. (e.g. a measure that went from the 25th percentile to the 75th percentile will display two up arrows)
↔	Indicates no change in the percentile ranking as compared to the previous measurement year.
n/a	No previous percentile

Plan Rating	National Percentile Range
1	<10 th percentile
2	>10 th and <33 rd percentile
3	>33 rd and <66 th percentile
4	>66 th and <90 th percentile
5	>90 th percentile

MCAS Measures

IEHP reported 34 HEDIS measures that are a part of DHCS Managed Care Accountability Set (MCAS). All required measures were submitted timely, passing all independent audit validation requirements, to DHCS and NCQA for Medi-Cal performance in HEDIS MY 2022. From this measure set, 15 measures were designated as minimum performance level (MPL) measures, requiring Medi-Cal Managed Care Plans to meet designated performance levels (i.e., at or above 50th percentile national benchmark performance) with a risk of penalty for measures not meeting the goals. The MPL is the 50th percentile reflected in the 2022 NCQA Quality Compass National Benchmarks for Medicaid and represents the goal for MCAS measures held to the MPL.

Overall, of the 15 MPL MCAS measures, IEHP met the MPL goals for nine measures and fell short of meeting the goals for six measures. IEHP demonstrated improvement compared to the 2021 measurement year in 12 out of 15 measures in this measure set.

Below is the list of measures that did not meet the MPL goals:

- Women’s Health: Cervical Cancer Screening
- Early Childhood: Child and Adolescent Well-Care Visit
- Early Childhood: Childhood Immunization Status
- Early Childhood: Lead Screening in Children
- Early Childhood: Well-Child Visits for Ages 15-30 Months of Life
- Adolescent Health: Immunizations for Adolescents

The following table displays IEHP’s measurement year 2022 performance for MCAS measures that required MPL performance. Measurement Years 2020-2021 are also included for trending purposes.

HEDIS® Measures for Medi- Cal	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	Minimum Performance Level (MPL)	MPL Met?
Breast Cancer Screening (BCS)	59.76%	57.84%	58.73%↑	50.95%	Yes
Cervical Cancer Screening (CCS)	62.04%	54.01%	56.97%↑	57.64%	No
Child and Adolescent Well-Care Visit (WCV)	38.93%	47.90%	46.78%	48.93%	No
Childhood Immunization Status (CIS) <i>Combination 10</i>	29.20%	28.71%	28.95%↑	34.79%	No
Chlamydia Screening in Women (CHL)	62.38%	64.97%	64.88%	55.32%	Yes
Controlling High Blood Pressure (CBP)	54.99%	60.83%	65.32%↑	59.85%	Yes
Follow-Up after Emergency Department Visit for Mental Illness (FUM) <i>Total - 30-Day Follow-Up</i>	52.72%	57.62%	59.48%↑	54.51%	Yes
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) <i>Total - 30-Day Follow-Up</i>	5.93%	6.20%	38.27%↑	21.24%	Yes
Hemoglobin A1c Control for Patients With Diabetes (HBD) <i>HbA1c Poor Control (> 9%)^</i>	40.88%	38.69%	36.74%↑	39.90%	Yes

HEDIS® Measures for Medi- Cal	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	Minimum Performance Level (MPL)	MPL Met?
Immunizations for Adolescents (IMA) Combination 2	41.12%	30.41%	34.55%↑	35.04%	No
Lead Screening in Children (LSC)	Not required	46.72%	52.07%↑	63.99%	No
Prenatal and Postpartum Care (PPC)					
<i>Timeliness of Prenatal Care</i>	89.05%	83.94%	88.15%↑	85.40%	Yes
<i>Timely Postpartum Care</i>	75.18%	80.05%	79.63%	77.37%	Yes
Well-Child Visits in the First 30 Months of Life (W30)					
<i>Well-Child Visits in the First 15 Months of Life</i>	28.87%	29.52%	55.79%↑	55.72%	Yes
<i>Well-Child Visits for Age 15 Months – 30 Months</i>	61.05%	54.93%	62.93%↑	65.83%	No

