



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

January 13, 2025 - 9:00 AM

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

Board Report #356

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 at the time of the meeting when the item listed on the agenda is called. Each speaker should begin by identifying themselves for the record and announce 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. In order to keep track of speakers and to be able to notify the Board of any speakers on a particular agenda item, a speaker slip is requested to be completed and provided to the Board Secretary by the commencement of the public meeting and no later than the time the agenda item has been called so that you may be recognized by the Board to speak. 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/U5oepJQy-xw?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

AGENDA

VI. Conflict of Interest Disclosure

Please note that Board members who also serve as a member of a legislative body of another public entity, such as San Bernardino County or the County of Riverside, does not by itself constitute a disqualifying conflict of interest that would prevent such members from participating on matters appearing on the agenda for the Inland Empire Health Plan or IEHP Health Access despite their affiliation with both public entities.

VII. Adopt and Approve of the Meeting Minutes from the December 9, 2024 Regular Meeting of the Governing Board of the Inland Empire Health Plan

VIII. Special Presentation in recognition of Arthur Friedman, O.D., IEHP Provider Advisory Committee Chair

IX. CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. Ratify and Approve the First Amendment to the Master Services Agreement with IEHP Health Access and Delegation of Authority to Approve Future Management Fee Adjustment
2. Approve the 2025 Federal and State Policy Agenda and Delegate Administrative Advocacy Authority
3. Approve the Funding Agreement with San Bernardino County on Behalf of Arrowhead Regional Medical Center
4. Approve the First Amendment to the Funding Agreement with Loma Linda University Health Education Consortium
5. Delegation of Authority to Approve the Professional Services Agreement with Tenfold Health

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

6. Approve the 2025 Culturally & Linguistically Appropriate Services Program Description and Culturally & Linguistically Appropriate Services Workplan
7. Approve the Funding Agreement with City of San Bernardino
8. Approve the Funding Agreement with Palliative Partners
9. Ratify and Approve the Memorandum of Understanding with End Homelessness California dba the Shower of Hope

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

10. Approve Additional Funding to the Merchant Services Agreement with CSG Forte Payments, Inc.
11. Approve Additional Funding for Technical Support and Maintenance Fees to the Master Service and Software Agreement with Edifecs Inc.

MARKETING DEPARTMENT (Michelle Rai)

12. Approve the Second Amendment to the Professional Services Agreement with Ntooitive Digital, LLC
13. Approve the Award of Request For Proposal #24-05927 to, and Delegation of Authority to Approve Contractual Documents with, Avantpage Inc., Big Language Solution LLC, Hanna Interpreting Services LLC, and Language Line Translation Solutions.

OPERATIONS DEPARTMENT (Susie White)

14. Approve the Seventh Amendment to the Participation Agreement with Manifest Medex
15. Ratify and Approve the Third Amendment to the Professional Services Agreement with WISE Healthcare, LLC

PROVIDER CONTRACTING DEPARTMENT (Susie White)

16. Ratify and Approve the Fourth Amendment to the Capitated IPA Agreement with Dignity Health Medical Foundation DBA Dignity Health Medical Network Inland Empire a Service of Dignity Health Medical Foundation– Rancho Cordova
17. Ratify and Approve the Ninth Amendment to the Capitated IPA Agreement with Dignity Health Medical Foundation DBA Dignity Health Medical Network Inland Empire a Service of Dignity Health Medical Foundation– Rancho Cordova
18. Ratify and Approve the Eighth Amendment to the Hospital Per Diem Agreement with San Antonio Regional Hospital of Upland - Upland
19. Ratify and Approve the Seventeenth Amendment to the Hospital Per Diem Agreement with Mountains Community Hospital - Lake Arrowhead
20. Approval of the Evergreen Contracts
 - 1) Lasalle Medical Associates - Enhancement Care Management Provider Agreement - Victorville
 - 2) N & D Healthcare Services Inc dba Grandcare Home Health - Ancillary Agreement– Pasadena
 - 3) The Regents of the University of California dba UCR Health - Fee-For-Service Primary Care Provider Agreement - Riverside

