



REVISED

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

May 13, 2024 - 9:00 AM

Board Report #348

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

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

PUBLIC COMMENT AT INLAND EMPIRE HEALTH PLAN GOVERNING BOARD MEETINGS:

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

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

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

<https://youtube.com/live/XYi-ukxSI7c?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 April 8, 2024 Regular Meeting of the Governing Board of the Inland Empire Health Plan

VIII. CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. Approve and Appoint Representatives to Act as Lead Negotiators in Employment and Labor Matters for IEHP
2. Authorize the Chief Executive Officer to Execute Ad Hoc Agreements or Amendments Involving no Compensation or Additional Cost

FINANCE DEPARTMENT (Keenan Freeman)

3. Approve the Professional Services Agreement with DLR Group Inc.
4. Approve the Funding Agreement with Riverside University Health System
5. Approve the Professional Services Agreement with Wakely Consulting Group, An HMA Company

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

6. Ratify and Approve the First Amendment to the Memorandum of Understanding with San Bernardino County Department of Behavioral Health
7. Ratify and Approve Memorandums of Understanding and Delegation of Authority to Approve Subsequent Memorandums of Understanding for the Equity & Practice Transformation Payment: Provider Directed Payment Program
8. Approve the Fourth Amendment to the Professional Service Agreement with T-Base Communications USA, Inc.

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

9. Approve the Enterprise Services Work Order with Microsoft Corporation
10. Delegation of Authority to Approve Contractual Documents with Automatic Data Processing, Inc.
11. Delegation of Authority to Approve Sales Service Order #503969 with Altera Digital Health Inc.
12. Approve the Third Amendment to the Statement of Work 2022-07 under the Master Services Agreement with Hexplora Inc.

13. Delegation of Authority to Award and Approve Contractual Documents and Disburse Budgeted Funds with Hexplora LLC, Mphasis Corporation, Persistent Systems, Inc, Blue Spire, Inc. and Interex Group

OPERATIONS DEPARTMENT (Susie White)

14. Approve the Award of Request for Proposal #24-05528 to, and Delegation of Authority to Approve Contractual Documents with InComm Healthcare

PROVIDER CONTRACTING DEPARTMENT (Susie White)

15. Ratify and Approve the Eleventh Amendment to the Hospital Per Diem Agreement with San Bernardino County on Behalf of Arrowhead Regional Medical Center – Colton
16. Ratify and Approve the Ninth Amendment to the Capitated IPA Agreement with Lasalle Medical Associates Inc – Redlands
17. Ratify and Approve the Seventh Amendment to the Capitated IPA Agreement with Physicians Health Network – Chino
18. Ratify and Approve the Behavioral Health Provider Agreement with The Regents of the University of California dba UCR- Riverside
19. Ratify and Approval of the Standard Templates
 1. Intermediate Care Facility Agreement (Excluding Medicare)
20. Approval of the Evergreen Contracts
 1. Magave Care Inc dba Magnolia Rehabilitation and Nursing Center - Skilled Nursing Facility Provider Agreement – Riverside
 2. Mohave Healthcare Inc dba River Valley Hospice - Ancillary Agreement – Big River
 3. St Joseph Health System Home Care Services LLC dba Providence Hospice Inland Empire - Ancillary Agreement – Rancho Cucamonga
 4. Unilab Corporation dba Quest Diagnostics - Ancillary Agreement – West Hills
 5. Hilton Manor LLC- Congregate Living Health Facility – Redlands
 6. Cohen Musch Thomas Medical - Admitter Agreement – Admitter – Palm Springs
 7. Myriad Genetic Laboratories Inc - Ancillary Agreement – Salt Lake City
 8. The Illumination Foundation - Ancillary - Community Supports – Ontario
 9. Upland Outpatient Surgical Center LP dba Ontario Advanced Surgery Center – Ancillary Agreement – Ontario
 10. Alan Rooney dba Dr. Alan Rooney Psychologist - Participating Provider Agreement - Behavioral Health – Palm Springs
 11. CMM Mental Health and Family Therapy Inc - Participating Provider Agreement - Behavioral Health – Murrieta
 12. Deborah A Montana – Participating Provider Agreement - Behavioral Health – Riverside
 13. Jeremiah Emmanuel Dieujuste dba A Sound Mind - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga

14. Kathy G Membreno Gallardo - Participating Provider Agreement - Behavioral Health – Chino
15. Kimberly Griggs - Participating Provider Agreement - Behavioral Health – Corona
16. Laine Alexandra - Participating Provider Agreement - Behavioral Health -Thousand Palms
17. Leili Zarbakhsh Integrated Individual and Family Therapy Professional Corporation dba Willowbrooks Behavioral Health - Participating Provider Agreement - Behavioral Health – Riverside
18. Michelle Bale dba Michelle Bale Counseling - Participating Provider Agreement - Behavioral Health – Temecula
19. Nayeli Corona-Zitney - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
20. Robert Steven Gonzalez Jr - Participating Provider Agreement - Behavioral Health – Chino
21. Shelby Jernigan Roemer - Participating Provider Agreement - Behavioral Health – Riverside
22. Syreeta Marie Green dba Peace of Mind Therapy - Participating Provider Agreement - Behavioral Health – Victorville
23. Varsha Patel MD - Participating Provider Agreement - Behavioral Health – Corona
24. Veronica San Juan LMFT - Participating Provider Agreement - Behavioral Health – Riverside
25. Community Health Systems Inc- Participating Provider Agreement - Behavioral Health – Riverside - Open Access Agreement (Excluding Medicare) – Bloomington
26. Neighborhood Healthcare - Open Access Agreement - Riverside
27. North County Health Project Inc dba TRUECARE - Open Access Agreement – Perris
28. Famarz Alav dba Alav Medical Corporation - Capitated Primary Care Provider Agreement- Fontana
29. Ravindra Gautam MD dba OHCCI- Capitated Primary Care Provider Agreement - Hesperia
30. Jon J Atiga MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) - Murrieta
31. Intercare Therapy Inc - Participating Provider Agreement – QASP – Riverside
32. Edgard M Vera MD Inc- Capitated Primary Care Provider Agreement – Apple Valley
33. Inland Empire Colon and Rectal Surgeons - Participating Provider Agreement - Specialist - Redlands
34. Inland Valley Retina Medical Associates Inc Participating Provider Agreement - Specialist– Corona
35. Newport Care Medical Group Inc- Participating Provider Agreement – Specialist – Placentia
36. Above Urgent Care Center - Urgent Care Provider Agreement – Montclair
37. Suniel Khemlani MD dba Lani City Medical - Urgent Care Provider Agreement – Rancho Cucamonga
38. Walter Jones III Inc dba Medical Clinic of Redlands - Urgent Care Provider Agreement – Specialist – Redlands
39. California Eye Specialists a Medical Group Inc - Participating Provider Agreement - Vision – Glendale
40. Scott Swanson OD - Participating Provider Agreement – Vision – Palms Springs

IX. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

GOVERNING BOARD (Chair Curt Hagman)

21. Creation of an Ad Hoc Committee to review the executive compensation of the Chief Executive Officer and make recommendations to the Governing Board

ADMINISTRATION (Jarrod McNaughton)

22. Chief Executive Officer Update
23. Establish a Governing Board Compliance Committee and Appoint Governing Board Members to a Governing Board Compliance Committee
24. Ratify and Approve Funding and Term Extension to the Delegation of Authority for the IEHP Healthcare Scholarship Fund

FINANCE DEPARTMENT (Keenan Freeman)

25. Review of the Monthly Financials
26. Review of the Audited Financial Statements for Calendar Year 2023

OPERATIONS DEPARTMENT (Susie White)

27. HQI Cares: Implementing Beta Heart Update

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

XI. Board Member Comments

XII. Closed Session - No Business

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held on June 3, 2024 at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

ADMINISTRATION

1. APPROVE AND APPOINT REPRESENTATIVE TO ACT AS LEAD NEGOTIATOR IN EMPLOYMENT AND LABOR MATTERS FOR IEHP

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve and appoint the Chief People Officer to act as lead negotiator in all future employment and labor matters of IEHP

Contact:

Supriya Sood, Chief People Officer

Background:

Recruiting and keeping talented employees has always been the goal of IEHP. Filling and maintaining important positions at all levels sometimes requires employment and labor negotiations to take place.

Discussion:

IEHP would like to designate the Chief People Officer as its sole lead negotiator. The Chief People Officer is responsible for providing leadership in developing and executing Organizational Development and Human Resource strategy in support of IEHP’s vision, mission, philosophy, business plan and strategic direction. Specific areas of focus include talent acquisition, employee relations, compensation and benefits, and employee communications, among others. The Chief People Officer best fits the role of lead negotiator in employment and labor matters.

The Chief People Officer is expected to confer with this Governing Board from time to time to continue implementing IEHP’s vision, business plan, and policies. However, for the lead negotiator to meet with this Governing Board in closed session regarding the salaries, salary schedules, or compensation paid in the form of fringe benefits of employees, the law requires the Governing Board to identify in open session its designated representative.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 05/01/24	A. Wang 05/02/24	S. Sood 05/02/24

ADMINISTRATION

2. DELEGATION OF AUTHORITY TO APPROVE AD HOC AGREEMENTS OR AMENDMENTS INVOLVING NO COMPENSATION OR ADDITIONAL COST

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or designee to, after legal review and approval, enter into ad hoc agreements or amendments with no compensation or additional costs incurred by IEHP.

Contact:

Jarrod McNaughton, Chief Executive Officer

Background:

Since 1995, IEHP has delegated purchasing authority to the CEO for the purchase of services, tangible items and goods, by which the CEO may enter into agreements, amendments, or purchase orders for those acquisitions that fall within a defined threshold.

However, there is a large subset of contractual documents, referred to as “ad hoc” agreements that do not fall under this purchasing authority, as they are not for the procurement of services, tangible items or goods. These ad hoc types of contracts include, but are not limited to:

- Memoranda of Understanding
- Non-Disclosure Agreements
- Data Use Agreement/Data Sharing Agreements
- Trading Partner Agreements
- Affiliation Agreements
- Tuition Discount Agreements
- Participation Agreements/ Volunteer Agreements
- Internship Agreements/Residency Agreements
- Letters of Agreement
- Funding Advance Agreements
- Waivers and Releases
- Assignments of Contract
- Tolling Agreements

Ad hoc contracts typically require Board approval if they meet at least one of the following two conditions: 1) there are costs associated under which IEHP will pay the contracted entity and/or 2) there is a legal obligation incurred by IEHP, such as indemnification or defense of the contracted entity.

Discussion:

The majority of ad hoc contracts are low risk to IEHP, as they either are no or low-cost agreements, have a short duration, impose few obligations on IEHP, build positive partnerships or positively impact our strategic plan.

CONSENT AGENDA

Over the last couple of years, IEHP has seen an increase in ad hoc contracts due to IEHP’s growth, new regulatory requirements and a focus on its strategic plan. Since the Governing Board meetings are only monthly, and the volume of these ad hoc agreements continues to increase, we are recommending the CEO or designee have the authority exercise discretion to enter into these ad hoc agreements or amendments that involve no compensation or additional costs incurred by IEHP.

All ad hoc contracts or amendments for which there is a cost to IEHP, will continue to be presented for Board approval. However, ad hoc contracts that include a cost for which IEHP will later be repaid for under strict, defined terms with no net loss to IEHP (i.e. Funding Advance Agreements), will fall under this new policy and will not require Board approval.

Accordingly, IEHP seeks to delegate authority to the CEO or his designee to enter into ad hoc agreements or amendments as set forth herein.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 4/24/24	A. Wang 4/24/24	J. McNaughton 4/24/24

FINANCE DEPARTMENT

3. APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH DLR GROUP INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Professional Services Agreement (Agreement) with DLR Group Inc. (DLR Group) for the provision of Architectural and Engineering Services for an amount not to exceed \$2,500,000.00 for a term of three (3) years.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP requires professional services to meet workload demands and project scheduling commitments in relation to Architect/Engineer (A/E) Design and Professional Consultant Architectural Services for implementation of Capital Improvement, Rehabilitation Projects, and miscellaneous small projects that are anticipated but are not yet defined. In order to supplement its existing resources, IEHP intends to issue “on call” A/E service agreements for use on an “as needed” basis for A/E architectural services, which may include:

- Community Resource Center Remodels
- Space Planning
- Tenant Improvement
- Parking Lot Improvement
- Space Modifications
- Facilities Rebranding Projects

IEHP procured this service using the terms of a Cooperative Agreement provided by the County of Orange, a political subdivision of the State of California and DLR Group via Contract Number MA-060-22010950 for On-Call Architect/Engineer (A/E) Architectural Services. The provisions and pricing of this Contract may be extended, at the option of Contractor, to any Municipal, County, Public Utility, Hospital, Educational Institution, or any other non-profit or governmental organization.

Discussion:

IEHP will enter into an Agreement with DLR for “on call” A/E services for a term of three (3) years. Initially, IEHP plans to engage with DLR for these services to design construction plans for the new Indio building located at 83240 Highway 111 Indio, CA 92201. Thereafter, IEHP may engage DLR for other “on call” A/E services, as noted above.

The cost of this Agreement shall not to exceed \$2,500,000.00 for three (3) years.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY 2024 Budget	J. Haines 04/18/24	L. Marroquin 04/16/24	M. Popka 04/19/24	R. Fleig 04/15/24	K. Freeman 04/30/24

FINANCE DEPARTMENT

4. APPROVE THE FUNDING AGREEMENT WITH RIVERSIDE UNIVERSITY HEALTH SYSTEM

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Funding Agreement with Riverside University Health System (RUHS) to provide financial support for critical operational expenses impacted by a lag in Medi-Cal reimbursements, for an amount not to exceed \$30,000,000.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

RUHS, located in Moreno Valley, is a 439-bed Medical Center and 60+ hospital-based primary and specialty care clinics that have been recognized for their delivery of high-quality care. RUHS has been a contracted IEHP provider since September 2002. RUHS provides important and vital hospitalist services to a large population of IEHP Members, as it is a top five (5) hospital in terms of reimbursements from IEHP.

Discussion:

This Funding Agreement is to extend RUHS a one-time \$30,000,000 advance by May 23, 2024, to allow for continued provision of health care services to IEHP Members. RUHS will utilize the funding advance for the continued operations and help remediate current cashflow strains until RUHS receives reimbursement for patient services.

As IEHP’s funding is an advancement, RUHS must pay back the entire \$30,000,000 to IEHP in accordance with an agreed upon payback schedule. In the event RUHS does not repay the funds in accordance with the repayment terms, IEHP will recoup the funds against future claim payments to RUHS.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	Leona Liu 4/17/2024	NA	M. Popka 4/17/24	NA	K. Freeman 4/23/2024

FINANCE DEPARTMENT

5. APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH WAKELY CONSULTING GROUP, AN HMA COMPANY

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Professional Services Agreement (Agreement) with Wakely Consulting Group, an HMA company (Wakely) for the participation in the Wakely National Risk Adjustment Reporting (WNRAR) for an amount not to exceed \$240,975 through July 31, 2029.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP requires this service for its Covered California (CCA) product to navigate through the complexities of the Affordable Care Act (ACA) risk adjustment program, ensuring regulatory compliance, and optimizing financial and operational performance. Engaging Wakely for the WNRAR project provides IEHP with specialized expertise and analytical capabilities necessary for accurate risk adjustment estimation, strategic market positioning, and benchmarking against statewide performance averages.

Building on IEHP's established partnership with HMA for Consulting Services, this new collaboration with Wakely, distinct and independent from prior arrangements with HMA, focuses on specialized analytics and insights vital for CCA risk adjustment program. Wakely's proprietary reporting offers insights and analytics unavailable from any other source, fulfilling IEHP's need for precise risk adjustment strategies and comprehensive ACA compliance. This sole-source selection is vital, securing IEHP's competitive advantage and regulatory adherence in the evolving healthcare market.

Furthermore, given Wakely's proprietary reporting and in-depth analytical expertise, a multi-year service agreement is deemed essential. This long-term commitment will facilitate the development and execution of strategic plans that align with IEHP's long-term objectives, ensuring that our analytics capabilities continue to lead the industry.

The Governing Board has previously approved the following Agreement with HMA for independent scopes of work:

Date Approved	MO#	Purpose	Term Expiration	Cost
2/8/2021	21-47	Professional Services Agreement with Edrington Health Consulting, a subsidiary HMA for Financial Analysis Services.	2/7/2026	\$1,500,000

Date Approved	MO#	Purpose	Term Expiration	Cost
4/11/2022	22-139	First Amendment with HMA for Consulting Services to Launch Covered California Product	2/7/2026	\$509,952
10/10/2023	23-219	Professional Services Agreement with Edrington Health Consulting, a subsidiary of HMA for Managed Care Consulting Services.	09/30/2024	\$225,000
11/13/2023	23-271	Second Amendment to the Professional Services Agreement with HMA for continued Consulting Services to Launch Covered California Product	2/7/2026	\$72,048
Total Cost to date:				\$2,307,000
New Cost for Wakely Scope of Work:				\$240,975
Total Cost:				\$2,547,975

Discussion:

Wakely brings to this project a dedicated team with specialized expertise in risk adjustment analytics and strategy under the framework of the Affordable Care Act (ACA).

This collaboration is designed to achieve the following critical objectives:

Comprehensive Risk Adjustment Analysis: The Wakely team will leverage its deep expertise in ACA markets to provide IEHP with detailed insights into risk adjustment metrics through the WNRAR project. This analysis is vital for accurately estimating risk adjustment transfer payments and pricing IEHP’s CCA plans, ensuring IEHP's financial stability and compliance with ACA requirements.

Benchmarking and Strategic Insight: By comparing IEHP's performance against statewide benchmarks, Wakely will enable IEHP to understand its competitive position accurately. This insight will inform strategic decisions, highlight areas for improvement, and guide operational enhancements to boost IEHP's market standing.

The costs associated with this Agreement include:

Year	Initial Payment (50%)	Second Payment (25%) by 08/31 annually	Final Payment (25%) by 12/31 annually	Annual Fee (\$)
2024	23,625.00 by 05/31	11,812.50	11,812.50	47,250.00
2025	23,625.00 by 04/30	11,812.50	11,812.50	47,250.00
2026	23,625.00 by 04/30	11,812.50	11,812.50	47,250.00
2027	24,806.25 by 04/30	12,403.12	12,403.12	49,612.50
2028	24,806.25 by 04/30	12,403.12	12,403.12	49,612.50
Not to Exceed Total Project Fee				240,975.00

Accordingly, IEHP is requesting approval of this Agreement for an amount not to exceed \$240,975 through July 31, 2029.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	S. McCalley 4/11/2024	C. Andrade 4/19/2024	M. Popka 4/17/2024	Carol Chio 4/8/2024	K. Freeman 4/26/2024

HEALTH SERVICES DEPARTMENT

6. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE MEMORANDUM OF UNDERSTANDING WITH SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the First Amendment to the San Bernardino County Department of Behavioral Health Memorandum of Understanding for the provision of coordinating the delivery of health care services to San Bernardino County beneficiaries, including those with beneficiaries with eating disorders, for a three-year term effective January 1, 2024.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

Since 1998, IEHP has worked with the San Bernardino Department of Behavioral Health (SBDBH) to develop a county-specific, all-inclusive Memorandum of Understanding that appropriately establishes physical and specialty mental health care services for Medi-Cal and Medicare Dual Choice recipients.

IEHP has had an Memorandum of Understanding in place with SBDBH for these services since 2018. Throughout the years, the Memorandum of Understanding has undergone a review and update process to incorporate changes to State regulations to ensure that the information is current, and that Medi-Cal and Medicare Dual Special Needs Plans (D-SNP) recipients do not experience a lapse in service(s).

Most recently, on December 23, 2023, the Board approved the existing MOU, for a three-year term effective January 1, 2024.