^ Lower Rate is Better

↑ Rate improved compared to prior year

Star Ratings Measure Results

For the Cal MediConnect product line, IEHP’s measurement year 2022 performance was assessed against the CMS Star measure methodology and benchmarks. Eleven of the CMS Star measures are from the HEDIS, non-CAHPS measure set. Information shared in this report uses the most currently available CMS benchmarks as well as the 2023 CMS Medicare 2023 Part C and D Star Rating Technical Notes published in January 2023.

Overall, IEHP’s *projected* CMS Health Plan Star Rating performance using current benchmarks were in the following ratings categories:

- No measures received a star rating of 5
- 5 measures received a star rating of 4
- 3 measures received a star rating of 3
- 1 measure received a star rating of 2
- 1 measure received a star rating of 1

It is important to note that IEHP’s Cal MediConnect population is a program for Members with both Medicaid and Medicare eligibility. The CMS Star ratings benchmarks are based on the Medicare Advantage population, that include Plans who do not have the same Medicaid population demographics.

The following table displays the **IEHP CMS Star Rating HEDIS** measures.

CMS® Star Rating Measures	MY 2020	MY 2021	MY 2022	Projected MY 2022 CMS Star Rating	5 Star Goal	Weighting Value
Breast Cancer Screening	64%	65%	67%	3	77%	1
Colorectal Cancer Screening	68%	60%	66%	3	79%	1
Care for Older Adults - Medication Review	86%	85%	89%	4	93%	1
Care for Older Adults - Pain Assessment	86%	86%	88%	4	94%	1
Osteoporosis Management in Women who had a Fracture	22%	24%	26%	1	73%	1
Diabetes Care - Eye Exam	68%	70%	73%	4	79%	1
Diabetes Care - Kidney Disease Monitoring	49%	54%	56%	1	97%	1
Diabetes Care - Blood Sugar Controlled	70%	75%	79%	4	83%	3
Controlling Blood Pressure	59%	67%	73%	4	80%	1
Medication Reconciliation Post-Discharge	64%	63%	65%	3	82%	1
Statin Therapy for Patients with Cardiovascular Disease	78%	78%	79%	2	89%	1

Key Actions Planned to Impact Measures

The following activities are planned and/or in place for 2022-2023 to improve HEDIS® performance. Activities fall into one of five main categories: Incentives, Engagement, Member Support, and Data Improvements.

Category	Description
Incentives	Programs that include incentives for Members, Providers and Hospitals
Engagement	Engagement & educational programs that are Member, Provider and Team Member focused
Member Support	Member-facing programs aimed to support specific Member needs
Reducing Disparities	Quality activities developed to address identified disparities
Data Improvements	Programs designed to improve data completeness

1) Incentives

a) Provider Incentive Programs:

- i. **IPA and PCP Global Quality P4P Programs** were significantly enhanced in 2022 and those enhancements will continue in 2023. Key enhancements included: Significant funding increase; New ways to earn incentives by