Discussion:

At this time, IEHP is requesting an amendment to the MOU, as both the Managed Care Plan (MCP) and the Mental Health Plan (MHP) have a mutual desire to provide medically and clinically appropriate health services to MCP members and MHP clients, identified as having a severe eating disorder. Pursuant to All Plan Letter (APL 22-003) this First Amendment clarifies the responsibility to coordinate and provide medically necessary services for Members who are diagnosed with eating disorders and are currently receiving Specialty Mental Health Services (SMHS) from a county MHP. This amendment specifies that San Bernardino County Department of Behavioral Health allocated \$3,181,818 through December 31, 2026 to reimburse IEHP for their portion of their financial responsibility, which is 50% of the total costs for these eating disorder cases.

CONSENT AGENDA

IEHP seeks ratification and approval to the First Amendment to include eating disorders for a three-year term effective January 1, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	Make Selection [enter date]	A. Holmes 04/04/2024	T. Wada 04/15/2024

HEALTH SERVICES DEPARTMENT

7. RATIFY AND APPROVE MEMORANDUMS OF UNDERSTANDING AND DELEGATION OF AUTHORITY TO APPROVE SUBSEQUENT MEMORANDUMS OF UNDERSTANDING FOR THE EQUITY & PRACTICE TRANSFORMATION PAYMENT: PROVIDER DIRECTED PAYMENT PROGRAM

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) 1) Ratify and Approve the Memorandums of Understanding (MOU) with The Children’s Doctor Professional Corporation, Chong Lii Hwang MD, Sushil Anand and Associated Medical Corporation dba American Pediatrics, Sushil Anand MD FAAP dba Sunshine Pediatrics, Yvonne D’Sylva MD Inc., Odochi Nwagwu MD Inc. Db a Adlanto Medical Clinic, and Bendito Medical Corporation; and 2) authorize the Chief Executive Officer (CEO) or his designee to, and after legal review and approval, execute subsequent MOUs with the Department of Health Care Services (DHCS) awarded Providers for the Equity & Practice Transformation (EPT) Provider Directed Payment Program for a five year period through December 31, 2028.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

DHCS launched 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 EPT program will extend over a five-year period, which began in 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 into 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 DHCS to provide support to the 12 awarded EPT providers as they complete their program deliverables.

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.

Discussion:

The EPT Program selection process involved a review by IEHP, followed by final selection by DHCS using various criteria. The focus of the Program was to improve capacity to address disparities and improve outcomes in small and medium sized practices with a priority on children/youth, pregnant individuals, and tribal health programs. Among the 111 IEHP providers who applied to the EPT program, 92 applicants were recommended by IEHP for funding, and DHCS selected 12 with a total approved funding amount of \$23.6 million.

CONSENT AGENDA

DHCS will disburse funding to IEHP based on the completion of specified milestones detailed in the providers’ applications. The payment will be disbursed to twice a year, the first one being in October and the second being in April.

The following table reflects the 12 IEHP providers selected by DHCS, and their maximum eligible funding amount under the EPT Payment: Provider Directed Payment Program

#	Provider	Total Eligible Funding
1	Aruna Pallapati Md Inc.	\$1,000,000
2	Bendito Medical Corporation	\$600,000
3	Children's Primary Care Medical Group, Inc. dba Children's Primary Care Medical Group	\$10,000,000
4	Chorng Lii Hwang Md	\$1,000,000
5	Mission Pediatrics, Inc.	\$2,250,000
6	Mommy & Me Medical Group, Inc	\$2,250,000
7	Odochi Nwagwu MD Inc dba	\$1,000,000
8	Pilar J. Condry MD Inc	\$1,000,000
9	Sushil Anand And Associates Medical Corp (dba) American Pediatrics	\$1,000,000
10	Sushil Anand MD FAAP (dba) Sunshine Pediatrics	\$1,000,000
11	The Children's Doctor Professional Corporation	\$1,500,000
12	Yvonne D'sylva MD Inc	\$1,000,000
Total Funding:		\$23,600,000

Currently, IEHP has entered into MOUs with seven (7) DHCS approved Providers for the EPT Program. Accordingly, IEHP is requesting ratification and approval of MOUs with the following Providers for the EPT Program effective April 1, 2024:

1. The Children’s Doctor Professional Corporation
2. Chorng Lii Hwang MD
3. Sushil Anand and Associated Medical Corporation dba American Pediatrics
4. Sushil Anand MD FAAP dba Sunshine Pediatrics
5. Yvonne D’Sylva MD Inc.
6. Odochi Nwagwu MD Inc. Dba Adlanto Medical Clinic
7. Bendito Medical Corporation

Additionally, IEHP is requesting delegation of authority to enter into subsequent Memorandums of Understanding to support the EPT Program. The EPT Provider Directed Payment Program is for a five-year period through December 31, 2028.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	M. Martinez 3/21/24	N/A	M. Popka 4/15/24	M. Wray 3/21/24	T. Wada 4/12/24

HEALTH SERVICES DEPARTMENT

8. APPROVE THE FOURTH AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH T-BASE COMMUNICATIONS USA, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fourth Amendment to the Professional Service Agreement (Agreement) with T-Base Communication USA, INC. (T-Base) for the provision of Alternative Format Transcription Services to amend the Plan Licensing/State Requirements. There is no term extension or additional cost under this Fourth Amendment.

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 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 Chinese (Mandarin, Cantonese), in the following formats: Grade 1 Braille, Grade 2 Braille, Large Print, Audio, E-Text, and AccessOne Enhanced Equivalent.

Most recently, T-Base was selected as the winning bidder of Request for Proposal #20-0314 (RFP 20-03104) and awarded an Agreement on November 8, 2021.

Discussion:

IEHP seeks approval of a Fourth Amendment to amend the Plan Licensing/State requirements to comply with all applicable language requirements of the DHCS Medi-Cal Managed Care Plan Program and Knox-Keene Health Care Services Plan Act of 1975. There is no cost associated with this Amendment.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	L. Herrera 4/24/24	H. Clear 4/23/24	M. Popka 4/24/24	G. Uribe 4/23/24	T. Wada 4/24/24

INFORMATION TECHNOLOGY

9. APPROVE THE ENTERPRISE WORK ORDER WITH MICROSOFT CORPORATION

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Enterprise Services Work Order with Microsoft Corporation (Microsoft) for the provision of Microsoft's Unified Performance Support Services for an amount not to exceed \$593,904 through May 28, 2025.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP's growth and subsequent increase in user licensing has expanded the number and variety of server and platform-based services that are now considered operation critical for many team members. Though many of these programs are provisioned through the Microsoft Service, Cloud Enrollment and Enterprise Agreement reseller licensing agreements, the complexity and depth of IEHP's Microsoft-based environments has called for the parallel execution of enterprise support agreements with Microsoft itself. This support will impact IEHP by avoiding any possible disruption to business operations, as IEHP Microsoft-based systems must have a skilled, robust, and rapidly deployable source of incident response and mitigation.

IEHP has contracted with Microsoft since 2016 for Enterprise Support services. Microsoft continues to be selected through single source justification due to industry reputation, IEHP's investment in Microsoft solutions as its platform of choice, business need for access to robust and expert technical support services, as well as a rapidly deployable source of incident response and mitigation in support of IEHP's investment in Microsoft's Volume Licensing commitments.

The Governing Board previously approved the Microsoft Enterprise Services Work Orders as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
06/01/2016	16-64	Microsoft Premier Support Services	05/28/17	\$64,780
06/01/2017	16-64	Microsoft Premier Support Services	05/28/18	\$188,922
06/11/2018	16-64	Microsoft Support Services Agreement	05/28/19	\$194,922
06/10/2019	19-101	Microsoft Support Services Agreement	05/28/20	\$350,000
05/11/2020	20-110	Microsoft Support Services Agreement	05/28/21	\$470,000
04/12/2021	21-97	Microsoft Support Services Agreement	05/28/22	\$527,414
05/09/2022	22-177	Microsoft Support Services Agreement	05/28/23	\$570,634

Date Approved	MO#	Purpose	Term Expiration	Cost
05/08/2023	23-102	Microsoft Support Services Agreement	05/28/2024	\$570,634
Total Cost to date:				\$2,937,306
New Cost				\$593,904
Total Cost				\$3,531,210

Discussion:

This Enterprise Services Work Order provides Microsoft's Unified Performance Support Services, which is a combination of proactive, reactive and delivery management services that support IEHP's investment in Microsoft products and online services. Value is recognized through delivery of Proactive and Enhanced Performance Support Services including:

A Designated Customer Success Account Manager (CSAM)

- A performance driven resource whose success is dependent upon ensuring IEHP maximizes not only use of our Volume Licensing commitment, but also our planned Proactive and Enhanced Services & Solution Add-Ons to accelerate outcomes.

A Designated Support Technology Advisor (STA)

- A delivery focused subject matter expert responsible for incident metrics such as speed of resolution and quality of the support experience.

Proactive Built-In Services

- Advisory Support
- Learning & Digital Experiences (On Demand via Services Hub)
- Proactive Health Monitoring (On Demand Assessments)

A team of Designated Support Engineers (DSEs)

- DSE's work side-by-side with internal resources to create a vision, define execution, optimize important technologies, and sees the plan through, while evaluating IEHP's environment, looking for risks and identifying reoccurring problems with the goal of preventing future issues. IEHP's IT Team receives expert training while maximizing the value of IEHP's technology investments.
- Problem Resolution, Escalation Management and Extended Hotfix Support

Collectively, these strategically selected Enhanced Services and Solution Add-Ons help to reduce costs, mitigate risk, improve operational processes, enhance productivity and scalability, and maximize the use of technology for all stages of the IT lifecycle.

IEHP is requesting continuation of Microsoft's support services through signing the Enterprise Services Work Order for a total cost not to exceed \$593,904 through May 28, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 4/4/2024	M. Maury 4/4/2024	M. Popka 4/15/24	J. Maass 4/2/2024	V. Devabhaktuni 4/19/24

INFORMATION TECHNOLOGY DEPARTMENT

10. DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH AUTOMATIC DATA PROCESSING, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign contractual documents with Automatic Data Processing, Inc. (ADP) for data processing services. The total cost payable under this Agreement shall not exceed \$900,000 effective June 3, 2024, through June 2, 2027.

Contact:

Vinil Devabhatuni, Chief Digital and Information Officer

Background:

With over 4,000 employees, IEHP requires a solution to assist with payroll processing, tax filing and payment, essential Affordable Care Act (ACA) reporting, consumer health and spending accounts, and commuter benefits data. As an Applicable Large Employer (ALE) IEHP is required to adhere to ACA regulations. IEHP Finance and Human Resources (HR) teams have utilized ADP for these services since December 1997 as a trusted and reliable partner. Over time, services provided by ADP have changed significantly and continue to refer to an aged document, therefore IEHP is requesting to enter into a new Global Master Services Agreement (GMSA) to update Terms and Conditions and reference only those products still in use for payroll processing with the associated pricing.

ADP is being procured under a cooperative purchasing agreement, contract number R200701, solicited by Omnia Partners. Cooperative Purchasing refers to procurement conducted by, or on behalf of, one or more Public Procurement Agencies as defined by the American Bar Association Procurement Code for State and Local Governments. This streamlines the procurement process by developing Request for Proposals (RFPs) for competitive solicitations that meet or exceed local requirements, while still providing the ability for each agency to select only those products needed and potentially negotiate even greater discounts.

Discussion:

Under the new GMSA, ADP will provide payroll data processing services to IEHP. Through negotiations for this vital service, and as a result of the long-standing relationship, ADP has provided a concession which resulted in an approximate savings of \$130,000 over the next three years. They have also lowered the per-transaction cost in anticipation of future growth. Accordingly, pricing has been negotiated and is guaranteed for three years for a total cost not to exceed \$900,000 through June 2, 2027.

Overall cost is dependent on the number of payroll transactions made in each period. Analysis has been completed to project forecasted volume, based on patterns of previous growth.

Services	Annual Cost
Payroll Processing	\$300,000
Data Bridge	
Sandbox training environment	
Total Not to Exceed Agreement Cost	\$900,000

IEHP seeks Delegated Authority to sign and execute a new GMSA and associated pricing guarantee document with ADP for Payroll processing services for a total cost not to exceed \$900,000 through June 2, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 4/11/2024	M. Maury 4/11/2024	M. Popka 04/15/24	J. Maass 4/11/2024	V. Devabhaktuni 4/19/24

INFORMATION TECHNOLOGY DEPARTMENT

11. DELEGATION OF AUTHORITY TO APPROVE SALES SERVICE ORDER #503969 WITH ALTERA DIGITAL HEALTH INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Sales Service Order #503969 to the Master Client Agreement (MCA) with Altera Digital Health to supply one (1) dedicated remote Global Managed Services resource proficient in CorePoint for an amount not to exceed \$85,000 for a term of one (1) year. The total amount payable under this MCA shall not exceed \$12,149,852 through December 31, 2025.

Contact:

Vinil Devabhatuni, Chief Digital and Information Officer

Background:

IEHP utilizes Altera's dbMotion application, an enterprise interoperability and population health platform for the provision of a comprehensive solution for real time exchange of patient data across IEHP and the Plan's partnered providers' clinical systems. The dbMotion solution supports the goals of improving IEHP's ability to contribute to the advancement of leading quality care and ability to facilitate clinical excellence. Professional resources experienced with dbMotion are utilized to provide interface, build, maintenance and support services to ensure optimal functionality and efficiency of interfaces. IEHP requires processing all clinical data received to dbMotion to comply with our Data Sharing Agreement with the California Department of Health Care Services (DHCS).

dbMotion was originally sourced through a Request for Proposal (RFP) which was released in November 2014 to provision an Electronic Medical Record (EMR) integration solution. IEHP received RFP responses back from six (6) vendors and Altera Digital Health Inc. formally known as Allscripts Healthcare LLC., was the vendor selected and awarded the winning bid. In October 2015, IEHP entered into an MCA for an electronic healthcare technology system and related services.

For this specific engagement, Altera Digital Health was selected through a single source procurement. IEHP has determined that a single source procurement is justified because Altera is uniquely qualified to supply professional services with specialized knowledge of dbMotion, ensuring seamless integration due to proprietary insights and direct access to dbMotion's resources. Alternate suppliers researched lack the in-depth understanding, experience access to dbMotion required for optimal interface development of HIE data integration to IEHP systems, through CorePoint.

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

Board Date	MO#	Purpose	Term Expiration	Cost
09/14/2015	15-217	Approved the Master Client Agreement (MCA) with Allscripts to obtain an Electronic Medical Record integration solution.	10/05/2020	\$5,000,000
03/13/2017	17-31	Approved First Amendment to the MCA with Allscripts for the provision of additional compliance filing protocols.	10/05/2020	No Cost
03/12/2018	18-91	Approved Second Amendment to the MCA with Allscripts to include IBM Initiate's Enterprise Master Patient Index (EMPI) licensing and associated automation tools in support of expanded dbMotion integration capabilities.	10/05/2020	No Cost
10/16/2020	20-298	Approved Third Amendment to the MCA with Allscripts for a term extension and additional funding.	09/31/2025	\$5,000,000
01/11/2021	21-9	Approved the Modification Amendment to the MCA with Allscripts	09/31/2025	\$99,000 apportioned from MO 20-298. No new funding requested.
07/12/2021	21-209	Approved Allscripts Sales Service Order (SSO) Contract Number 38112 for Carequality integration services.	06/29/2022	\$31,350 apportioned from MO 20-298. No new funding requested.
09/13/2021	21-272	Approved SSO Number 425344 for Care Director Third Party Application Launch Services for one (1) year.	09/27/2022	\$22,425 apportioned from MO 20-298. No new funding requested.
09/13/2021	21-272	Approved SSO Number 408199 for dbMotion Connect Ancillary Systems Interface development services for three (3) years.	09/27/2024	\$280,950 apportioned from MO 20-298. No new funding requested.
10/11/2022	22-328	Approved Seventh Amendment to the MCA to account for the divestiture and transfer of corporate ownership from Allscripts Healthcare, LLC (Allscripts) to Altera	09/31/2025	No Cost

Board Date	MO#	Purpose	Term Expiration	Cost
11/14/2022	22-369	Approved Sales Service Orders to the MCA for electronic healthcare technology and development services.	12/31/2023	\$150,000
01/30/2023	23-013	Approved Sales Service Order to the MCA for the provision of increased number of sources integrated into the platform.	12/31/2025	\$1,672,842
04/10/2023	23-073	Approved Sales Service Order to the MCA for two provisions: 1) CarePort to MedAllies National Network Integration support and 2) Professional services for the dbMotion System Upgrade.	12/31/2025	\$230,010
02/05/2024	24-035	Approved the Sales Service Order to the MCA for 10 new connections for out of network providers	12/31/2025	\$12,000
Total Cost to Date:				\$12,064,852
New Cost:				\$85,000
Total Cost:				\$12,149,852

Discussion:

IEHP needs a resource familiar with both Corepoint and dbMotion to complete this project. With this resource, IEHP will benefit from streamlined integration and support services, ensuring optimal functionality and efficiency of the CorePoint interface, which are critical for operational continuity and enhanced patient care delivery.

Under the Sales Service Order, Altera will provide one (1) dedicated remote resource with relevant experience and expertise, for one year at a fixed cost of \$85,000, to perform the following duties:

- Interface build with CorePoint
- Visually inspect interface threads to ensure connectivity and message flow.
- Perform research and analysis of messages
- Monitor Interfaces
- Respond to interface alerts
- Troubleshoot Interfaces
- Reconcile messages
- Remove old files as needed
- Manage Downtime – both Scheduled and Unscheduled
- Modify current interfaces based on user requirements

CONSENT AGENDA

As such, IEHP seeks Delegation of Authority to approve the Sales Service Order with Altera for the CorePoint Engineer. The additional cost of this Sales Service Order shall not exceed \$85,000 effective upon the execution of the order. The total cost (including this request) of the MCA shall not exceed \$12,149,852 through December 31, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Tsui 4/12/2024	W. Yanes 4/12/2024	M. Popka 4/15/23	J. Maass 4/11/2024	V. Devabhaktuni 4/19/24

INFORMATION TECHNOLOGY

12. APPROVE THE THIRD AMENDMENT TO THE STATEMENT OF WORK 2022-07 UNDER THE MASTER SERVICES AGREEMENT WITH HEXPLORA INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Third Amendment to Statement of Work 2022-07 (SOW 2022-07) under the Master Services Agreement (Agreement) with Hexplora Inc. (Hexplora) for the build out of IEHP's Operational Data Store (ODS) and Enterprise Data Warehouse (EDW) for an additional two (2) year term through December 31, 2026, for an additional amount not to exceed \$6,654,730. The total amount payable under the Master Services Agreement shall not exceed \$8,676,330 through January 11, 2027.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

Hexplora is a healthcare information technology (IT) solutions and professional services company that offers targeted services for healthcare organizations such as health plans, accountable care organizations (ACOs), independent physician associations (IPAs), provider groups, and community partners.

In February 2022, under Minute order 16-64, IEHP entered into the Master Services Agreement with Hexplora for IT Services for a period of five (5) years, effective January 12, 2022, through January 11, 2027. The agreement lists a generalized applicability toward resources and custom programming services. These areas of services include, but are not limited to, Informatics Strategy, Data Governance, Data Management, Data Warehousing and Business Intelligence, Healthcare Quality Metrics, Applications Support and Application Development.

In 2022, a need was identified to provide a more reliable and resilient EDW. The EDW provides IEHP a 360-degree view of IEHP Members and acts as a repository for member information such as eligibility data, clinical data, and medical records obtained from hospitals, clinics, laboratories, and providers. The ongoing need for an EDW persists, aiming to centralize and standardize data from diverse internal and external sources. This initiative spans multiple years and phases, ensuring organized data accessibility for analytics and organization wide utilization.

Hexplora was selected through a single-source justification given its unique supplier capabilities as a vendor specialized in applying data management services, best practices, and standards to health care information technology. The vendor was also selected based on their prior experience to successfully implement several multi-year enterprise initiatives for other leading health plans in the industry.

Hexplora in partnership with IEHP focused on building out existing ODS, integration with EDW and covered existing and defined elements of new subject areas. Phase 1 and 2 implemented the below key activities:

- **Defined IEHP business requirements** - Reviewed available reports, dashboards, existing interfaces, and reports to standardize and consolidate duplicate reports, defined a complete list of interfaces, reports, and dashboards to become part of the Business Intelligence solution.
- **Data Modeling and Database Design** - Reviewed existing Hexplora BI Star Schema data models and modified and enhanced Hexplora BI data models.
- **Analytical Reports & Dashboards** - Defined templates, specifications, and applied layout standards for IEHP custom reports and dashboards, developed reports using SSRS based on data mappings and validation rules from the specifications document and developed dashboard reports using SQL Service Analysis Services (SSAS) and Power BI based on the analytics data model.

This category is constantly evolving, and new dashboards are being built on data needed to create predictive models for care planning.

- **Operational Data Store** – Developed a robust parser and integration with EDW. Built business rules validation in the new Extract, Transform and Load (ETL) framework for each message type and designed the HL7 star scheme data model for ongoing and historical messages in the transactional data store.
- **EDW Enhancements:** The EDW has been enhanced through the integration of Covered California (CCA) Claims, Enrollment, and Premium data to support operational and regulatory reporting. Integrated HEDIS quality data into EDW.

The Governing Board previously approved the following agreements, statements of work, and amendments with Hexplora for EDW services as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
03/14/2022	16-64	Approved the MSA for consulting and custom programming services including, but not limited to, Informatics Strategy, Data Governance, Data Management, Data Warehousing and Business Intelligence, Healthcare Quality Metrics, Applications Support and Application Development. with Hexplora for IT services for a period of five (5) years.	01/11/2027	\$0
11/14/2022	22-363	Approved SOW 2022-07 to the Master Services Agreement for the provision of IT resources to support the build out of IEHP's ODS and EDW.	05/30/2023	\$2,021,600
05/08/2023	23-100	Delegation of Authority to approve the First amendment to SOW 2022-07 to extend the term through 12/31/2023 at no additional cost.	12/31/2023	\$0

Date Approved	MO#	Purpose	Term Expiration	Cost
11/14/2022	22-363	Approval of the Second Amendment to SOW 2022-07 to extend the term through 12/31/2024 and replaced the Resources and Fee Schedule at no additional cost.	12/31/2024	\$0
Total Cost to Date				\$2,021,600
New Cost				\$6,654,730
Total Not to Exceed				\$8,676,330

Discussion:

The Third Amendment to SOW 2022-07 will allow the continuation of the EDW initiative for additional scope and resources. Hexplora provides IEHP with a pool of skilled resources, these resources are engaged when their specific roles and skills are needed. Approximately 16 specialized resources were utilized for Phase 1 and 2 and will be continued for Phase 3 of the EDW development. IEHP has on average engaged nine (9) varying resources per month who contribute based upon the specific skills sets needed. The continuing resources have been providing support and have gained unique IEHP specific knowledge for this build through Phase 1 and 2. They will continue to provide comprehensive Healthcare SME services, program/project management, architecture, design, development, analytics, quality assurance, testing, and IT support for continued success of the initiative.

Phase 3 of the EDW initiative aims to bolster data integration and further enhance the enterprise analytical functionalities of the IEHP EDW including:

1. The ongoing expansion of the Clinical Data Warehouse (CDW), for the aggregation of all clinical data received from IEHP's provider partners. This expansion is pivotal for the enhancement of Healthcare Effectiveness Data and Information Set (HEDIS) Quality scores.
2. Continued improvements and maintenance of the Covered CA project.
3. The streamlining of Data Acquisition and Normalization for HEDIS data sources, in alignment with the IEHP enterprise OS6 Data Strategy initiative.
4. The introduction of new Extract, Transform, and Load (ETL) processes and data models to fulfill various regulatory reporting obligations, including those for Health Equity Initiative (HEI), Health Care Access Information (HCAI), and Target Rate Increase (TRI).
5. The optimization of EDW system performance to ensure consistent adherence to Service Level Agreement (SLA) metrics.
6. Upgrades to Hospital Dashboard Reporting to satisfy the requirements of the Hospital Relations group.

Additional resources will be engaged for Phase 3 to support the continued expansion of prior focus areas and the addition of the new areas of work. IEHP expects to see the average utilization of resources increase to thirteen (13) resources per month vs the prior nine (9), with a pool of 20-25

available resources with EDW experience. The average expected cost per month is \$204,226.50 with an estimated term duration of approximately 32 months.

The table below delineates the estimated total not to exceed cost of \$6,654,730 for Phase 3 of the EDW initiative, which is inclusive of travel costs. The pricing is competitive compared with rates that other IT professionals charge for similar services.

Description	Total
EDW	\$6,535,248
Not to Exceed Travel Costs	\$119,482
Estimated Total Not to Exceed Costs	\$6,654,730

The additional cost of this Third Amendment to SOW 2022-07 shall not exceed \$6,654,730 through December 31, 2026. The total cost (including this request) of this Agreement shall not exceed \$8,676,330 through January 11, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 4/12/2024	C. Hendricks 4/12/2024	M. Popka 4/15/24	J. Maass 04/09/2024	V. Devabhaktuni 4/19/24

INFORMATION TECHNOLOGY

13. DELEGATION OF AUTHORITY TO AWARD AND APPROVE CONTRACTUAL DOCUMENTS AND DISBURSE BUDGETED FUNDS WITH HEXPLORA LLC, MPHASIS CORPORATION, PERSISTENT SYSTEMS, INC, BLUE SPIRE, INC. AND INTEREX GROUP.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign contractual documents and disburse budgeted funds on a project basis with Mphasis Corporation (Mphasis), Persistent Systems, Inc. (Persistent), Hexplora, LLC (Hexplora), Blue Spire, Inc. (Blue Spire) and Interex Group (Interex) for the provision of Information Technology (IT) services for amount not to exceed \$62,056,478 through June 30, 2027.

Contact:

Vinil Devabhaktuni, Chief Digital, and Information Officer

Background:

Technology is a central consideration of IEHP's strategy development and execution and has prioritized investment in technology to enable long-term goals. With the landscape of health care ever changing, having a modern technology infrastructure and ability to support needs with the adoption of emerging technologies are at the heart of innovation and efficiency efforts. Health care tools and delivery models must keep up with the development and convergence of the internet, digital devices, portable technologies, artificial intelligence, and social networking, while ensuring security and privacy. The rapid adoption of technology by consumers and business operations has created a flood of interaction and transaction data. However, that data is only useful if it generates insights that enable better decision-making. New tools, including predictive models and artificial intelligence, allow users to connect and visualize large volumes of data from multiple sources in ways that generate actionable insights.

In 2022, IEHP Information Technology (IT) utilized Gartner Inc. to complete a maturity assessment of IT infrastructure, systems, and IEHP's technical ability to respond to health care and business needs. IT resultingly began a modernization and transformation journey developing initiatives for the Organizational Strength Strategy OS2 to implement an integrated, secure, efficient, and reliable technology ecosystem, to improve security posture, provide and implement reliable and resilient systems, stabilize, and improve the IT infrastructure and production engineering.

Agreements were executed with three vendors to procure the needed expertise and solutions for the success of the strategic initiatives.

On August 5, 2022, IEHP released RFP #22-04097 to identify a vendor(s) with the capacity and capability to provide services relating to the specified areas listed below:

- Infrastructure Services and Information Technology Service Management (ITSM) Platform
- Professional/ Project Services for IT infrastructure projects
- Identity and Access Management solution services

- Cyber Security Service
- Digital Transformation
- Quality Engineering COE

After a thorough evaluation, the RFP Evaluation Committee recommended an award for RFP #22-04097 be made to Mphasis and Persistent and the Governing Board approved the award under Minute Order 22-330 for a not to exceed amount of \$23,500,000 through October 15, 2025.

Hexplora has been procured under a single source approval since 2022 due to the specialized nature of their healthcare subject matter expertise. Hexplora has unique industry specific experience that encompasses not only specialty knowledge in the field of business analytics, enterprise data management, application development, advisory services, quality management and risk adjustment, but also proven experience in public healthcare, in an environment that very closely mirrors that of IEHP. Hexplora provides specialized staff augmentation resources assigned to varying infrastructure and initiatives.

Since the approval of the award for IT project and professional services with Mphasis and Persistent, and through the long-standing partnership with Hexplora, IEHP has made significant progress with focused efforts to improve its infrastructure, security posture, modernize its ecosystem and establish more reliable processes and solutions to support IEHP strategic initiatives with technical solutions and services. Since October 2022 and the initiation of agreements with technical services partners, IEHP has completed multiple projects to the benefit of the organization, with other projects currently in process as exemplified below.

Projects Completed:

Project Name	Description	Status
IEHP.Org Redesign Digital Project Phase 1	Redesign of IEHP’s main public-facing website. This update was focused on improved the overall user experience by making the site easy to navigate and resources easy to find.	Complete
Member and Provider Portal Re-branding	Update the aesthetic look and feel of the member and provider portals to align with IEHP’s new branding.	Complete
Security Framework Adoption	Utilizing the National Institute of Standards and Technology (NIST), a comprehensive security risk assessment was completed. This resulted in a recommended plan to address identified gaps.	Complete
Vulnerability Remediation Project	Focused on infrastructure security vulnerability to reduce the risk of exposure to attacks from hackers and other malicious entities. Focus on identifying which risks and vulnerabilities could truly impact operations to define the levels of protection needed in critical infrastructures.	Complete

Project Name	Description	Status
InfraGenie™ Implementation	InfraGenie™ replaces two outdated systems, for handling IT service management, security, asset tracking, change management and other additional business functions seamlessly in a zero-touch model, from incident resolution to service request fulfilment.	Complete
CCA Health Edge End to End Solution Testing	Testing for Health Trio, Health Edge, CRM System, and other related applications of Covered California.	Complete
Infrastructure and Best-Practice Evaluation Services	Evaluate and improve IEHP Data Governance, Data Management, Data Warehouse and Operational Data Store processes data quality, consistency, and timeliness across internal and external stakeholders	Complete
SSRS Report Migration	Migrate SQL Server / Power BI Reports to new Infrastructure.	Complete
Staffing Support Services	Provision of staffing support services with domain expertise and specialized skills for the implementation of IEHP regulatory, operational and strategic initiatives and programs.	Complete
HEDIS Supplemental Data Improvement	HEDIS Score Improvement for 2022 using new supplemental data and analytics	Complete
Total Completed Project Agreement Cost		\$8,739,074

Projects In-Progress:

Project Name	Description	Status and Date
IEHP Digital Project Phase 2	Focused on the user experience, specifically for Providers. Implementation of Adobe Marketo and Adobe Experience Manager combined information architecture, business objectives, interactive design and advanced analytics with a visual design that improves overall navigation for the user.	In-Progress 05/31/2024
Identity and Access Management (IDAM) Transformation	Implemented Identity Access management for applications, accounts elevated to Privileged Access Management for increased security and User Access to operation critical applications is being reviewed and certified on a periodic basis.	Phase 1 Complete Phase 2 05/30/2024
InfraGenie™ License and Support	License and Support for InfraGenie™ for IT service management, security, asset tracking, change management and other additional business functions seamlessly in a zero-touch model, from incident resolution to service request fulfilment.	License and Support for 3 years

Project Name	Description	Status and Date
Vulnerability Management and Remediation	Ongoing support to remediate infrastructure security vulnerabilities to reduce the risk of exposure to attacks from hackers and other malicious entities.	In-Progress 08/31/2024
Business Process Automation	Automation of 25 business processes to improve efficiency, productivity and cost savings for Member data configuration, member services, utilization and claims management and financial compliance.	In-Progress 05/07/2024
Network Refresh and Zero Trust Modernization for Campus and Datacenter	Refresh legacy Cisco and associated hardware and move towards a zero-trust software defined enterprise with optimal network and security segmentation. Configuration and installation of the Atrium Campus and Riverside Data Center's next generation switches	In-Progress 05/24/2024
Build-out of IEHP Enterprise Data Warehouse	Build Enterprise Data Warehouse (EDW) with focus on Operational Data Store (ODS) and integrating with EDW and enhancements to support Enterprise Analytics	In-Progress 12/31/2024
Mphasis - Staff Augmentation	Professional Services / Staff augmentation resources agreements. These resources are utilized to augment staff when specialty expertise is needed, as well as when additional staff is needed temporarily on a project-by-project basis.	In-Progress 05/15/2024
Persistent - Staff Augmentation		In-Progress 06/30/2024
Hexplora – Staff Augmentation		In-Progress 12/31/2024
Total In Progress Agreement Cost		\$22,914,325

The spend allocation for the projects in process and completed was approved and allocated in the following manner:

Date Approved	MO#	Purpose	Term Expiration	Cost
10/11/2022	22-330	Mphasis and Persistent RFP Award	10/15/2025	\$23,500,000
03/06/2023	23-055	Mphasis and Persistent Reallocate Spending Distribution	N/A	No Change
03/14/2022	16-64	Approved SOW 2022-01 Exhibit "A" to the Master Services Agreement for the provision of IT professional services to evaluate and improve IEHP Data Governance, Data Management, Data Warehouse and Operational Data Store processes with Hexplora.	09/07/2022	\$108,400

Date Approved	MO#	Purpose	Term Expiration	Cost
03/14/2022	16-64	Approved SOW 2022-02 to the Master Services Agreement for the provision of IT professional services to evaluate, assess and identify opportunities to improve Extract Transform and Load (ETL) frameworks for IEHP's ODS with Hexplora.	05/07/2022	\$41,600
04/11/2022	22-147	Approved Statement of Work 2022-03 to the Master Services Agreement for the provision of Information and Access Management (IAM) Governance Services with Hexplora.	10/18/2022	\$155,820
05/09/2022	22-179	Ratified and Approved SOW 2022-04 to the Master Services Agreement for the provision of SSRS dashboard migration services with Hexplora.	05/29/2022	\$37,840
05/09/2022	22-179	Delegation of Authority to sign SOW 2022-08 the provision of staffing support services with Hexplora.	03/30/2022	\$1,200,000
09/12/2022	22-300	Approved the First Amendment to SOW 2022-03 for a no cost term extension to allow the continued provision and utilization of the Information Access Management (IAM) professional services support hours with Hexplora.	12/31/2022	\$0
10/11/2022	22-327	Ratified and SOW 2022-05 to the Master Services Agreement for the provision of the Healthcare Effectiveness Data and Information Set (HEDIS), providing supplemental data integration and analytics support services with Hexplora.	02/28/2023	\$286,220
11/14/2022	22-363	Approved SOW 2022-06 to the Master Services Agreement for the provision of IT Staff augmentation services with Hexplora.	12/31/2023	\$5,000,000
11/14/2022	22-363	Approved SOW 2022-07 to the Master Services Agreement for the provision of IT resources to support the build out of IEHP's Operational Data Store (ODS) and Enterprise Data Warehouse (EDW) with Hexplora.	05/30/2023	\$2,021,600

Date Approved	MO#	Purpose	Term Expiration	Cost
05/08/2023	23-100	Delegation of Authority to approve the First amendment to SOW 2022-07 to extend the term through 12/31/2023 at no additional cost with Hexplora.	12/31/2023	\$0
Total Cost to date:				\$32,351,480
New Cost				\$62,056,478
Total Cost				\$94,407,958

During the 2024 Operational and Capital budget development period, IT developed a project and services plan to continue its modernization journey and provided budget allocations. On December 15, 2023, under MO #23-301, the Governing Board approved the IEHP Calendar Year 2024 Operations and Capital Budget. The award of projects and services to Mphasis, Persistent, Hexplora, Blue Spire and Interex Group address a portion of the approved IT budget allocated to the continuation of current in progress project needs, and the alignment of specific skill sets offered by these vendors.

The capital budget includes hardware, software, enhancements, and professional services roles such as developers, architects, testers that support the implementation of solutions and enhancements were developed through 2026. The operating budget includes professional services and was developed for 2024.

Discussion:

IEHP needs to continue its investment in infrastructure and strategic initiatives to complete its transformation and therefore seeks to continue these successful collaborative partnerships with Mphasis, Persistent, Hexplora, and initiate new partnerships to enable IEHP’s modernization and transformation journey.

The addition of a request to contract with Blue Spire for skilled technical professional services and staff augmentation is supported by a cooperative procurement agreement, No. CTR070211 and is based upon the skilled roles and presented rates offered by this agreement. This agreement was solicited by the Arizona Department of Administration, State Procurement Office. Cooperative purchasing offers solutions to maximize both budget and resources, while satisfying our obligation to solicit competition in the marketplace.

Interex Group will develop, customize, and implement an Enterprise Customer Relationship Management (CRM) platform utilizing Microsoft Dynamics©. This initiative aims to modernize IEHP's operations, providing technological support for critical functions such as the Broker Portal, Member Services, Grievance and Appeals, Provider Services, and Member 360 functionality. Interex Group was selected as the sole provider for this project.

Microsoft recommended four preferred implementers of the Dynamics platform: HCL, Interex, Neudestic, and Hitachi. After a thorough review of qualifications, IEHP's IT leadership invited the

top three candidates—HCL, Hitachi, and Interex—to present to the team. Given IEHP's strong reliance on Microsoft technologies within its technology landscape, the Dynamics platform emerged as the preferred choice for CRM implementation across various departments. The decision to partner with Interex was based on their extensive expertise with the Dynamics platform, proven track record of successful implementations, compelling showcase demonstration, and their ability to assemble a highly skilled team tailored to IEHP's needs. Moreover, Interex's selection was further reinforced by Microsoft's endorsement, affirming their status as a trusted and capable partner for this crucial project.

IEHP is requesting authority to award and disburse budgeted funds on a project basis to any of the five vendors listed herein. Vendors will be solicited based on their specialty of expertise, availability and, where multiple options exist, lowest price.

Type	2024	2025	2026	Total
Capital	23,225,406	18,894,908	10,955,000	53,075,314
Operating	8,981,164	-	-	8,981,164
Total				62,056,478

There are two standard methods of agreement organization for the attainment of software and solutions:

1. Project-based agreements may require the adoption of new solutions or services, often structured on a fixed cost basis. Projects will be awarded based on collaboration with IEHP Procurement and the performance of a Closed Competitive Solicitation process between Mphasis and Persistent, which will include contract negotiations. The only exception to this will be the Microsoft Dynamics CRM projects which will be handled by Interex.

2. Engagements for Professional Services/Staff Augmentation resources will entail contracting with four vendors: Mphasis, Persistent, Hexplora, and Blue Spire, following a Closed Competitive Solicitation process. These resources are enlisted to bolster staff capacity when specialized expertise is essential or when temporary assistance is necessary to meet project deadlines. Experts are engaged as needed to oversee projects and facilitate development and implementation once processes or systems are established and stabilized. Following completion, IEHP can evaluate permanent staffing needs for ongoing operational responsibilities.

As projects advance through the discovery and planning phases, IEHP may incorporate additional roles and/or skills to ensure access to the latest technological resources at every stage. The examples outlined in the table below are not exhaustive and may be supplemented as needed.

CONSENT AGENDA

#	High Level Category	Examples of potential roles
1	Technology	Programmers, Developers, Data Engineers, Data / Business / QA Analysts, Testers, IT / Systems / Network and Engineers, Security Analyst, Collaboration Engineer, Unified Communication Engineer, Web Developer, Full Stack Developer, Database Developer, Interface Developer, Systems Integrator, Programmer Analyst, Content Manager, User Interface Analyst, Multimedia Developer, Web Designer, User Experience, Enterprise Architect, Information Architect, DevOps Engineer, Gen AI - Automation Architect, Lead, Engineer, Solution / IT Architects.
2	Project Management	Project Manager, Infrastructure Project Manager, Scrum Master, Senior Project Managers, Project Leads, Agile Project Managers.
3	Quality Engineering	QA Analysts, QA Leads, Quality Assurance Manager, Quality Assurance Analyst, Quality Assurance Tester
4	Business Analysis / Domain Consultants	Business Analysts, Functional Leads, Domain Consultants, Systems Analysts, Business Requirements Analyst, Business Process Analyst,

The list of initiatives/projects slated below will begin in May 2024 with this additional funding being requested.