- excelling in measure domain bundles; enhanced process measures; increased rewards for improvement over prior year performance.
- ii. In 2023 IEHP will continue with the expanded P4P program initiative to the Medicare line of business for IEHP Direct Providers. The purpose of this program aims to improve quality of care for IEHP Direct Dual Choice DSNP Members. Measures included in this program are comprised of the following: Blood Pressure Control, Colorectal Cancer Screening, Flu Vaccine, Diabetes Hemoglobin A1c Control, and Post Discharge Follow-up.
 - iii. Medicare DualChoice Annual Visit Incentive continues for 2023: \$100 paid to Direct PCPs. Annual visit for Medicare Members ensures that all IEHP DualChoice Members have timely annual visits, with an emphasis on evaluating chronic illness.
 - iv. Hospital P4P Program: This Program is for IEHP Medi-Cal contracted hospitals servicing Riverside and San Bernardino counties. The 2022 Hospital P4P Program is structured as an incentive program with quarterly performance measurement and payment. The goal of the program is to provide financial rewards to hospitals that meet quality performance targets and demonstrate high-quality care to IEHP Members.
 - i. OB/GYN Program: The OB/GYN Quality P4P Program includes performance-based incentives for the provision of specific prenatal and postpartum services. This program provides an opportunity for Medi-Cal OB/GYN Providers to earn financial rewards for improving the quality of maternity care for IEHP's pregnant and postpartum Members.
- b) Member Incentive Programs
- i. Medi-Cal Members are incentivized to complete specific healthcare screenings, tests, or immunizations. Members who complete the needed preventive care service by the indicated timeframe will receive a Gift Card. Gift card values are dependent on the number of Provider visits needed to complete the indicated care need. Once Member completes the needed preventative care service by the end of the year, they can choose a Gift Card from 14 different options (retail, on-line shopping, gas, grocery, eatery, or pharmacy). 2023 incentive measures for Medi-Cal include: retinal or dilated eye exams, mammograms, cervical cancer screening (Pap test) and Child/Adolescent Immunizations and Well-care visits. 2023 Medicare incentive measures include: retinal or dilated eye exams, mammograms, colorectal cancer screenings and annual wellness visits.
- 2) Provider Engagement & Support Programs
- a) Standing Orders Program: Standing orders facilitate PCP orders and follow-up of routine labs and screenings for breast cancer screening (mammograms), diabetic lab tests, and colorectal cancer screening (home test kits).
 - b) Pharmacy Academic Detailing: The IEHP Pharmacy Academic Detailing team is an educational and evidence-based outreach program for our providers and

pharmacies. The team forms phone and one-on-one outreaches with physicians, nurse practitioners, physician assistants, and pharmacy staff. The goal is to transform the prescriber and pharmacy practice and enhance the provider, pharmacist, and Member experience.

- c) Vision Provider Member Outreach Program. IEHP matches Diabetic Members needing an eye exam with Vision Providers in their neighborhoods. The office staff at the Vision Provider offices outreach to Members schedule timely eye exam appointments.
 - d) Radiology Center Member Outreach Program. IEHP matches women needing a mammogram with a contracted radiology center that is geographically close to the Member's home. The Radiology Center staff conducts outreach calls to schedule timely mammograms by the end of the year. Results are sent to Member's assigned PCP.
 - e) IEHP's secure provider portal tools include PCP Roster Lists that lists the PCP's assigned Members and indicates who needs key preventive services. Member Gap in Care Alerts are seen on Member Health History Page include key preventive care services that are past due. Roster functionality was enhanced in 2021. Updated functionality allows Providers to view all Member care gaps in one view.
 - f) IEHP hosts quality focused trainings for PCPs and IPAs. Topics include measure education, review of best practices, and coding/medical record documentation standards to help improve quality measure performance.
 - g) IEHP's ECM program coordinates Member care from a whole person care perspective, including physical, behavioral, and social determinants of health for the highest-need members and provides intensive coordination of health and health-related services. The ECM program is also aligned to meet key quality goals aligning to select HEDIS measures including controlling high blood pressure, HbA1c control, depression screening and follow up.
- 3) Member Support Programs
- a) Outbound call campaigns to Members with gaps in care to educate Members on preventive care services that are due and facilitate setting up PCP appointments.
 - b) Member texting campaigns for reminders to complete preventive care services.
 - c) The IEHP Community Resource Centers (CRC) host various education classes which are available to Members free of cost. Health education topics include; childhood immunizations, diabetes, asthma, breast cancer screening, and cervical cancer screening.
 - d) Baby N Me application is a free app that provides expectant mothers with clinically approved information and access to exclusive content based on their due date.
 - e) Member-specific Gap in Care Alerts in IEHP's call center systems indicating what preventive care services are due.