#	Initiatives	Estimated Start	Estimated End
1	Career Site Redesign	06/2024	10/2024
2	Intranet Redesign	05/2024	12/2024
3	Site Reliability Engineering	05/2024	12/2024
4	Target Rate Increase (TRI) Expansion	07/2024	03/2025
5	Application Programming Interface (API) Strategy Implementation	05/2024	12/2025
6	Digital Experience Platform Implementation	06/2024	12/2025
7	CRM Strategy	06/2024	12/2025
8	Identity and Access Management / Privileged Access Management	06/2024	12/2025
9	Azure Data Lake House	07/2024	12/2025
10	Care Gaps for quality Epic Payer	07/2024	12/2025
11	Ransomware Recovery	07/2024	06/2026
12	Customer Identity and Access Management	07/2024	07/2026
13	Member Service AI Software	05/2024	12/2026
14	Journey based Digital Transformation	06/2024	12/2026
15	Multi-Serve Omni Channel	06/2024	12/2026
16	Cybersecurity Framework Adoption	06/2024	12/2026
17	Cybersecurity Maturity Improvement	06/2024	12/2026
18	ServiceNow - Software	06/2024	12/2026
19	NDDDB - Network Development Database	06/2024	12/2026
20	Data Strategy Implementation	07/2024	12/2026

#	Initiatives	Estimated Start	Estimated End
21	Master Data Management (MDM) / Reference Data Management (RDM) Implementation	07/2024	12/2026

Collectively, these strategically selected initiatives help reduce costs, mitigate risk, improve operational processes, enhance productivity and scalability, as well as maximize the use of technology to realize new business opportunities for all stages of the IT lifecycle.

While most of the initiatives have an estimated completion date of December 31, 2026, IEHP is seeking approval through June 30, 2027, to cover the entire three (3) year duration of the ITSM Infragenie project (noted in the In Progress table above). The original go-live date was delayed; therefore, the software license and support term date will continue through June 30, 2027.

IEHP is requesting Delegation of Authority to award and sign contractual documents for IT strategic modernization and transformation initiatives to continue the momentum on Information Technology goals for an additional cost not to exceed **\$62,056,478** through June 30, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	S. Chiu 4/19/2024	C. Hendricks 4/19/2024	M. Popka 4/22/24	J. Maass 4/10/2024	V. Devabhaktuni 4/19/24

OPERATIONS DEPARTMENT

14. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #24-05528 TO, AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH InCOMM HEALTHCARE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal (RFP) #24-05528 and authorize the Chief Executive Officer (CEO) or his designee to negotiate, and after legal review and approval, sign contractual documents with InComm Healthcare for the provision of Medicare Dual Special Needs Plan (D-SNP) Supplemental Benefits Program services in an amount not to exceed \$750,000 for three (3) years.

Contact:

Susie White, Chief Operating Officer

Background:

As part of IEHP’s Medicare D-SNP growth strategy in the competitive Inland Empire Medicare marketplace, IEHP seeks to offer supplemental benefits via a flex spend debit card. Currently, WEX provides these services. IEHP will pivot to a new flex spend provider for CY2025 and would like to consolidate all CY2025 supplemental benefits under the new vendor debit card. Selecting a strong Supplemental Benefit Program Services Vendor allows IEHP to offer a variety of supplemental benefits that include but are not limited to Over-the-Counter (OTC) Products, Utility Service Payments, and Healthy Meals, to its eligible D-SNP Members. For plan year 2025, IEHP intends to offer supplemental benefits that include OTC, Utilities, and Healthy Meals benefit.

On March 14, 2024, IEHP issued RFP #24-05528 on Bonfire, its public third-party bidding website. As a result, eighteen (18) bidders indicated interest by downloading documents, with four (4) bidders submitting proposals.

BIDDERS
WEX Health, Inc
Solutran
NationsBenefits
InComm Healthcare

Each proposal was thoroughly reviewed by a five (5) member IEHP Evaluation Committee.

Scoring of the Technical portion of the bidder responses was based on a scale of 65 points, with 65 points being the best possible score. The results of the RFP first round scoring – Technical Scores are indicated in the table below:

Bidder	Technical Score (out of 65)
NationsBenefits	50.33
InComm Healthcare	46.04
Solutran	43.20
WEX	41.78

The Evaluation Committee requested demonstrations from the two bidders with the highest technical scores, NationsBenefits and InComm Healthcare.

The final score below includes evaluations for demonstrations and the pricing.

Bidder	Local Preference (out of 5)	Technical Score (out of 65)	Pricing Score (out of 30)	Demo Score (out of 10)	Total (out of 110)
NationsBenefits	0	50.33	20.61	7.36	70.94
InComm Healthcare	0	46.04	30	6.92	76.04

The RFP Evaluation Committee determined that InComm Healthcare offers the most flexibility in providing D-SNP supplemental benefits, and the most experience in administering flex spend debit cards in support of IEHP’s Medicare D-SNP needs. InComm Healthcare has the technical capacity and expertise in producing and delivering custom debit cards. This vendor has the ability to expand its already wide network of merchants (e.g., drug stores, grocery stores, online OTC providers, meal providers, etc.), to address any of IEHP’s requirements.

Discussion:

IEHP will enter into a three year contractual relationship with InComm Healthcare to offer the aforementioned supplemental benefits via a flex spend debit card. Leveraging InComm Healthcare’s capabilities, IEHP will develop three custom merchant networks to support the supplemental benefits: 1) for utility payments, 2) for Healthy Meals and 3) to administer the OTC supplemental benefit online and catalog shopping with mail order delivery.

IEHP seeks approval to award RFP #24-05528 to InComm Healthcare, and authority to enter into contractual documents with InComm Healthcare for Medicare D-SNP Supplemental Benefits Program services in an amount not to exceed \$750,000 for three (3) years - \$235,000 estimated per year, and including 6% to cover additional fees and potential volume increase, equaling \$250,000 annually.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	J. Haines 4/12/2024	S. Cox 4/12/2024	M. Popka 4/17/24	C. Le 4/11/2024	S. White 04/23/2024

PROVIDER CONTRACTING DEPARTMENT

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

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Eleventh Amendment to the Hospital Per Diem Agreement for San Bernardino County on behalf of Arrowhead Regional Medical Center, effective January 1, 2023.

Contact:

Susie White, Chief Operating Officer

Background:

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

Discussion:

The Amendment includes the Covered California Addendum, effective January 1, 2024. The Attachment B-Compensation Rates, Attachment B1-Compensation Rates-Medicare Dualchoice, Attachment B2-Notes to Compensation Rates, B3-Behavioral Health Reimbursement Schedule, Attachment B4-Compensation Rates-Covered California, Attachment E-Managed Care Medi-Cal Noncapitated or Carve Out Drugs and the Attachment F-Medicare Advantage Program were replaced.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

16. RATIFY AND APPROVE THE NINTH AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH LASALLE MEDICAL ASSOCIATES INC – REDLANDS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Ninth Amendment to the Capitated IPA Agreement with LaSalle Medical Associates Inc. effective May 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

LaSalle Medical Associates Inc. is currently a contracted IPA in the IEHP Network.

Discussion:

The Amendment is to extend the term of the agreement beginning May 1, 2024, through April 30, 2025.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

17. RATIFY AND APPROVE THE SEVENTH AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH PHYSICIANS HEALTH NETWORK – CHINO

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Seventh Amendment to the Capitated IPA Agreement with Physicians Health Network effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

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

Discussion:

The Amendment is to extend the term of the agreement beginning January 1, 2024 through December 31, 2025.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

N/A

PROVIDER CONTRACTING DEPARTMENT

**18. RATIFY AND APPROVE THE BEHAVIORAL HEALTH PROVIDER AGREEMENT
WITH THE REGENTS OF THE UNIVERSITY OF CALIFORNIA DBA UCR - RIVERSIDE**

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Behavioral Health Provider Agreement for The Regents of the University of California dba UCR Health, effective April 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

The Regents of the University of California dba UCR Health would like to participate as a Behavioral Health Provider with IEHP for all lines of business.

Discussion:

The new Agreement was tailored to reflect the Behavioral Health Services offered by The Regents of the University of California dba UCR Health.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

19. RATIFY AND APPROVAL OF THE STANDARD TEMPLATES

Recommended Action:

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

Contact:

Susie White, Chief Operating Officer

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

Discussion:

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

1. Intermediate Care Facility Agreement (Excluding Medicare)

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

20. 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:

Susie White, Chief Operating 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, June 1, 2024:

Additional one (1) year term:

1. Magave Care Inc dba Magnolia Rehabilitation and Nursing Center - Skilled Nursing Facility Provider Agreement – Riverside

Additional two (2) year term:

2. Mohave Healthcare Inc dba River Valley Hospice - Ancillary Agreement – Big River
3. St Joseph Health System Home Care Services LLC dba Providence Hospice Inland Empire - Ancillary Agreement – Rancho Cucamonga

Additional three (3) year term:

4. Unilab Corporation dba Quest Diagnostics - Ancillary Agreement – West Hills
5. Hilton Manor LLC- Congregate Living Health Facility – Redlands

Additional three (4) year term:

6. Cohen Musch Thomas Medical - Admitter Agreement – Admitter – Palm Springs

Additional five (5) year term:

7. Myriad Genetic Laboratories Inc - Ancillary Agreement – Salt Lake City
8. The Illumination Foundation - Ancillary - Community Supports – Ontario
9. Upland Outpatient Surgical Center LP dba Ontario Advanced Surgery Center – Ancillary Agreement – Ontario
10. Alan Rooney dba Dr. Alan Rooney Psychologist - Participating Provider Agreement - Behavioral Health – Palm Springs
11. CMM Mental Health and Family Therapy Inc - Participating Provider Agreement - Behavioral Health – Murrieta
12. Deborah A Montana – Participating Provider Agreement - Behavioral Health – Riverside

13. Jeremiah Emmanuel Dieujuste dba A Sound Mind - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
14. Kathy G Membreno Gallardo - Participating Provider Agreement - Behavioral Health – Chino
15. Kimberly Griggs - Participating Provider Agreement - Behavioral Health - Corona
16. Laine Alexandra - Participating Provider Agreement - Behavioral Health -Thousand Palms
17. Leili Zarbakhsh Integrated Individual and Family Therapy Professional Corporation dba Willowbrooks Behavioral Health - Participating Provider Agreement - Behavioral Health – Riverside
18. Michelle Bale dba Michelle Bale Counseling - Participating Provider Agreement - Behavioral Health – Temecula
19. Nayeli Corona-Zitney - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
20. Robert Steven Gonzalez Jr - Participating Provider Agreement - Behavioral Health – Chino
21. Shelby Jernigan Roemer - Participating Provider Agreement - Behavioral Health – Riverside
22. Syreeta Marie Green dba Peace of Mind Therapy - Participating Provider Agreement - Behavioral Health – Victorville
23. Varsha Patel MD - Participating Provider Agreement - Behavioral Health – Corona
24. Veronica San Juan LMFT - Participating Provider Agreement - Behavioral Health – Riverside
25. Community Health Systems Inc- Participating Provider Agreement - Behavioral Health – Riverside - Open Access Agreement (Excluding Medicare) – Bloomington
26. Neighborhood Healthcare - Open Access Agreement - Riverside
27. North County Health Project Inc dba TRUECARE - Open Access Agreement – Perris
28. Faramarz Alav dba Alav Medical Corporation - Capitated Primary Care Provider Agreement- Fontana
29. Ravindra Gautam MD dba OHCCI- Capitated Primary Care Provider Agreement - Hesperia
30. Jon J Atiga MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) - Murrieta
31. Intercare Therapy Inc - Participating Provider Agreement – QASP – Riverside
32. Edgard M Vera MD Inc- Capitated Primary Care Provider Agreement – Apple Valley
33. Inland Empire Colon and Rectal Surgeons - Participating Provider Agreement - Specialist - Redlands
34. Inland Valley Retina Medical Associates Inc Participating Provider Agreement - Specialist– Corona
35. Newport Care Medical Group Inc- Participating Provider Agreement – Specialist – Placentia
36. Above Urgent Care Center - Urgent Care Provider Agreement – Montclair
37. Suniel Khemlani MD dba Lani City Medical - Urgent Care Provider Agreement – Rancho Cucamonga
38. Walter Jones III Inc dba Medical Clinic of Redlands - Urgent Care Provider Agreement – Specialist – Redlands
39. California Eye Specialists a Medical Group Inc - Participating Provider Agreement - Vision – Glendale
40. Scott Swanson OD - Participating Provider Agreement – Vision – Palms Springs

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

N/A

GOVERNING BOARD

21. CREATION OF AN AD HOC COMMITTEE TO REVIEW THE EXECUTIVE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND MAKE RECOMMENDATIONS TO THE GOVERNING BOARD.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the creation of an Ad Hoc Committee to review the executive compensation of the Chief Executive Officer and make appropriate recommendations to the Governing Board

Contact:

Supriya Sood, Chief People Officer

Background:

In an effort to ensure that CEO compensation is on par with market pay scales and in line with comparable health plans, it is recommended by the Chair to create an Ad Hoc Committee to review IEHP’s executive compensation and to make any recommendations to this Governing Board.

Discussion:

An Ad Hoc Committee provides the opportunity to work with staff to review information and data related to health plan executive compensation nationwide and in the State of California and to make recommendations, if any, to the full Governing Board as to changes that may be necessary to ensure that the Chief Executive Officer’s compensation is fair and reasonable.

The Ad Hoc Committee will be composed of a maximum of three (3) board members and appropriate IEHP leaders and/or staff, but less than a majority of the membership of the entire IEHP Governing Board, to be appointed by the Chair at the public meeting on this agenda item. The Ad Hoc Committee is expected to return within two (2) months to report on the process and recommend executive compensation for the IEHP Chief Executive Officer.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	A. Wang 5/01/24	A. Wang 5/01/24	S. Sood

ADMINISTRATION

22. CHIEF EXECUTIVE OFFICER UPDATE

Recommended Action:

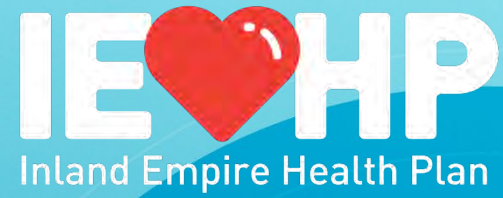
Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

Chief Executive Officer update for the May 13, 2024 Governing Board Meeting.



Governing Board Meeting

CEO BOARD REPORT | *May 13, 2024*

MISSION MOMENT – TEAM MEMBER FOCUS

- Many thanks to Behavioral Health Care Manager **Lina Enciso** and Community Health Worker **Natashia Torres** who made the long journey to Needles to follow up with a member in need.
- The member was redirected to a new Primary Care Physician (PCP) and his referrals needed to be resubmitted. To ensure nothing was missed, the team drove to Needles for a face-to-face visit where they provided clinical background and ensured a smooth transition.
- The member was so moved by their care that he sent the below heartfelt message.



IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
March 2024	1,517,685	1,514,753	(2,932)	3,685
April 2024	1,507,553	1,513,146	5,593	(1,607)
May 2024	1,497,451	1,506,064	8,613	(7,082)



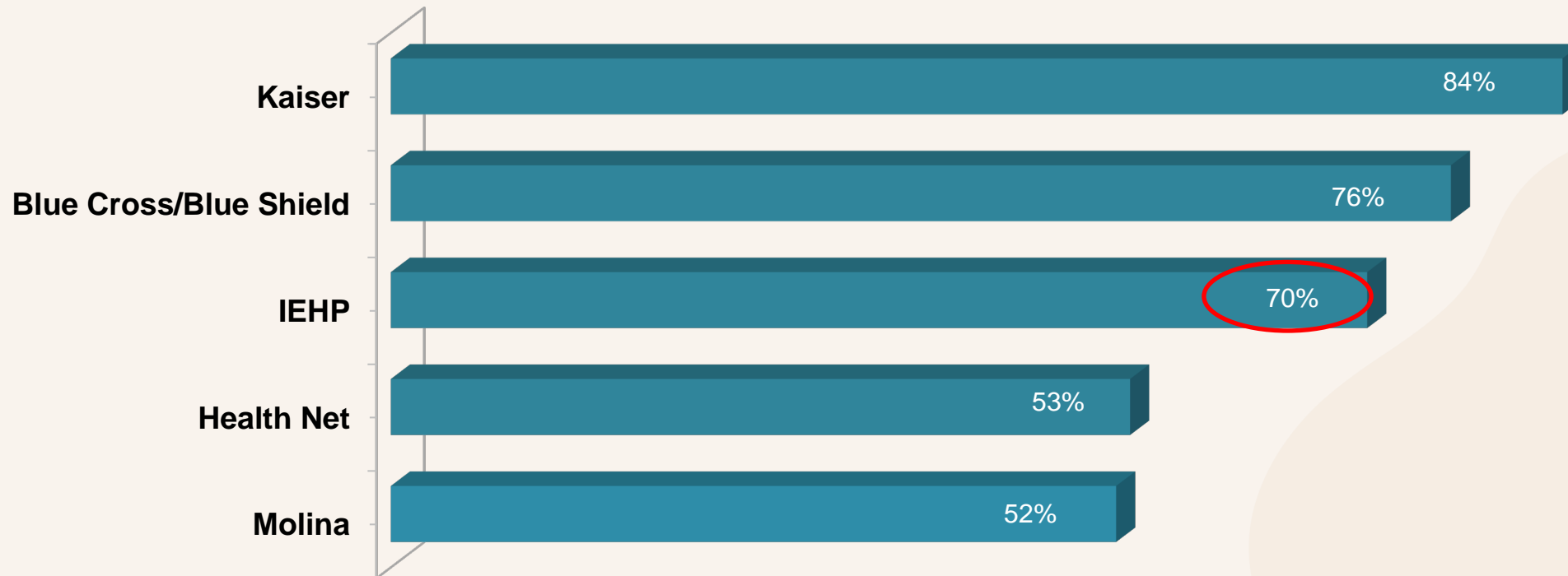
BRAND AWARENESS STUDY

- 830 surveys were collected from Inland Empire residents between November 2023 and January 2024 (in English and Spanish).
 - 272 IEHP members completed the survey. 558 were non-IEHP members.
 - 172 completed the survey in Spanish.
 - 248 had Medi-Cal plans.
 - 112 had Dual Eligible plans.
 - 85 had Medicare (FFS or Medicare Advantage).
 - 133 had Employer Coverage.
- Study was conducted using Redirected Inbound Call Sampling.
- Margin of error for the study was +/- 4%.
- First year conducted by Public Values Research.



BRAND AWARENESS SURVEY RESULTS

Have you heard of IEHP and other health plans?