4) Reducing Disparities

- a) IEHP monitors high priority Medi-Cal measures for disparities based on age, gender, ethnicity, language, region, and homelessness. Disparity findings are shared with cross functional teams throughout the organization. Department leaders collaborate to provide improvement intervention recommendations that support identified disparities. These efforts demonstrate organizational commitment to improving Members' access to quality care and wellness-based healthcare services. Activities to support identified disparity populations include:
 - i. DHCS Controlling High Blood Pressure Performance Improvement Project: IEHP's 2020-2022 Healthy Equity Performance Improvement Project (PIP) focuses on controlling the blood pressure of IEHP Members ages 18 to 85 who identify as Black, who are assigned to Alpha Care IPA and have uncontrolled blood pressure. IEHP's Pharmacy department sent faxes to Providers with medication adjustment instructions for each Members who had uncontrolled hypertension. Additionally, the IEHP Pharmacist conducted educational calls with these Members.
 - ii. 2022 Global Quality P4P: IPAs are encouraged and rewarded to conduct a quality improvement activity that aims to reduce a health disparity among key quality measures.

5) Data Improvement Programs

- a) Strengthen root cause analytics methodologies for lower performing high priority measures. Root cause analytics findings drive quality improvement strategies and help prioritize quality improvement resources.
- b) Improve data sharing between IEHP and Primary Care Provider locations through new Manifest MedEx connections with PCP sites new data sharing from Manifest MedEx to IEHP.
- c) Improve data sharing by enhancing Provider Rosters and direct integration feeds that focus on 'call to action' activities that drive quality measure results.
- d) Improve lab results data quality and completeness processes. Many HEDIS measures rely on complete lab results data. Establishing sound quality assurance processes to monitor data quality and completeness of laboratory results can improve HEDIS results.
- e) IEHP established a one-time data exchange with the San Diego Immunization Registry (SDIR) to ensure immunizations reported to the registry were captured for timely HEDIS reporting. On April 25, 2022, the County of San Diego successfully transitioned to California Immunization Registry (CAIR2), an established data source for IEHP. All data captured from SDIR will impact IEHP's vaccine-related measures for years to come.
- f) Collect supplemental data feeds with IPAs and medical groups where gaps in

data are identified and are available in alternative data formats.

- g) Improve data collection from state of California immunization registry (CAIR) to support child and adolescent immunization measures by improving IEHP's Member inquiry/request algorithm.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	N/A	G. Fick 09/27/23	E. Juhn 09/27/23



HEDIS Measurement Year 2022 Health Plan Rating

Ed Juhn, MD, Chief Quality Officer
Genia Fick, MA, Vice President of Quality

HEDIS Background

What is HEDIS (Healthcare Effectiveness Data and Information Set):

- HEDIS is a set of quality measures measuring quality performance
- Established by the NCQA (National Committee for Quality Assurance)
- This set of quality measures is also used by DHCS and CMS

Why is HEDIS Important:

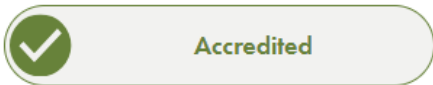
- Measures assess quality of patient care
- IEHP results are made publicly available
- IEHP performance can be compared to national benchmarks



Health Plan Rating Measurement Year (MY) 2022

Inland Empire Health Plan

California



Last update: 09/15/2023
Ratings are updated annually (September)

Health Plan Rating[Ⓢ]



INSURANCE TYPE[Ⓢ]

Medicaid

PRODUCT TYPE

HMO

NEXT REVIEW DATE

04/02/2024

MEMBERS ENROLLED

1,627,218

EVALUATION PRODUCT

Renewal Survey

WEBSITE

<http://www.iehp.org>

Other Accreditations, Certifications, and Distinctions

- ✓ [Electronic Clinical Data](#)
- ✓ [Health Equity Accreditation](#)