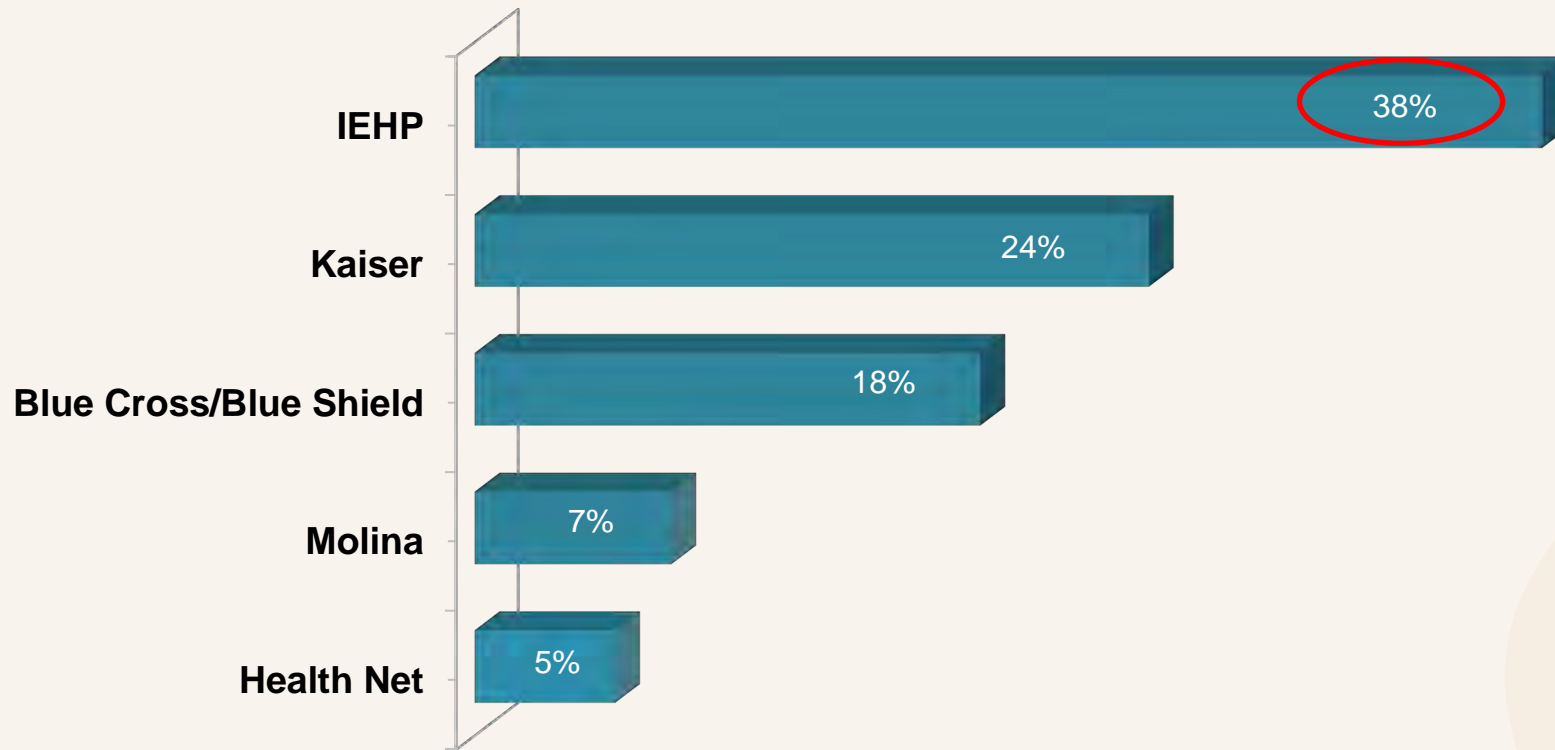


830 surveys were collected within IE.



BRAND AWARENESS SURVEY RESULTS

Which health plan would you choose?

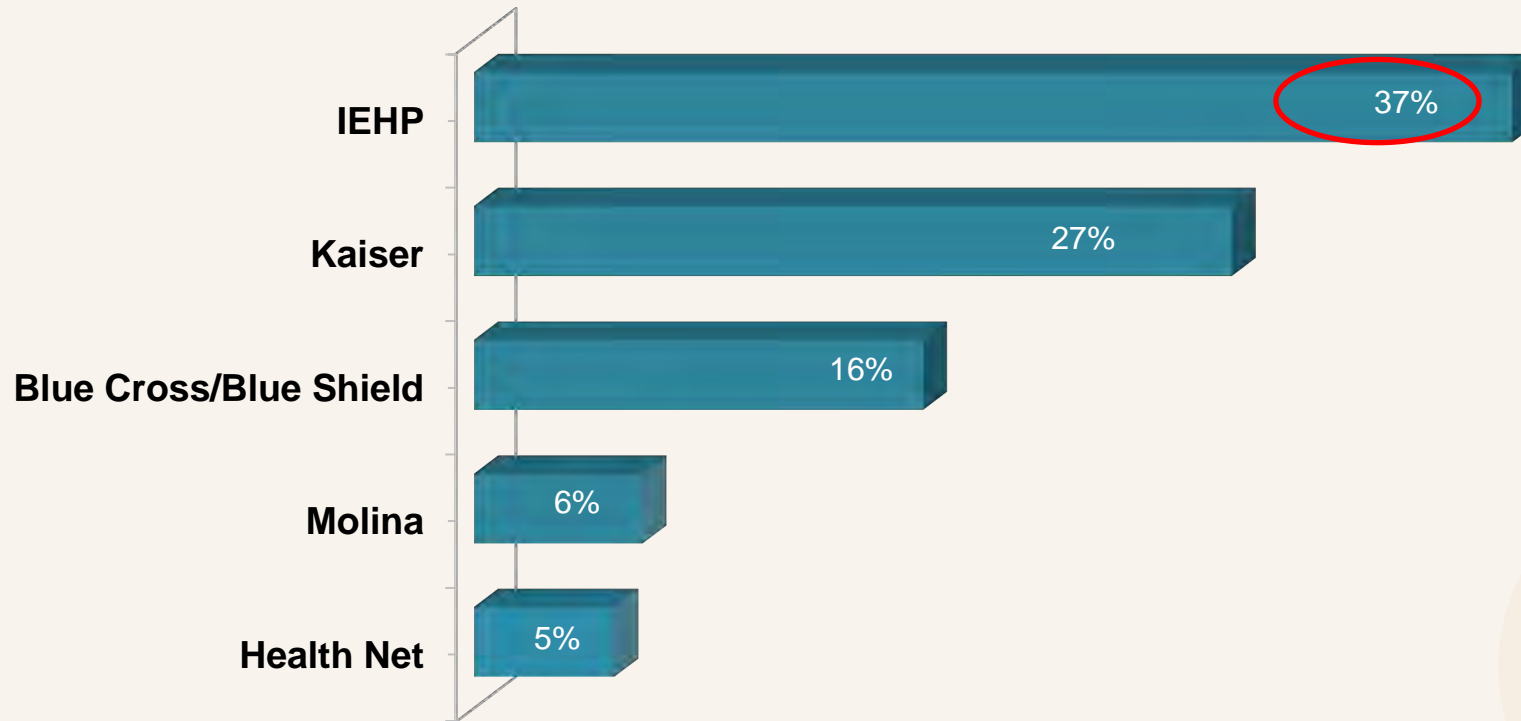


830 surveys were collected within IE.



BRAND AWARENESS SURVEY RESULTS

Best choice of doctors and hospitals?

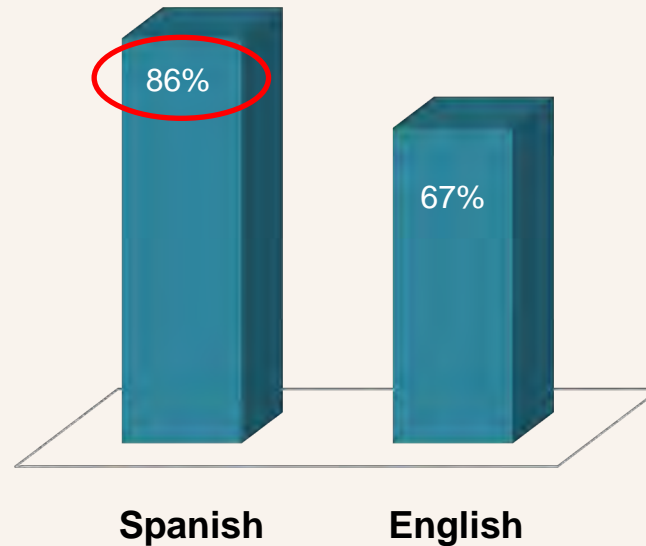


830 surveys were collected within IE.



BRAND AWARENESS SURVEY RESULTS

Impression of IEHP by language (good to excellent)



830 surveys were collected within IE.



BRAND SURVEY – KEY TAKEAWAYS

- IEHP is recognized and respected in the IE, particularly among communities of color, Spanish speakers, and those without a college degree.
- Widely recognized as a leading provider of affordable health care.
- Trustworthy company that goes beyond basic health insurance benefits.
- Not well known among white, college educated residents, and those with employer insurance.

830 surveys were collected within IE.



PROVIDER DINNER SERIES

- The **April 17** dinner was held at Porter's Prime Steakhouse in Ontario.
- Discussion topics included Covered California, Enhanced Care Management, Community Supports and the Network Expansion Fund.
- May is on hiatus.



Special Recognition: Desert Regional Medical Center (DRMC)

Importance of Advanced Perinatal Certification

Acquiring this certification means that DRMC has a certified program that is monitoring and adhering to perinatal care measures that are more likely to demonstrate the following improvements:

- Reduction in infant mortality rates.
- Reduction in maternal complications and mortality.
- Reduction of unnecessary induction of labor.
- Reduction of elective deliveries that can lead to an increase in admission rates to the neonatal intensive care unit.
- Reduction of complications during deliveries.
- Reduction of prematurity rates that can lead to infant mortality.
- Reduction in costs associated with lengthy hospital stays due to pregnancy-related complications.



Advanced Certification in Perinatal Care



The Joint Commission will offer this certification in collaboration with the American College of Obstetricians and Gynecologists (ACOG).

Content contributor: Sylvia Lozano

Content contributor: Jarrod McNaughton



IEHP LEADERS SPOTLIGHT

- CFO **Keenan Freeman** was selected to continue his participation in the Office of Health Care Affordability's (OHCA) Investment and Payment Workgroup through spring 2025. The group developed OHCA's draft alternative payment model standards and adoption goals and primary care spend definition and benchmark.
- Integrated Transitional Care Manager **Ben Jauregui** participated as a guest speaker on the Intermediate Care Facility for Developmentally Disabled (ICF/DD) Carve-In discussion panel for DHCS in April. His insights and expertise provided a helpful and interesting perspective for the audience.
- Senior Director of Community Health **Cesar Armendariz** spoke on panels at the Rise Summit on Social Determinants of Health (SDoH) on April 15 and 16. Panel topics focused on partnering with stakeholders to address SDoH.



AI HEALTHCARE CONFERENCE

- Region's first AI Healthcare Conference took place here at IEHP on April 26.
- Organized by Riverside County Medical Association, the conference was also made possible through the support and sponsorship of Ventura County Medical Association, San Bernardino County Medical Society, San Diego County Medical Society, Merced-Mariposa County Medical Society, Kern County Medical Society, and Orange County Medical Society.



2024 MISSION CONFERENCE

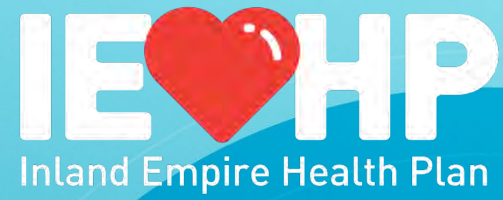
- More than 200 attended the 2024 Mission Conference on May 3.
- Speakers included Adimika Arthur, CEO and executive director of HealthTech for Medicaid (HT4); Dr. Leslie Cotter, psychiatrist and co-founder of Young Women Empowered; and Dr. Ira Byock, founder of the Institute of Human Caring.
- **Living the Mission Award** winners were:
 - *Inspire Award*: Young Visionaries Youth Leadership Academy
 - *Vibrant Health Award*: Neighborhood Healthcare
 - *Creativity & Innovation Award*: Healthcare in Action
 - *Optimal Care Award*: Dr. Romeo Jamil Samouh



COMMUNITY WELLNESS CENTER GROUNDBREAKING

- Join us for the upcoming groundbreaking ceremony at our new San Bernardino Community Wellness Center (CWC).
- Wednesday, May 22 at 10:45 a.m.





Thank You!

ADMINISTRATION

23. ESTABLISH A GOVERNING BOARD COMPLIANCE COMMITTEE AND APPOINT GOVERNING BOARD MEMBERS TO A GOVERNING BOARD COMPLIANCE COMMITTEE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) establish and appoint up to three Governing Board Members to a Governing Board Compliance Committee.

Contact:

Lourdes Nery, Vice President, Compliance

Background:

On February 5, 2024 under Minute Order 24-021, the IEHP Governing Board approved the 2024 Department of Health Care Services (DHCS) Managed Care Plan Contract. The contract includes a requirement that every Plan establish a regulatory compliance and oversight committee of the board of directors and senior management. The intended goal is to promote a productive and engaged governance structure. To meet this requirement, IEHP is forming the Governing Board Compliance Committee.

Discussion:

The purpose of establishing the Governing Board Compliance Committee (“GBCC”) is to oversee IEHP’s Compliance Program and manage full compliance with requirements under the 2024 DHCS Managed Care Plan Contract. Responsibilities include ensuring the Compliance Program is continuously effective through strategic decision making, ensuring risks are addressed by overseeing risk mitigation and corrective action plans, supporting the implementation of a proactive Compliance Program, and supporting the Compliance Officer’s needs for sufficient staff and resources.

Eligible members include up to three IEHP Governing Board members, IEHP’s Compliance Officer and IEHP Executives. The GBCC Meetings will be held quarterly following the Governing Board meetings and GBCC will report at minimum once per year and as needed. It is anticipated that the first GBCC meeting will take place Monday, July 8, 2024 immediately following the IEHP Governing Board meeting held the same day.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	A. Wang 05/08/24	L. Nery 05/08/24	J. McNaughton 05/08/24

ADMINISTRATION

24. RATIFY AND APPROVE FUNDING AND TERM EXTENSION TO THE DELEGATION OF AUTHORITY FOR THE IEHP HEALTHCARE SCHOLARSHIP FUND

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the additional funding and extend the term of the Delegation of Authority under Minute Order 20-23 (MO 20-23) to sign appropriate Agreements and Amendments in furtherance of the IEHP Healthcare Scholarship Fund (HSF), for an amount not to exceed \$40,000,000 effective January 1, 2023, through December 31, 2027.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

The Inland Empire (IE) has one of the lowest ratios of Primary Care Physicians (PCPs) and Specialty Physicians per 100,000 people in California. It has been well documented that the IE lacks adequate PCP, Specialty, and Behavioral Health practitioner capacity to serve the current and growing population of our region, particularly those covered by IEHP. According to Data USA, Riverside County and San Bernardino County have some of the highest ratios of Patient to PCP; 2,275 to 1 and 1,701 to 1 respectively.

The high costs associated with pursuing a degree in medicine or healthcare may serve as an obstacle for current students or may even deter prospective students from applying. By offsetting, if not fully removing, the financial barriers to these degrees, IEHP aims to develop a growing workforce of healthcare professionals to care for the Medi-Cal population in the Inland Empire.

As the Governing Board is aware, IEHP launched the Healthcare Scholarship Fund in January 2020 to tackle the shortage of healthcare professionals in the Inland Empire.

Discussion:

To improve Member's access to care, and support the healthcare pipeline, IEHP would like to continue funding the education of aspiring physicians and other healthcare professionals through the HSF.

The cost of a four (4) year medical degree is increasing every year and can deter students from pursuing a career in medicine. The HSF will position recipients to immediately pursue careers in healthcare without the economic burden that often restricts the choices of many aspiring physicians and healthcare professionals.

Removing barriers of debt enables graduates to pursue additional paths of study that help them become leaders in their fields or devote themselves fully to patient care. This is even more significant in San Bernardino and Riverside counties, where physician shortages are a growing challenge.

POLICY AGENDA

To date, the IEHP HSF Program has sponsored 193 scholarships – 160 physicians and 33 Psychiatric Nurse Practitioners across three universities: California University of Science and Medicine (CUSM), Loma Linda University (LLU), and University of California Riverside (UCR).

Effective January 1, 2023, IEHP is seeking approval to increase the annual funding amount set forth in Minute Order 20-23 from \$8,000,000 to \$10,000,000, in response to the rising costs of tuition and fees. IEHP is also requesting authority to continue signing appropriate Agreements and Amendments in furtherance of the IEHP HSF, through December 31, 2027. This would allow IEHP HSF to sponsor 50 scholarships annually – 40 medical students and 10 psychiatric nurse practitioners.

IEHP’s Executive Leadership will regularly update the Governing Board on the progress of the IEHP HSF and invite the Governing Board to participate in planned Health Scholar activities.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	J. Haines 04/16/2024	N/A	M. Popka 04/17/2024	M. Coffey 4/17/2024	S. White 04/18/2024



IE  **HP**

Inland Empire Health Plan

Live Wholeheartedly.

Healthcare Scholarship Fund

May 13, 2024

Presenter: Marci Coffey

A LOOK BACK HEALTHCARE SCHOLARSHIP FUND 2020

2020 Goals: Healthcare Scholarship Fund (HSF)

- Address the shortage of providers in the Inland Empire
- Remove the barriers of debt which can prevent students from pursuing healthcare paths of study
- Develop a pipeline and growing workforce of healthcare professionals to care for the Inland Empire's Medi-Cal population



The Need for Physicians

- Both Riverside and San Bernardino County's Patient to Primary Care Physician Ratios are higher than the State average
- Aging Physician Workforce
- Growing communities and population expansion in the Inland Empire
- Achieve IEHP's vision of optimal care and vibrant health

County	Patient to Primary Care Physician Ratio
Imperial County, CA	4,027:1
Riverside County, CA	2,275:1
Kern County, CA	2,023:1
San Bernardino County, CA	1,701:1
Los Angeles County, CA	1,354:1
California State Average	1,240:1
Orange County, CA	999:1

Source: Data USA 2022; [Riverside County](#), [Riverside-San Bernardino0-Ontario](#), [San Bernardino County](#)

PRESENT DAY HEALTHCARE SCHOLARSHIP FUND

HSF 2024: Structure

- Develop partnerships with local higher education institutions
- Offer scholarships to students to incentivize them to stay in the Inland Empire after completing their education
 - Preference for students from and or with strong ties to the Inland Empire
 - Scholarship recipients would commit to years of service in the IEHP Network based on their scholarship amount

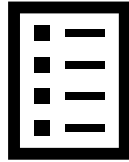


HSF 2024: By the Numbers



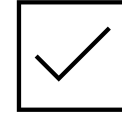
3

Institutions Contracted



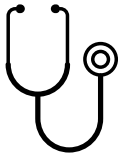
15

Specialties Covered



6

Graduated Psych NPs Placed
in Network to date



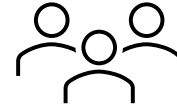
160

Physician Scholars



33

Psych NP Scholars



193

Total Physician & NP Scholars



HSF 2024: Partners

- California University of Science & Medicine
 - Doctor of Medicine
- Loma Linda University
 - Doctor of Medicine
 - Psychiatric Nurse Practitioner
- University of California Riverside
 - Doctor of Medicine



California University
of Science and Medicine



LOMA LINDA UNIVERSITY
HEALTH



HSF 2024: Priorities

- Strengthen partnerships with 3 institutions
- Collaborate with County Medical Associations
- Continue program structure evaluations and improvement
- Develop internal databases to support program growth, improve communication, and maintain data privacy and accuracy
- Explore physician networking, shadowing and mentoring opportunities
- Offer support to Scholars, creating more engagement opportunities to connect with IEHP



HSF 2024: Psychiatric Nurse Practitioner Placements

- High Desert Psychological (Rancho Cucamonga, Victorville, Riverside)
- High Desert Psychological (Riverside)
- Inland Psychiatric Medical Group (Corona, Riverside, Wildomar)
- Loma Linda University Psychiatric Medical Group (Loma Linda)
- Quality Life Psychiatric (Corona)
- Riverside University Health System (Riverside)

HSF 2024: Scholar Gifts



HSF 2024: Events

CUSM Match Day, RCMA Installation of Officers Dinner, Scholar Dinner, IEHP Provider Dinner



HSF 2024: Events

Semper Fi & America's Fund Golf Tournament – Soboba Springs Golf Course



HSF 2024: Events

IEHP Winter Heartland, IEHP Provider Dinner, Match Day Celebration, Scholar Dinner



Legislative Advocacy Day 2024

CMA's 50th Legislative Day with SBCMS & RCMA



Legislative Advocacy Day 2024

CMA's 50th Legislative Day with SBCMS & RCMA





The Future of HSF

- Continue supporting Scholars still in medical school and training
 - Hosting additional networking and educational events with Regional Partners
- Strengthen provider placement efforts for Scholars who have completed training and are ready to enter the Provider Workforce
- Utilize HSF to better inform Provider forecasts and improve access across the region



Thank you
for your
support!



APPENDIX

HSF 2024: Scholar Pipeline

Physician Scholars by Training Completion										
	2024	2025	2026	2027	2028	2029	2030	2031	2032	Total
Emergency Medicine	0	1	2	0	2	5	0	2	0	12
Family Medicine	3	2	9	6	10	5	1	0	0	36
General Surgery	0	0	2	1	3	2	1	5	1	15
Internal Medicine	1	0	7	4	3	5	2	1	0	23
Neurology	0	0	0	0	1	0	0	0	0	1
OB/GYN	0	0	0	2	1	2	0	0	0	5
Pain Management	0	0	1	0	0	0	0	0	0	1
Pediatrics	1	3	3	2	1	3	1	0	0	14
Psychiatry	0	1	2	0	6	3	1	0	0	13
Unidentified	0	0	0	0	0	10	17	13	0	40
Total	5	7	26	15	27	35	23	21	1	160

Newly added Specialties not yet chosen:

Cardiology
 Dermatology
 Genetics
 Oncology
 Ophthalmology
 Pulmonology
 Urology

**Training lengths are approximations. Actual training lengths may vary based on specialty and residency/fellowship programs.*

***Scholars with unidentified specialties are defaulted to 4-year residencies for the purposes of this report*

HSF 2024: Scholar Pipeline (cont.)

Scholars by University & Graduation Year					
	CUSM	LLU	UCR	LLU NP	Total
2021	0	0	10	0	10
2022	0	15	10	1	26
2023	2	6	8	6	22
2024	11	8	12	7	38
2025	7	9	15	5	36
2026	13	10	6	9	38
2027	13	0	5	5	23
Total	46	48	66	33	193

Psych NP Scholars by Graduation Year	
LLU NP	
2022	1
2023	6
2024	7
2025	5
2026	9
2027	5
Total	33

2024 Scholar Residency Recap

2024 Residency Locations	CUSM	LLU	UCR	Total
Arrowhead Regional Medical Center	1	0	0	1
Children's Hospital Los Angeles	0	1	0	1
Geisinger Health System	1	0	0	1
Kaiser Permanente Fontana	0	0	1	1
Kaiser Permanente LA	0	1	0	1
Kaiser Permanente San Bernardino	0	0	2	2
Lawndale Christian Health	0	1	0	1
Loma Linda University	1	3	1	5
Riverside Community Hospital	1	0	1	2
Riverside University Health System	1	0	0	1
SW Healthcare Medical Education Consortium	0	1	0	1
UC Irvine	0	0	1	1
UC Riverside	1	0	3	4
UC San Diego	1	0	0	1
UC San Francisco	0	0	1	1
UCLA Harbor	1	0	1	2
UCSF Benioff Children's Hospital Oakland	0	0	1	1
UCSF Fresno	1	0	0	1
University of Arizona – Tucson	1	0	0	1
Total	10	7	12	29

Additional Residency information pending



Specialty	# of Physicians Matched
Emergency Medicine	2
Family Medicine	11
General Surgery	3
Internal Medicine	5
Neurology	1
OB/GYN	1
Psychiatry	6
Total	29

FINANCE DEPARTMENT

25. REVIEW OF THE MONTHLY FINANCIALS

Recommended Action:

Review and File

Contact:

Keenan Freeman, Chief Financial Officer

Discussion:

Monthly Financials for Period Ending March 31, 2024.

FINANCE DIVISION

March 2024

MONTHLY FINANCIALS

Presented
May 13, 2024



March 2024 Actual vs Budget - Consolidated

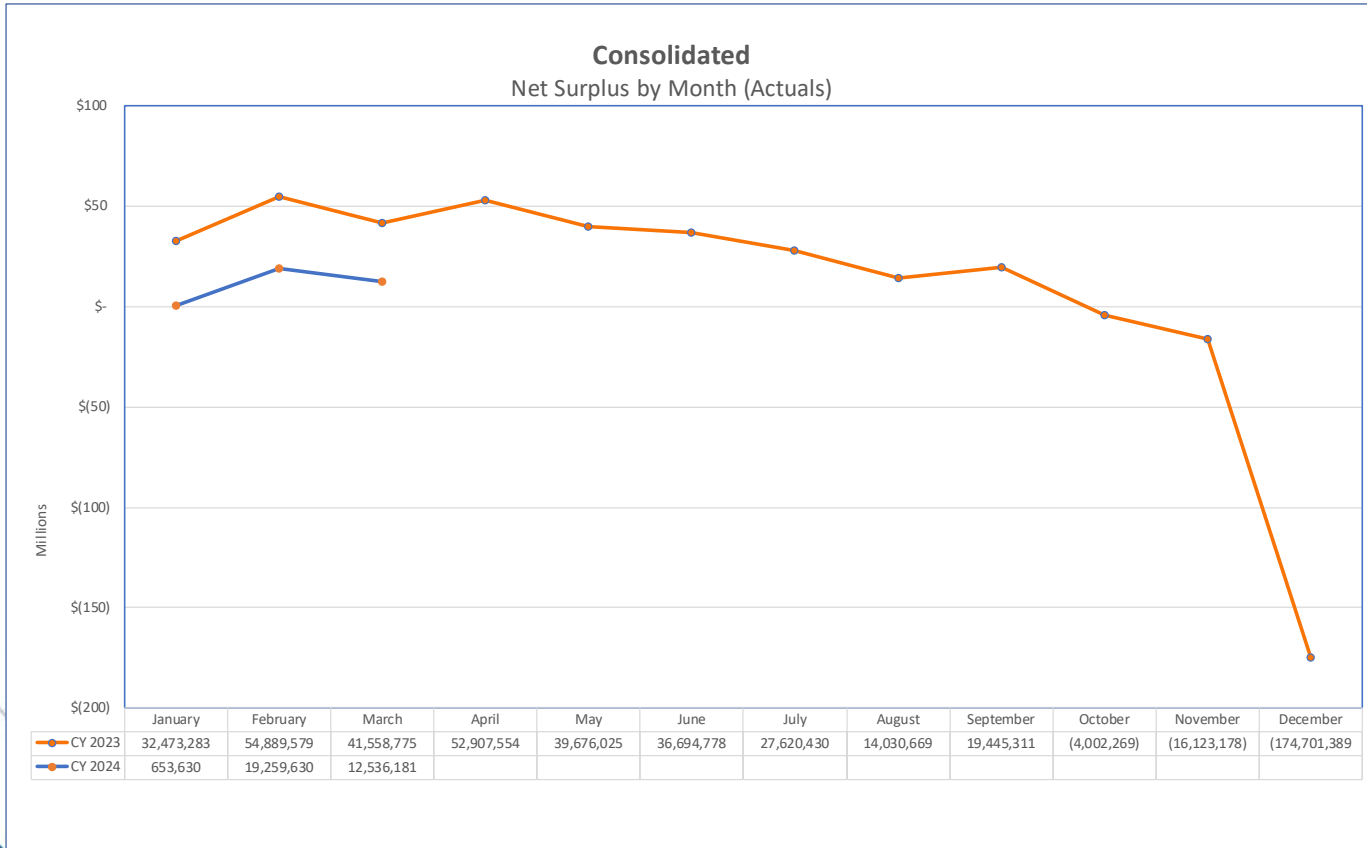
	March Month-to-Date			March Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 628,159,246	\$ 624,156,489	\$ 4,002,757	\$ 1,808,922,218	\$ 1,789,593,747	\$ 19,328,471
Total Medical Costs	\$ 589,886,620	\$ 580,067,008	\$ (9,819,612)	\$ 1,688,719,273	\$ 1,635,610,860	\$ (53,108,413)
Total Operating Expenses	\$ 36,745,262	\$ 38,164,654	\$ 1,419,392	\$ 113,821,523	\$ 114,251,537	\$ 430,014
Total Non Operating Income (Expense)	\$ 13,513,287	\$ 5,622,104	\$ 7,891,183	\$ 30,037,769	\$ 16,866,311	\$ 13,171,458
Non-Medical Expenses	\$ 2,504,470	\$ 1,224,181	\$ (1,280,289)	\$ 3,969,751	\$ 3,590,846	\$ (378,905)
Net Surplus (Deficit)	\$ 12,536,181	\$ 10,322,750	\$ 2,213,431	\$ 32,449,440	\$ 53,006,814	\$ (20,557,375)

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to the favorable HHIP and SBHIP revenue, SPD, MCE, and LTC-Full Dual SIS, and Adult UIS member months, CMC CY2022 quality withhold reserve adjustment, EPT revenue, and D-SNP risk sharing partially offset by unfavorable Prop 56 MLR reserve for non-medical owed to DHCS, MCE and SPD UIS member months, and maternity revenue.
- The unfavorable medical costs variance compared to budget is primarily due to unfavorable HHIP, a provider claims dispute accrual, SBHIP, and EPT costs, pharmacy expense partially offset by favorable Prop 56 quarterly expense adjustment and inpatient claims.
- The favorable operating expense variance compared to budget is primarily due to IT project delays and underutilization.
- The favorable non-operating income (expense) variance compared to budget is primarily due to higher-than-expected interest income.
- The unfavorable non-medical expense variance compared to budget is primarily due to the community reinvestment program reserve.



Net Surplus Year-Over-Year - Consolidated



Actual vs Budget: Medi-Cal

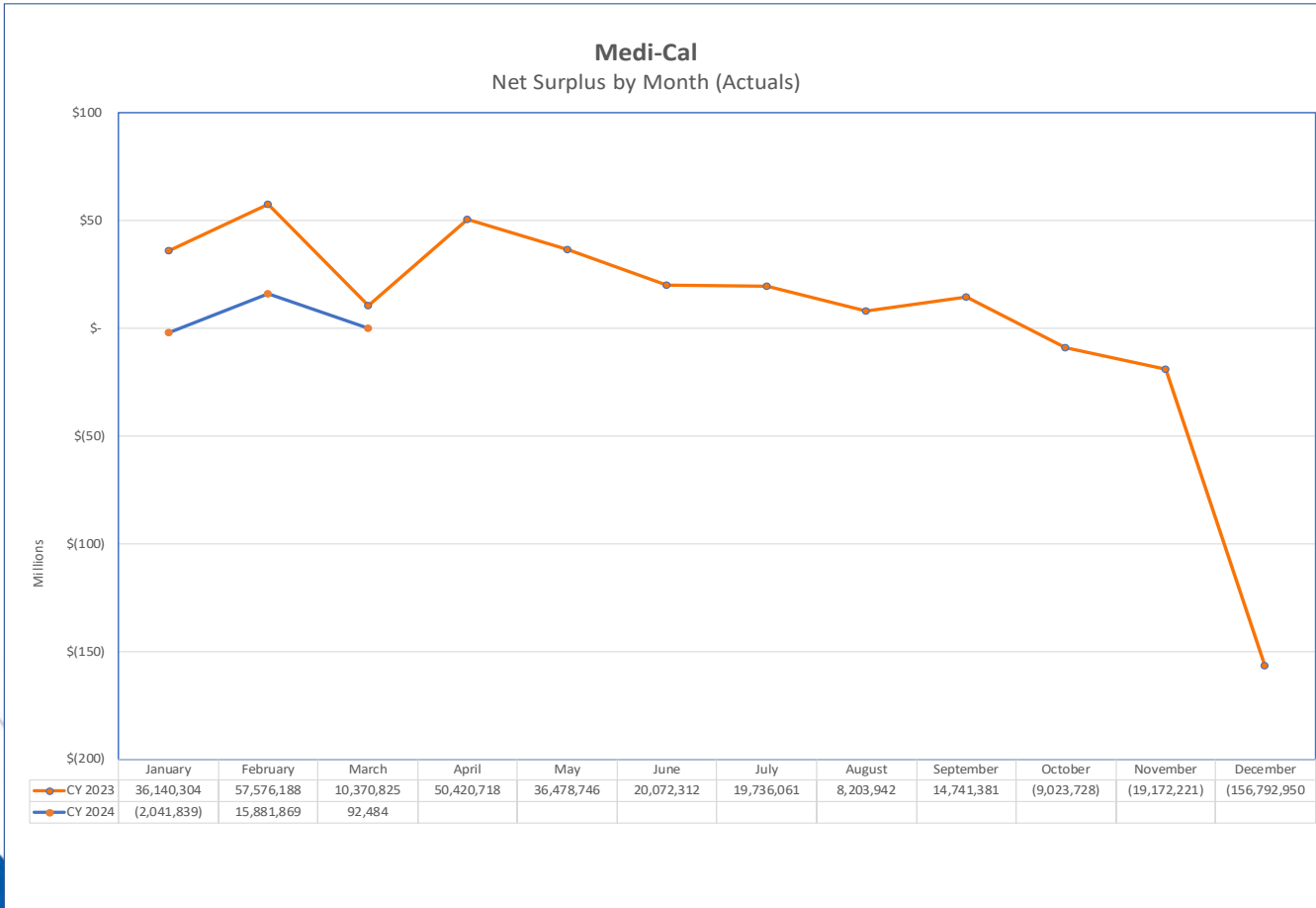
	March Month-to-Date			March Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 545,877,830	\$ 554,651,966	\$ (8,774,136)	\$ 1,580,830,847	\$ 1,581,347,472	\$ (516,625)
Total Medical Costs	\$ 518,896,155	\$ 513,649,945	\$ (5,246,210)	\$ 1,483,155,652	\$ 1,441,190,331	\$ (41,965,321)
Total Operating Expenses	\$ 29,887,613	\$ 31,379,655	\$ 1,492,042	\$ 92,718,449	\$ 94,199,667	\$ 1,481,218
Total Non Operating Income (Expense)	\$ 2,998,423	\$ 2,912,732	\$ 85,691	\$ 8,975,768	\$ 8,738,195	\$ 237,573
Net Surplus (Deficit)	\$ 92,484	\$ 12,535,098	\$ (12,442,614)	\$ 13,932,514	\$ 54,695,669	\$ (40,763,155)

Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to the unfavorable Prop 56 MLR reserve for the non-medical portion, MCE and SPD UIS member months, and maternity revenue partially offset by favorable HHIP and SBHIP revenue, SPD, MCE, and LTC-Full Dual SIS, and Adult UIS member months, and EPT revenue.
- The unfavorable medical costs variance compared to budget is primarily due to unfavorable HHIP, a provider claims dispute accrual, SBHIP, and EPT costs partially offset by favorable Prop 56 quarterly expense adjustment and inpatient claims.
- The favorable operating expenses variance compared to budget is primarily due to IT project delays and underutilization.



Net Surplus Year-Over-Year: Medi-Cal



Actual vs Budget: D-SNP

	March Month-to-Date			March Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 69,167,373	\$ 65,647,028	\$ 3,520,345	\$ 204,700,858	\$ 197,721,687	\$ 6,979,171
Total Medical Costs	\$ 63,142,856	\$ 61,315,928	\$ (1,826,928)	\$ 187,333,974	\$ 180,393,476	\$ (6,940,498)
Total Operating Expenses	\$ 3,810,939	\$ 4,512,858	\$ 701,919	\$ 12,398,204	\$ 13,298,679	\$ 900,475
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ 2,213,578	\$ (181,758)	\$ 2,395,336	\$ 4,968,680	\$ 4,029,532	\$ 939,148

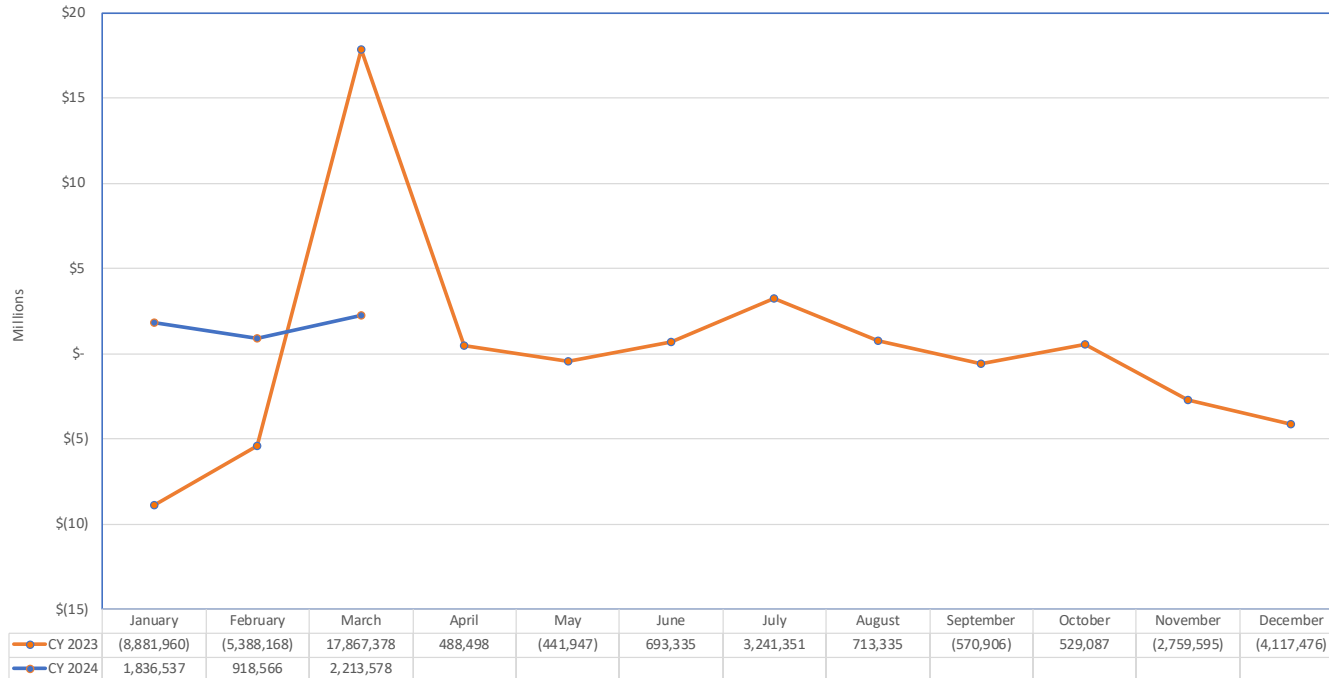
Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to favorable D-SNP risk sharing.
- The unfavorable medical costs variance compared to budget is primarily due to unfavorable pharmacy expense partially offset by favorable inpatient claims.