Health Plan Rating MY 2022 Overview

- **Patient Experience**

- 5 measures

- **Prevention and Equity**

- 13 measures

- **Treatment**

- 32 measures

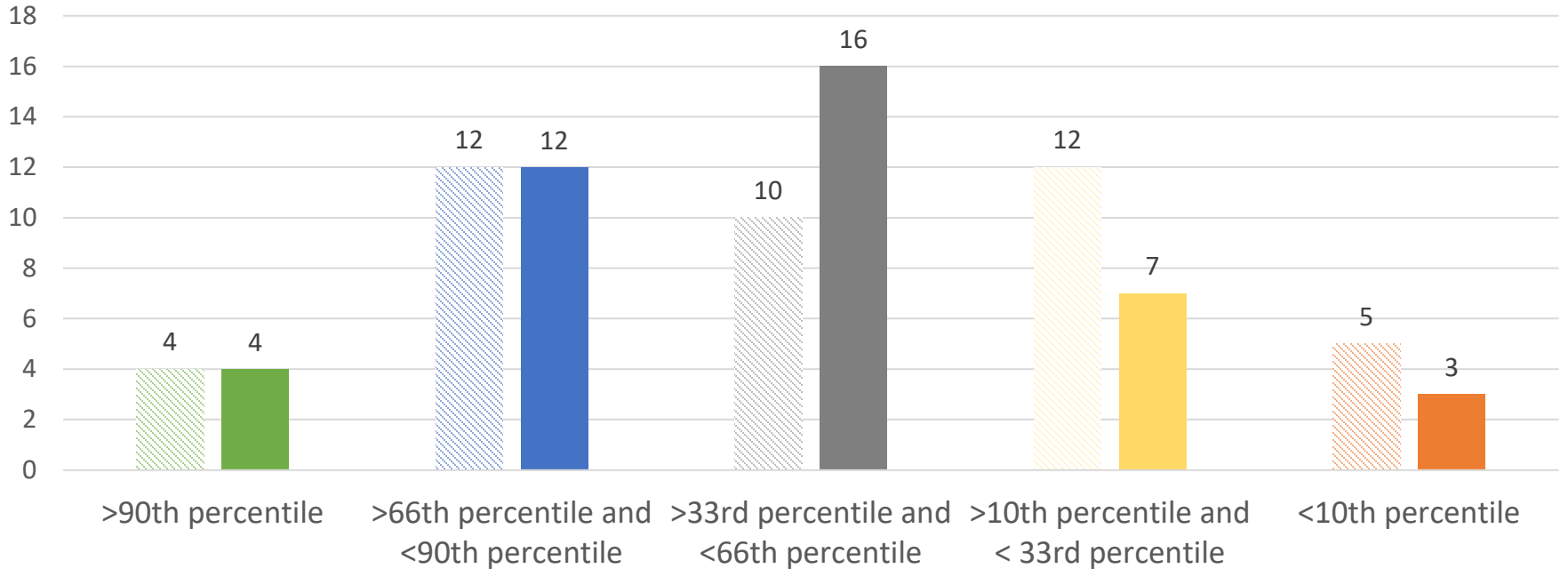
HEDIS & Measures for Medi-Cal	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2022 Percentile (Plan Rating)	IEHP Strategic Plan Measure?
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SA)	68.99%	64.34%	72.61%	90 th (5) ↑	
Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment	50.26%	69.05%	63.39%	90 th (5) ↔	Yes
Appropriate Testing for Pharyngitis (CWP)	25.99%	19.49%	18.34%	< 10 th (1) ↔	
Appropriate Treatment for Upper Respiratory Infection (URD)*	87.09%	85.23%	85.23%	100 th (2) ↔	
Asthma Medication Ratio (AMR)	57.39%	59.08%	65.87%	33.33 rd (3) ↑	Yes
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)*	42.54%	40.15%	42.20%	< 10 th (1) ↔	
Blood Pressure Control (<140/90) for Patients With Diabetes (BPD)	59.61%	59.61%	66.42%	33.33 rd (3) ↔	Yes
Controlling High Blood Pressure (CBP)	54.99%	60.83%	65.32%	33.33 rd (3) ↑	Yes
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication (SSD)	81.80%	83.64%	76.27%	10 th (2) ↓	
Eye Exam for Patients With Diabetes (EED)	54.99%	58.39%	55.23%	33.33 rd (3) ↓	
Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Continuation & Maintenance Phase	48.31%	53.09%	55.20%	33.33 rd (3) ↔	
Follow-Up after Emergency Department Visit for Mental Illness (FIM)	35.36%	41.56%	41.72%	33.33 rd (3) ↔	
Hemoglobin A1c Control for Patients With Diabetes (HED)	49.15%	49.88%	56.20%	66.67 th (4) ↑	Yes
Kidney Health Evaluation for Patients with Diabetes (KED)	36.11%	42.95%	45.47%	66.67 th (4)	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) - Blood Glucose and Cholesterol Testing	43.75%	39.29%	36.03%	33.33 rd (3) ↓	