Net Surplus Year-Over-Year: D-SNP

D-SNP
Net Surplus by Month (Actuals)



Actual vs Budget: IEHP Covered (CCA)

	March Month-to-Date			March Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 6,393,437	\$ 3,857,495	\$ 2,535,942	\$ 16,668,967	\$ 10,524,588	\$ 6,144,379
Total Medical Costs	\$ 5,700,451	\$ 5,101,136	\$ (599,315)	\$ 15,826,166	\$ 14,027,054	\$ (1,799,112)
Total Operating Expenses	\$ 3,046,710	\$ 2,272,140	\$ (774,570)	\$ 8,704,871	\$ 6,753,191	\$ (1,951,680)
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ (2,353,725)	\$ (3,515,781)	\$ 1,162,056	\$ (7,862,070)	\$ (10,255,657)	\$ 2,393,587

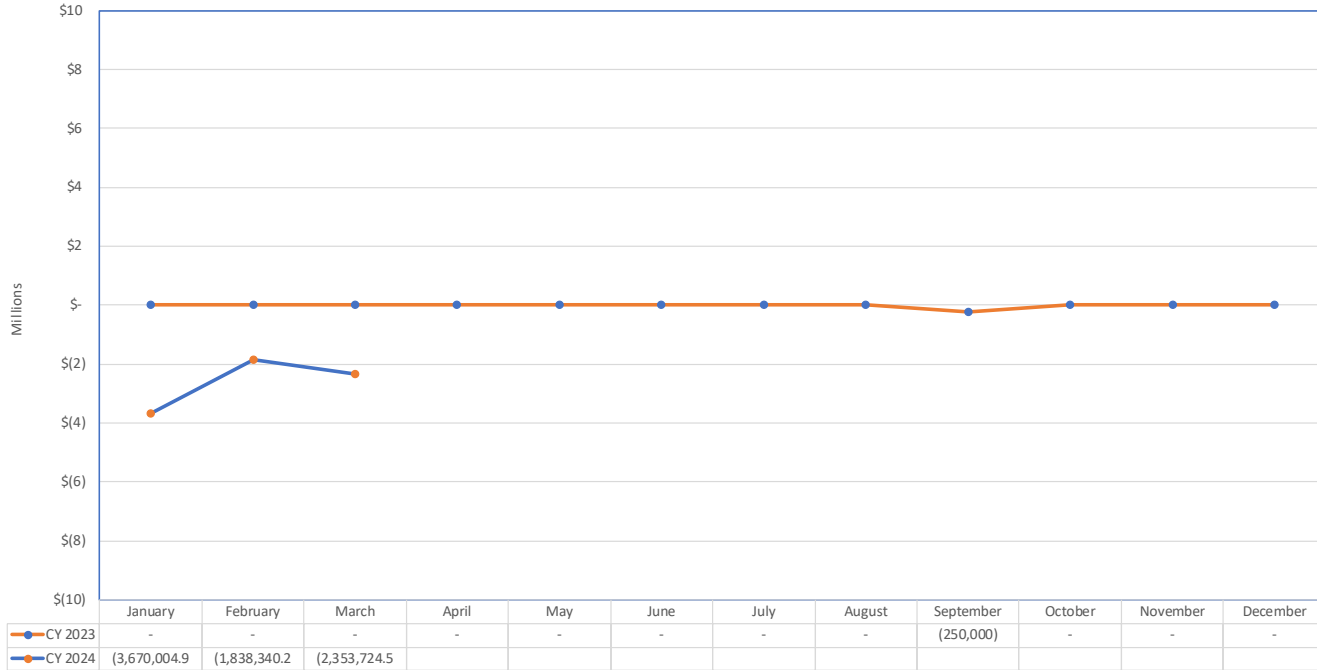
Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected Silver membership and population age.



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

IEHP Covered (CCA)
Net Surplus by Month (Actuals)



Balance Sheet – Current Month vs Prior Month

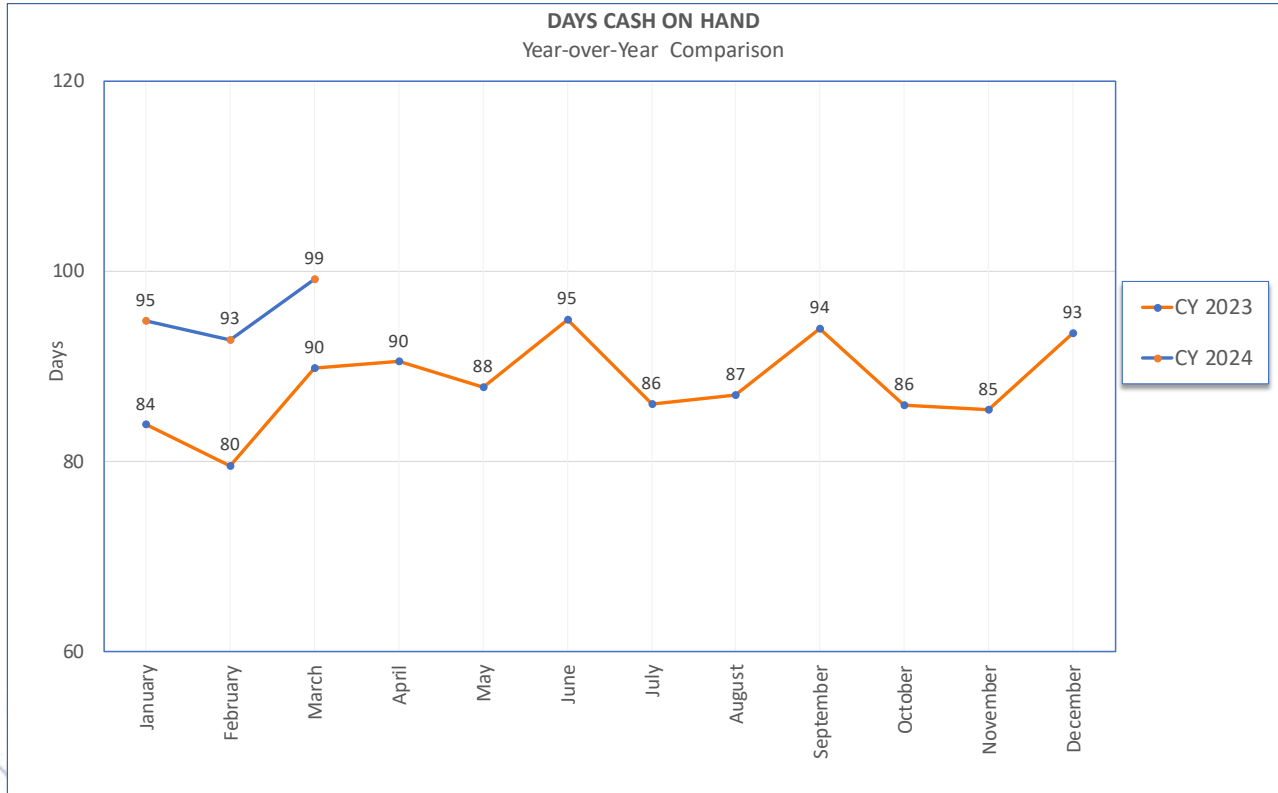
	Mar-24	Feb-24	Variance
<u>Assets and Deferred Outflows</u>			
Current Assets	\$ 3,276,433,061	\$ 3,438,985,805	\$ (162,552,744)
Long Term Receivables	\$ 29,831	\$ 33,064	\$ (3,232)
Capital Assets	\$ 276,050,112	\$ 274,762,165	\$ 1,287,947
Deferred Outflows of Resources	\$ 75,826,110	\$ 75,826,110	\$ -
Net Other Assets	\$ -	\$ -	\$ -
Total Assets and Deferred Outflows	\$ 3,628,339,115	\$ 3,789,607,144	\$ (161,268,029)
<u>Liabilities, Deferred Inflows, and Net Position</u>			
Current Liabilities	\$ 2,089,130,801	\$ 2,261,065,628	\$ (171,934,827)
Long-Term Liabilities	\$ 71,937,180	\$ 73,803,630	\$ (1,866,450)
Deferred Inflows	\$ 404,378	\$ 407,312	\$ (2,933)
Net Position	\$ 1,466,866,755	\$ 1,454,330,574	\$ 12,536,181
Total Liabilities, Deferred Inflows, and Net Position	\$ 3,628,339,115	\$ 3,789,607,144	\$ (161,268,029)

Highlights for the Month:

- Decrease in Current Assets and Current Liabilities is primarily due to decrease in Receivable and Accrued Medical Expense primarily due to net directed payments distributed to providers of \$258M PHDP, \$86M net QIP, and \$70M EPP net of pending distribution of \$140M IGT.



Days Cash on Hand



Highlights for the Month:

Increase in Cash is primarily due to DHCS CY2024 rate adjustments.

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



Acronyms & Definitions

CCA – Covered California

CMC – Cal MediConnect

CY– Calendar Year

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

EPP – Enhanced Payment Program

EPT – Equity and Practice Transformation Program

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

IGT – Intergovernmental Transfers

IT – Information Technology

LTC – Long Term Care

MCE – Adult Medi-Cal Expansion

MLR – Medical Loss Ratio

MOT – Major Organ Transplant

PHDP – Private Hospital Directed Payment

QIP – Quality Incentive Pool

SBHIP – Student Behavioral Health Incentive Program

SIS/UIS – Satisfactory Immigration Status/Unsatisfactory Immigration Status

SPD – Seniors and Persons with Disabilities



FINANCE DEPARTMENT

26. REVIEW OF THE AUDITED FINANCIAL STATEMENTS FOR CALENDAR YEAR 2023

Recommended Action:

Review and File

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP is mandated by the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) to undergo an annual financial audit. IEHP is a large public entity, and as such, has engaged an independent certified public accounting firm to review IEHP’s financial statements in accordance with generally accepted accounting principles (GAAP).

The auditor performs the audit in accordance with auditing standards, which includes testing accounting records and procedures to render an opinion on the internally prepared financial statements.

Moss Adams LLP, Certified Public Accountants (CPAs) was approved by the Governing Board as IEHP’s independent financial auditor.

Discussion:

Each year the independent auditor presents their findings directly to the IEHP Governing Board.

Aparna Venkateswaran, CPA, Partner, and Ashley Merda, Business Assurance Manager, from Moss Adams, LLP will present their findings on the CY 2023 audit.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	H. Lien 4/22/24	N/A	N/A	L. Liu, 4/46/24	K. Freeman

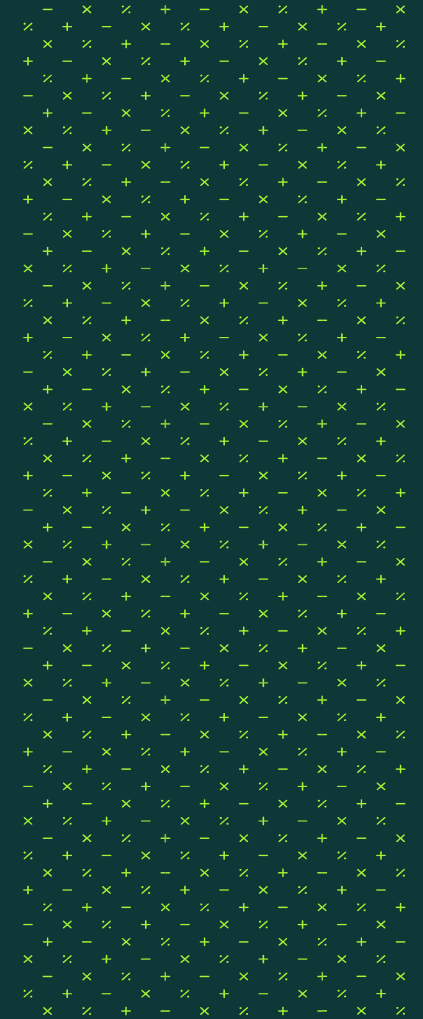


MOSSADAMS

Inland Empire Health Plan

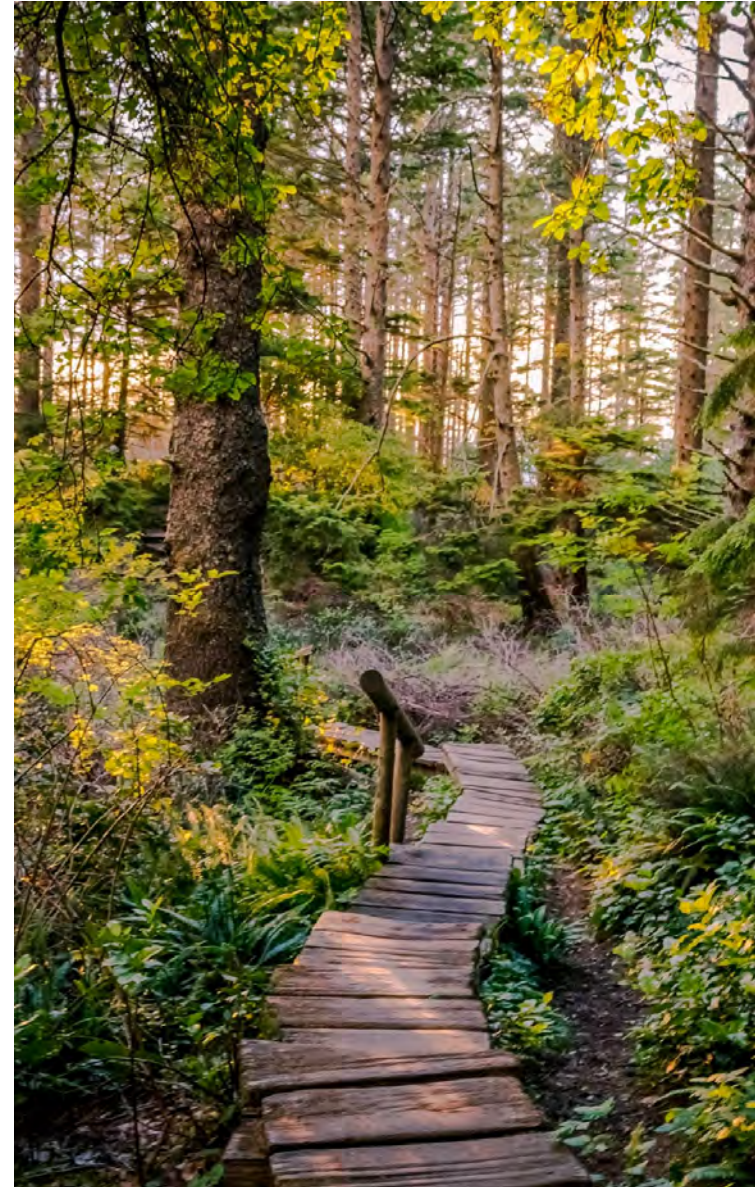
2023 AUDIT RESULTS

Discussion with the Governing Body



Agenda

1. Scope of Services
2. Summary of Audit Process
3. Significant Risks Identified
4. Matters Required to be Communicated to the Governing Body



Scope of Services

We have performed the following services for Inland Empire Health Plan:

Attest Services



- Annual combined financial statement audit as of and for the year ended December 31, 2023.

Nonattest Services



- Assist management with drafting the combined financial statements for the year ended December 31, 2023, excluding Management's Discussion and Analysis.
- Assist management with completing the auditee portion of the Data Collection Form at future date.



Summary of Audit Process

- Our audit was generally performed in accordance with our initial plan. When the results of a planned audit procedure did not provide sufficient evidence or our original plan was based on an incorrect understanding of a transaction, process, or accounting policy of the entity, we made the necessary adjustments to our audit plan to incorporate the procedures necessary to support our opinion on the combined financial statements.
- We have completed our testing of all significant account balances and classes of transactions.
- We issued our independent auditor's report on April 24, 2024.



Significant Risks Identified

During the audit, we identified the following:

Significant Risks	Procedures
Capitation Revenue and Receivable	<ul style="list-style-type: none"> • Tested internal controls for membership reconciliation • Developed independent expectations of revenue using membership data and rates • Obtained an understanding of managements reserve methodology and validated key inputs through our audit procedures • Verified subsequent receipt of cash and performed other substantive procedures • No exceptions noted in procedures performed
Medical Claims Payable and Claims Reserves and Other Medical Accrued Liabilities	<ul style="list-style-type: none"> • Tested the internal controls for claims payments and provider capitation systems • Tested the data used by the actuary to estimate the claims liability • Tested the provider capitation accrual calculation and agreed the accrual to subsequent payments • Reviewed the experience and qualifications of the actuary • Performed a retrospective review of the prior year claims liability • Gained an understanding of the nature of the amounts payable to the state of California and tested inputs into the estimates • No exceptions noted in procedures performed



Matters to Be Communicated to the Governing Body

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

We are responsible for forming and expressing an opinion about whether the combined financial statements that have been prepared by management, with your oversight, are prepared, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and the California Code of Regulations, Title 2, Section 1131.2, State Controller's *Minimum Audit Requirements* for California Special Districts. Our audit of the combined financial statements does not relieve you or management of your responsibilities.

The objectives of our audit are also to evaluate the presentation of the supplementary information in relation to the combined financial statements as a whole and report on whether the supplementary information is fairly stated, in all material respects, in relation to the combined financial statements as a whole.



Matters to Be Communicated to the Governing Body

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS), California Code of Regulations, Title 2, Section 1131.2, State Controller's *Minimum Audit Requirements* for California Special Districts, and standards applicable to financial audits contained in *Government Auditing Standards*. As part of an audit conducted in accordance with the standards noted above, we exercise professional judgment and maintain professional skepticism throughout the audit.



Matters to Be Communicated to the Governing Body

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

Our audit of the combined financial statements included obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control or to identify deficiencies in the design or operation of internal control. Accordingly, we considered the entity's internal control solely for the purpose of determining our audit procedures and not to provide assurance concerning such internal control.



Matters to Be Communicated to the Governing Body

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

We are also responsible for communicating significant matters related to the combined financial statement audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

The supplementary information was subject to certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Significant Accounting Practices:

Our views about qualitative aspects of the entity's significant accounting practices, including accounting policies, accounting estimates, and combined financial statement disclosures

MOSS ADAMS COMMENTS

The quality of the entity's accounting policies and underlying estimates are discussed throughout this presentation. There were no changes in the entity's approach to applying the critical existing accounting policies. IEHP adopted provisions of Government Accounting Standards Board (GASB), Statement No. 96, *Subscription-Based Information Technology Arrangements* (immaterial impact on financial statements)

- Significant management estimates impacted the combined financial statements including the following: **medical claims payable and claims reserves which includes actuarially determined accruals for incurred but not paid (IBNP) medical claims as well as non-IBNP medical costs, net pension liability, due to/from DHCS, and depreciable lives of capital assets.**



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Significant Accounting Practices:

Our views about qualitative aspects of the entity's significant accounting practices, including accounting policies, accounting estimates, and combined financial statement disclosures

MOSS ADAMS COMMENTS

Certain financial statement disclosures are particularly sensitive because of their significance to financial statements users. We call your attention to the following notes:

- Note 3 – Premium Revenue
- Note 4 – Cash, Cash Equivalents, and Restricted Cash
- Note 6 – Medical Services Contracts
- Note 11 – Defined Benefit Pension Plan
- Note 12 – Commitments and Contingencies
- Note 14 – Subsequent Events



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Significant Unusual Transactions

MOSS ADAMS COMMENTS

No significant unusual transactions were identified during our audit of the entity's combined financial statements.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Significant Difficulties Encountered During the Audit

We are to inform those charged with governance of any significant difficulties encountered in performing the audit. Examples of difficulties may include significant delays by management, an unreasonably brief time to complete the audit, unreasonable management restrictions encountered by the auditor, or an unexpected extensive effort required to obtain sufficient appropriate audit evidence.

MOSS ADAMS COMMENTS

No significant difficulties were encountered during our audit of the entity's combined financial statements.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Disagreements With Management

Disagreements with management, whether or not satisfactorily resolved, about matters that individually or in the aggregate could be significant to the entity's combined financial statements, or the auditor's report.



MOSS ADAMS COMMENTS

There were no disagreements with management.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Circumstances that affect the form and content of the auditor's report

MOSS ADAMS COMMENTS

There were no circumstances that affected the form and content of the auditor's report except for the inclusion of an Emphasis of a Matter paragraph related to the adoption of GASB Statement No. 96, *Subscription- Based Information Technology Arrangements*.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Other findings or issues arising from the audit that are, in the auditor's professional judgment, significant and relevant to those charged with governance regarding their oversight of the financial reporting process



MOSS ADAMS COMMENTS

There were no other findings or issues arising from the audit to report.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Uncorrected Misstatements

MOSS ADAMS COMMENTS

No uncorrected misstatements noted.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Material, Corrected Misstatements

Material, corrected misstatements that were brought to the attention of management as a result of audit procedures.



MOSS ADAMS COMMENTS

No material misstatements were identified as a result of our audit.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Representations requested of management

We requested certain representations from management that are included in the management representation letter dated April 24, 2024



MOSS ADAMS COMMENTS

Signed representation letter is available upon request.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Management's consultation with other accountants

When we are aware that management has consulted with other accountants about significant auditing or accounting matters, we discuss with those charged with governance our views about the matters that were the subject of such consultation.