HEDIS & Measures for Medi-Cal	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2022 Percentile (Plan Rating)	IEHP Strategic Plan Measure?
Pharmacotherapy for Opioid Use Disorder (POD)	3.45%	23.11%	17.44%	10 th (2) ↔	
Pharmacotherapy Management of COPD Exacerbation (PCE)					
Systemic Corticosteroid	73.13%	74.02%	77.35%	66.67 th (4) ↑	
Bronchodilator	90.06%	90.59%	89.43%	66.67 th (4) ↔	
Plan All-Cause Readmissions (PCR) - Observed-to-Expected Ratio - 18-64 Years	0.8538	0.8802	0.8783	90 th (5) ↔	Yes
Risk of Continued Opioid Use* (COU) - ≥31 days covered	8.74%	8.59%	6.76%	< 10 th (1) ↔	
Statin Therapy for Patients with Cardiovascular Disease (SPC)					
Received Statin Therapy	78.37%	78.77%	80.74%	33.33 rd (3) ↑	Yes
Adherence 80%	85.01%	85.43%	80.70%	66.67 th (4) ↓	
Statin Therapy for Patients with Diabetes (SPD)					
Received Statin Therapy	66.96%	68.82%	70.11%	66.67 th (4) ↔	Yes
Adherence 80%	84.17%	84.05%	76.84%	66.67 th (4) ↓	
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	34.53%	44.80%	47.96%	10 th (2) ↔	
Use of Imaging Studies for Low Back Pain* (LBP)	77.43%	76.82%	75.90%	33.33 rd (3) ↓	
Use of Opioids at High Dosage* (HDO)	2.24%	2.16%	4.99%	33.33 rd (3) ↓	
Use of Opioids from Multiple Providers* (UOP) - Multiple Prescribers and Multiple Pharmacies	3.37%	3.41%	3.54%	10 th (2) ↔	



NCQA Health Plan Ratings – IEHP Performance

IEHP's Health Plan Ratings Performance comparing MY 2021 to MY 2022



MY 2021

MY 2022

Reportable only measures displayed
113 of 120



IEHP Health Plan Ratings Results Scoring

	MY 2021 Results NCQA Health Plan Rating	MY 2022 Results NCQA Health Plan Rating
Medi-Cal	3.37 (3.5 Stars)	3.65 (3.5 Stars)

IEHP will become a **4 Star Health Plan** when our NCQA Final Score reaches at least 3.75