MOSS ADAMS COMMENTS

We are not aware of instances where management consulted with other accountants about significant auditing or accounting matters.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Significant issues arising from the audit that were discussed, or the subject of correspondence with management



MOSS ADAMS COMMENTS

No significant issues arose during the audit that have not been addressed elsewhere in this presentation.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

AU-C 240, *Consideration of Fraud in a Financial Statement Audit*

AU-C 250, *Consideration of Laws and Regulations in an Audit of Financial Statements*

AU-C 265, *Communicating Internal Control Related Matters Identified in an Audit*

AU-C 550, *Related Parties*

AU-C 560, *Subsequent Events and Subsequently Discovered Facts*

AU-C 570, *The Auditor's Consideration of An Entity's Ability to Continue as a Going Concern*

AU-C 600, *Audits of Group Financial Statements (Including the Work of Component Auditors)*

MOSS ADAMS COMMENTS

Nothing to note other than there were no material weaknesses noted and no significant deficiencies to communicate.



Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

AU-C 701, *Communicating Key Audit Matters in the Independent Auditor's Report*

AU-C 705, *Modifications to the Opinion in the Independent Auditor's Report*

AU-C 706, *Emphasis-of-Matter Paragraphs and Other-Matter Paragraphs in the Independent Auditor's Report*

AU-C 720, *The Auditor's Responsibilities Relating to Other Information Included in Annual Reports*

AU-C 730, *Required Supplementary Information*

AU-C 930, *Interim Financial Information*

AU-C 935, *Compliance Audits*

MOSS ADAMS COMMENTS

Nothing to note.





**THANK
YOU**



OPERATIONS DEPARTMENT

27. HQI CARES: IMPLEMENTING BETA HEART UPDATE

Recommended Action:

Review and File

Contact:

Susie White, Chief Operating Officer

Recommended Action:

Review & File

Contact:

Susie White, Chief Operating Officer

Background:

Presentation of the HQI Cares: Implementing BETA HEART Updates.



HQI Cares: Implementing BETA HEART Updates

Presentation to the IEHP Governing Board May 13, 2024



Presented by Sylvia Lozano, FACHE, MHA,
VP of Hospital Relations

Implementing BETA HEART® Goals are to help hospitals:

- Develop and implement accountable and reliable evidence-based systems that support the provision of safe care
- Support and value all members of the healthcare delivery system
- Develop empathic and clinically appropriate processes and communication skills that support healing of both the patient and clinician after an adverse event
- Develop mechanisms for early, ethical resolution of harm caused by medical error or inappropriate care that fosters trust between clinicians and patients/families

Compelling Value Proposition



One site saw an 8% reduction in nursing turnover since starting HEART. Another site, had a 6.5% reduction



One site improved scores for every single category of their Safety Culture and Engagement survey from 2022 to 2023—even as nationally we saw numbers drop for most



Several sites have seen an uptick in self-reported events and a decrease in anonymously submitted reports



One site saw an increase in their Safety Culture and Engagement survey participation rates from 32% pre-HEART to 69.8% since starting HEART



Shared Learning Opportunities that allows for connection, encouragement and adoption of best practices.



2023 Symposium Attendance 135

2023 Regional Training Attendance

Culture Survey Debrief 45

Rapid Event Response and Analysis 44

Cognitive Interviewing 101

Empathic Communication 50

Care for the Caregiver Peer Support 83

Best Practices



Bear Valley: Adding mock HEART case drills to their skills fair so people can practice elements.



Desert Regional: Great catch Certificates handed out by executive for anyone who self reports/submits a near miss



Redlands: Communication plan around HEART includes road show, frontline ambassadors, HEART huddle boards, emails/posters, etc.



St. Bernardine: Regular rounding on daily huddles to share HEART updates, dashboards, themes, etc.

Next Steps: Domain Validation



What does it Mean to validate in a HEART Domain?

- BETA HEART Professionals have performed:
 - A rigorous review of Policies and Procedures
 - Conducted retrospective case reviews of Harm
 - Interviews with staff
 - Analysis of Dashboard Metrics and associated process improvement including how data is being tracked and shared

Why does it matter?

- An opportunity for sites to show off what they have built
- A chance to receive meaningful feedback for improvement
- An honest, third-party, outside perspective
- An occasion to celebrate Patient Safety work and a way to share it with the community

Expected HQI Domain Validation for 2024



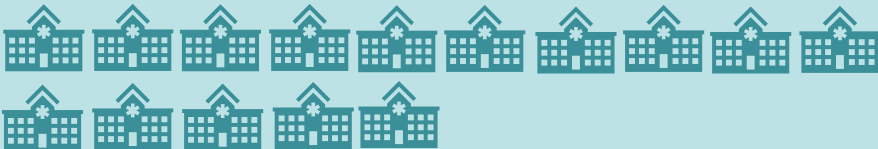
Culture of Safety



27



Rapid Event Response and Analysis



17



Communication and Transparency



5



Care for the Caregiver



18



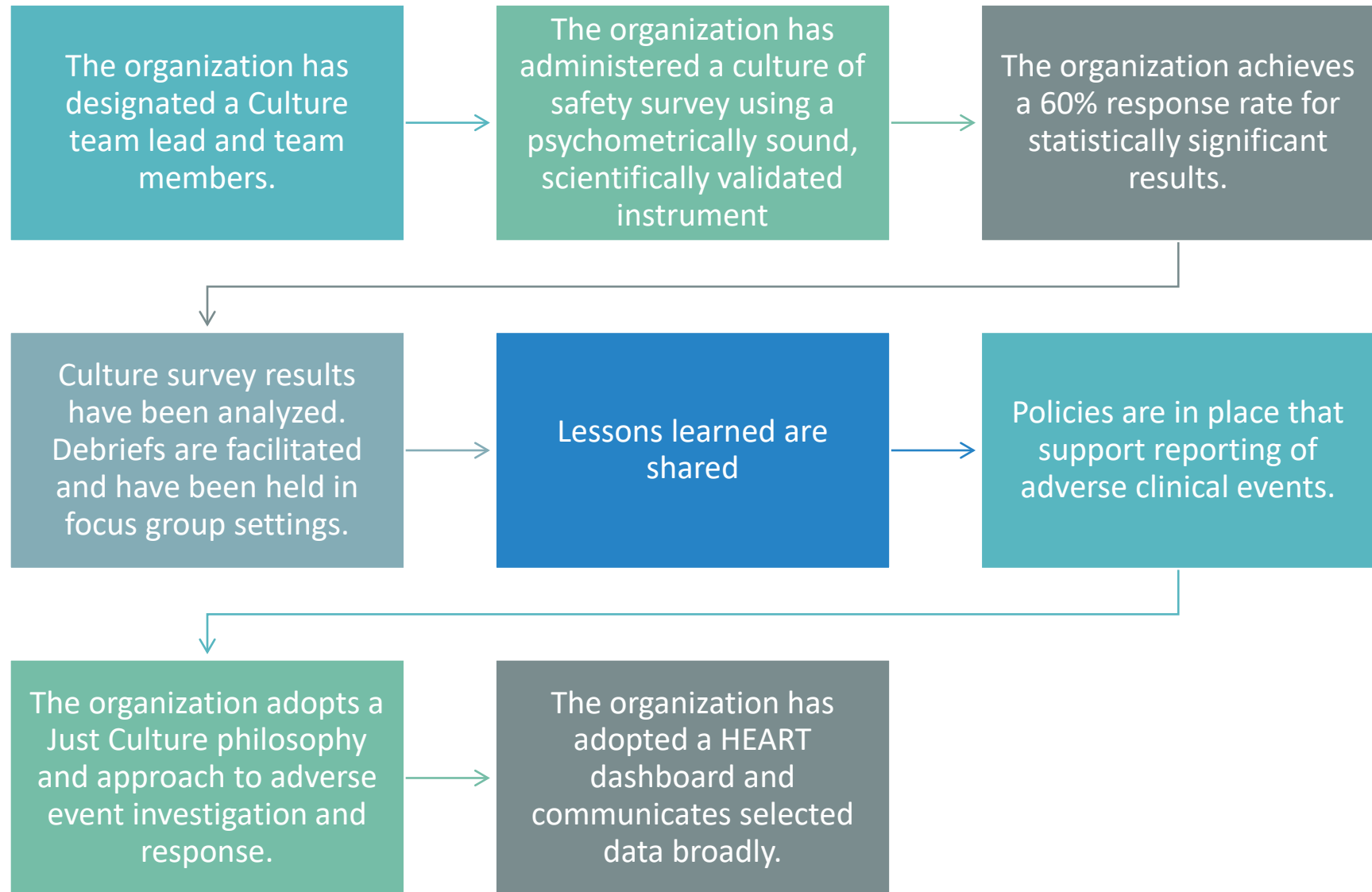
Early Resolution*



1

*An organization must meet all four of the others before achieving Early Resolution

Culture of Safety Domain Validation Milestones



Hospital Insights and Hopes



When I started going to the HQI workshops I was like this is so amazing. I wish I could bottle up the culture of safety attitude and bring it to everyone to say this is what it's supposed to look like in order to light a fire in people so that they want to do what is right for the patient.

What we've learned going through this is there are a lot of arbitrary rules to disclosure that we learned growing up as baby nurses/doctors. I look forward to being transparent with families at a different level that comes easily.



I think during the pandemic we still had good quality outcomes for our patients, but it put a lot of pressure on our teams in our organization. So refocusing our efforts on supporting staff and a culture of safety for patients is my hope.

Empowering staff to speak up and see that things are changing in the culture. This is not a "drink the Kool Aid" approach but this is who we are here and this is how things are done.



Getting better buy in from employees and restoring a sense of purpose. And of course, the lower costs don't hurt.



Hospital Insights and Hopes



It's done so much already here at Victor Valley. There are so many competing priorities that we don't always realize communication and culture are a priority. But being a part of HEART helped us make it a priority when other things might have outcompeted it otherwise.



We are having big transformational changes in our RUHS culture. It's been one of our goals for a long time and this is our means to get there.

It starts at the top so making sure frontline feel that leaders really do care. Helping them to understand that there really is a passion to help them and improve. That they know we are always going to do the right thing.



A better realization of the frontline and that their feedback is important and the organization cares and will make changes based on that feedback and knowledge.



That it helps us bring back that human connection that we lost in COVID. We used to care about each other so much and ever since COVID we've really moved away from that.

The more I go to these conferences the more I see the differences even in my own practice with empathic listening—recognizing when I'm in a hurry or I want to leave.

Appendix





Healing –

For both patients
+ caregivers

Empathy –

Capacity to express
feeling for what
another is going
through after an
event

Accountability –

Organizational
+ individual

Resolution- Resolve
the impact of harm
that results from
medical error or
inappropriate
care

Trust –

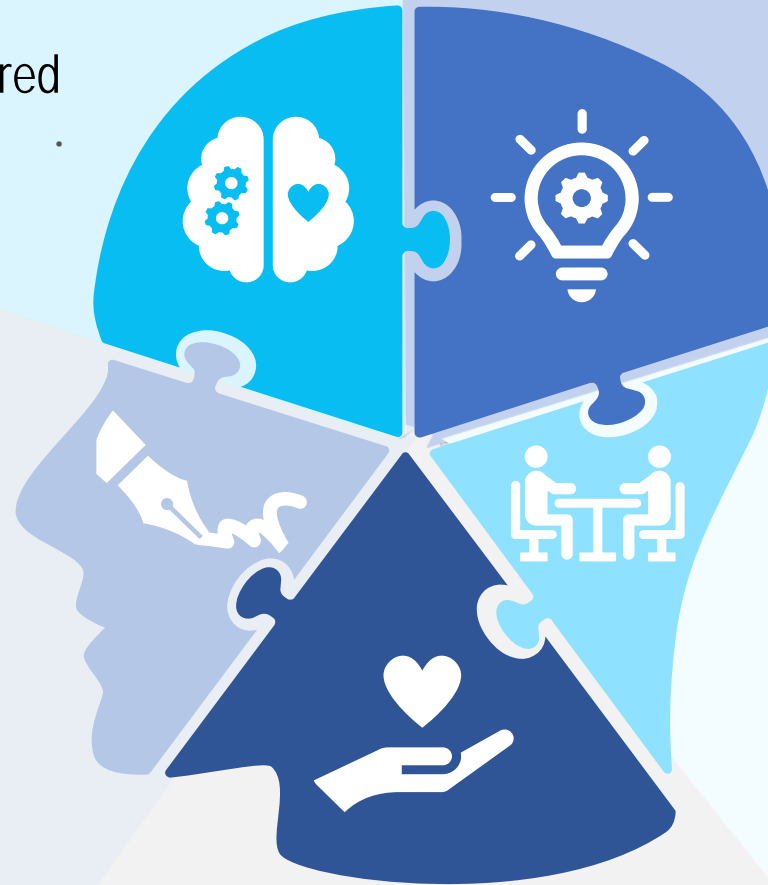
Among healthcare
team + between
patients/families
+ providers

Culture + Measurement

- Culture survey with debrief
- Just Culture principles
- Lessons learned and shared

Rapid Event Response + Analysis

- Human factors science
- Cognitive Interviewing
- Apply Just Culture
- Patient and Family Input



Early Resolution

- Timely
- Includes both financial + non-financial resolutions
- Is the answer to MICRA

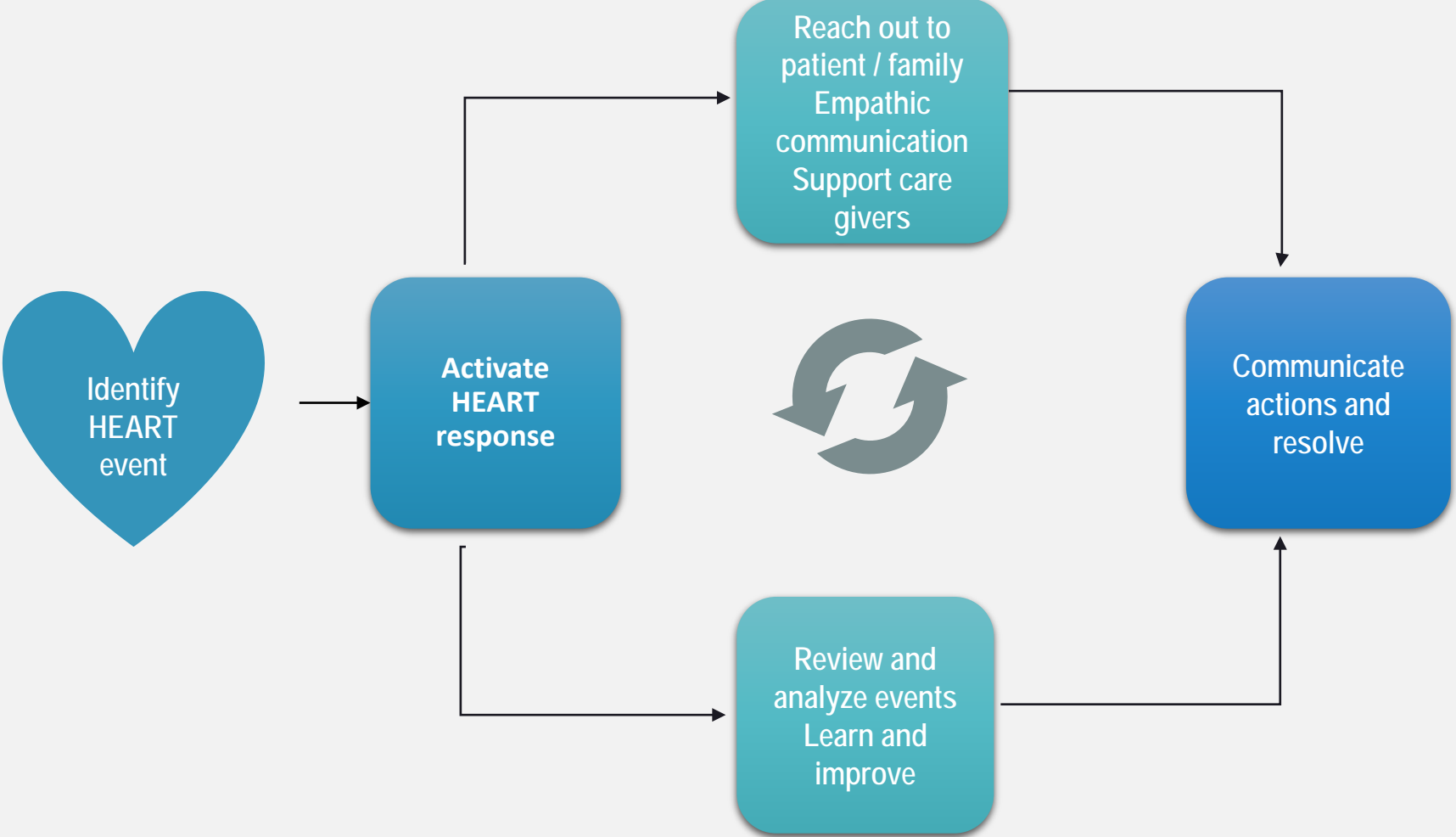
Communication + Transparency

- Timely and empathic
- Evaluate communication skills
- Trained resource team
- Begins early and is continuous

Care for the Caregiver

- Proactive
- Trained Peer Support team
- Measures burnout + resilience

The Continuum to Achieve Organizational Learning



Arrowhead Regional Medical Center	Communication and Transparency	Montclair Hospital Medical Center	Culture of Safety
Barstow Community Hospital	Culture of Safety, Communication and Transparency	Mountains Community Hospital	Culture of Safety, Care for the Caregiver
Bear Valley Community Hospital	All 5, focus on Culture of Safety	Palo Verde Hospital	Culture of Safety, Rapid Event Response and Analysis
		Parkview Community Hospital Medical Center	Culture of Safety, Care for the Caregiver
Chino Valley Hospital Medical Center	Culture of Safety	Pomona Valley Hospital Medical Center	Care for the Caregiver, Rapid Event Response and Analysis
Colorado River Medical Center	Culture of Safety, Rapid Event Response and Analysis	Providence St. Mary Medical Center	Culture of Safety
Community Hospital Of San Bernardino	Culture of Safety, Rapid Event Response and Analysis	Redlands Community Hospital	Culture of Safety, Care for the Caregiver
Corona Regional Medical Center	Communication and Transparency, Rapid Event Response and Analysis	Riverside Community Hospital	Rapid Event Response and Analysis, Care for the Caregiver
Desert Regional Medical Center	Culture of Safety, Rapid Event Response and Analysis	Riverside University Health System Medical Center	Culture of Safety, Care for the Caregiver
Desert Valley Hospital	Culture of Safety		
Eisenhower Health	Culture of Safety, Care for the Caregiver	San Antonio Regional Hospital	Care for the Caregiver, Rapid Event Response and Analysis
Hemet Global Medical Center	Culture of Safety, Rapid Event Response and Analysis	San Gorgonio Memorial Hospital	Culture of Safety, Care for the Caregiver, Communication and Transparency
Hi-Desert Medical Center	Culture of Safety, Care for the Caregiver	Southwest Healthcare Inland Valley Hospital	Culture of Safety, Care for the Caregiver
John F Kennedy Memorial Hospital	Culture of Safety, Care for the Caregiver	Southwest Healthcare Rancho Springs Hospital	Culture of Safety, Care for the Caregiver
Loma Linda University Childrens Hospital	Care for the Caregiver, Culture of Safety, and Rapid Event Response and Analysis	St Bernardine Medical Center	Culture of Safety, Care for the Caregiver, Rapid Event Response and Analysis
Loma Linda University Medical Center	Care for the Caregiver, Culture of Safety, and Rapid Event Response and Analysis	Temecula Valley Hospital	Rapid Event Response and Analysis
Loma Linda University Medical Center Murrieta	Care for the Caregiver, Culture of Safety, and Rapid Event Response and Analysis	Victor Valley Global Medical Center	Culture of Safety, Rapid Event Response and Analysis