MY 2022 Highlights

Domain	Measure	MY 2021	MY 2022
Prevention	Breast Cancer Screening	57.8%	58.7%
Prevention	Cervical Cancer Screening	54.0%	57.0%
Prevention	Chlamydia Screening in Women	65.0%	64.9%
Prevention	Childhood Immunization Status Combo 10	28.7%	28.9%
Prevention	Immunizations for Adolescents Combo 2	30.4%	34.5%
Prevention	Timeliness of Prenatal Care	83.9%	88.1%
Prevention	Timely Postpartum Care	80.0%	79.6%
Treatment	Controlling High Blood Pressure	60.8%	65.3%
Treatment	Hemoglobin A1c Control for Patients with Diabetes	49.9%	56.2%
Treatment	Follow Up After ED Visit for Mental Illness (7 day)	41.6%	41.7%
Treatment	Asthma Medication Ratio	59.1%	65.9%
Treatment	Follow Up Care for Children Prescribed ADHD Medication	53.1%	55.2%



MY 2022 Improvement Activities

Category	Activity	Description	Impact
Provider Incentives	Pay 4 Performance Programs	PCP Program: \$142 M IPA Program: \$45 M Hospital Program: \$64 M OB Program: \$6.5 M	16 HEDIS measures improved
Root Cause Analytics	Enhanced Data Mapping	Improved capture of primary care services via coding/billing	10 quality measures completed <ul style="list-style-type: none"> 7 measures improved
Regional Quality Model	Primary Care Practice Support Services	Participating Providers engaged to improve clinical workflows to address care gaps	23 Primary Care Providers engaged <ul style="list-style-type: none"> 21,000 IEHP Members impacted 6 measures improved
Data Improvement	Laboratory Results Data Capture	Conducted code mappings to improve capture of HbA1c and Pap test results	2 measures improved <ul style="list-style-type: none"> HbA1c Control: +5% Cervical Cancer Screening: +3%
EHR Workflow Enhancements	Enhanced EHR workflow partnership with Loma Linda University Shared Services	Improved clinical workflows within Epic EHR to impact quality measures and improve patient engagement	3 measures met Quality goals <ul style="list-style-type: none"> Asthma Medication Ratio Well Child Visits 15-30 Months of life Social Determinants of Health Screening



MY 2022 Opportunities

Domain	Measure	MY 2021	MY 2022
Prevention	Child and Adolescent Well Care Visits*	47.9%	46.8%
Prevention	Childhood Immunization Status	28.7%	28.9%
Prevention	Prenatal Immunization Status	17.4%	14.5%
Treatment	Eye Exam for Patients With Diabetes	58.4%	55.2%
Treatment	Appropriate Treatment for Upper Respiratory Infection	85.2%	85.2%
Treatment	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication	83.6%	76.3%
Treatment	Metabolic Monitoring for Children and Adolescents on Antipsychotics	39.3%	36.0%
Treatment	Statin Therapy for Patients with Cardiovascular Disease - adherence	85.4%	80.7%
Treatment	Statin Therapy for Patients with Diabetes - adherence	84.0%	76.8%

**Measure not part of Health Plan Ratings but is part of DHCS Managed Care Accountability Set*



MY 2023 Improvement Approach

Internal Quality Operations

IEHP Internal processes to improve measure performance

Enhanced Root Cause Analytics

Newborn Enrollment Process

Provider Quality

Support IEHP's Providers to improve quality measure performance

Regional Quality Model

PCP and MX Connectivity

Member Quality

Support Members to improve their health outcomes, experience and quality measure performance

Outreach Campaigns

School District Partnerships



MY 2023 Improvement Activities

Internal Operations

Description	Volume
Improving processes for enrolling newborns into Medi-Cal before their 3 rd month of life to ensure no gap in eligibility / coverage	<ul style="list-style-type: none">Improved Mom-baby linkage from 52% to 64% of newborns22 hospitals engaged1 high volume OB/GYN office

Provider Quality

Description	Volume
PCPs successfully connected to Manifest MedEx	449 PCPs caring for 886,867 Members
Pharmacy Management Support Services	3 measures targeted

Member Quality

Description	Volume
Members due for Well Child Visits ages 16-21	121,000 Members identified
Members due for preventive care services – appointment scheduling	2,350 Members supported
Last HPV vaccine due before 13 th birthday	1,100 Members identified
One visit before 30-month birthday	838 Members identified





Thank you!