- 4) The Regents of the University of California dba UCR Health - Participating Provider Agreement – Specialist - Riverside
- 5) HumanGood NorCal dba Plymouth Village - Skilled Nursing Facility Provider Agreement -Redlands
- 6) Riverside SNF LLC dba Riverside Village Healthcare Center - Skilled Nursing Facility Provider Agreement - Riverside
- 7) California Sleep Inc - Ancillary Agreement– Redlands
- 8) Goodnite Sleep Solution LLC Ancillary - Agreement - Redlands
- 9) Otto Bock Orthopedic Services LLC - Ancillary Agreement– Austin
- 10) Stellar Surgical Specialties Inc Ancillary - Agreement - Rancho Mirage
- 11) Clarissa Harper Agard dba Clarissa Agard LMFT - Participating Provider Agreement - Behavioral Health - Apple Valley
- 12) Encouragers Family Counseling Inc– Participating Provider Agreement - Behavioral Health Corona
- 13) Hernandez Marriage & Family Counseling Corp - Participating Provider Agreement - Behavioral Health Moreno Valley
- 14) Karen Lee Olson dba Karen L Olson LCSW - Participating Provider Agreement - Behavioral Health – Palm Desert
- 15) Michael Hooker dba Michael Hooker MS LMFT - Participating Provider Agreement - Behavioral Health - Riverside
- 16) Nicholas Fittante ACT Family Counseling Services LMFT PC - Participating Provider Agreement - Behavioral Health - Rancho Cucamonga
- 17) Paulina Ospina - Mallarino Participating Provider Agreement - Behavioral Health - Palm Desert
- 18) Riverside San Bernardino County Indian Health Inc - Participating Provider Agreement - Behavioral Health - Banning
- 19) Route 66 Recovery Partners A Medical Corporation dba First Step Recovery Center - Participating Provider Agreement - Behavioral Health - Victorville
- 20) Saniyyah Mayo Participating Provider Agreement - Behavioral Health Rancho Cucamonga
- 21) Ta Tanisha Jones dba Psychological and Substance Abuse Services Inc - Participating Provider Agreement - Behavioral Health - Moreno Valley
- 22) Yvonne Rodriguez dba Social Resources Connection Inc - Participating Provider Agreement - Behavioral Health - Moreno Valley
- 23) Zelda Marie Verrett dba InSight Therapeutic Solutions - Participating Provider Agreement - Behavioral - Health Hesperia
- 24) ABA Enhancement LLC dba ABA Enhancement - Participating Provider Agreement QASP - Riverside
- 25) Advanced Hand Therapy Inc Participating Provider Agreement - Specialist - Apple Valley
- 26) Anna Gasparyan MD Inc dba Desert Vascular Associates - Participating Provider Agreement – Specialist - Palm Desert
- 27) Betty Daniels MD dba Woman To Woman OB/GYN Medical Group Inc - Participating Provider Agreement - Specialist - San Bernardino
- 28) Clinicas De Salud Del Pueblo Inc - Participating Provider Agreement Specialist – Coachella
- 29) Narakanti N Rao MD Inc - Participating Provider Agreement – Specialist

- 30) Olga I Guerra dba All About Speech - Participating Provider Agreement – Specialist – Rancho Cucamonga
- 31) Vanessa Taylor DPM dba Chino Hills Foot and Ankle Center - Participating Provider Agreement – Specialist – Chino Hills
- 32) Paul James Wilson dba Bear Creek Eye Care Optometry - Participating Provider Agreement – Vision – Wildomar
- 33) Tamano Fletcher Corporation dba Hospitality Eyecare Center of Optometry - Participating Provider Agreement – Vision – San Bernardino
- 34) Behavior Genius LLC - Participating Provider Agreement – QASP - Hesperia

X. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

GOVERNING BOARD (Curt Hagman)

21. Establish a Governing Board Finance Committee, Appoint Governing Board Members to Finance Committee and Appoint the Chair and Vice Chair of the Finance Committee
22. Approve Setting of the Annual Selection of the Chairperson and Vice Chairperson at the February Inland Empire Health Plan Governing Board Meeting

ADMINISTRATION (Jarrod McNaughton)

23. Chief Executive Officer Update
24. Board Education – Facility Site Review and Medical Record Review

FINANCE DEPARTMENT (Keenan Freeman)

25. Review of the Monthly Financials

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

XII. Board Member Comments

XIII. Closed Session

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

XIV. Adjournment

The next meeting of the IEHP Governing Board will be held on February 10, 2025 at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

ADMINISTRATION

1. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE MASTER SERVICES AGREEMENT WITH IEHP HEALTH ACCESS AND DELEGATION OF AUTHORITY TO APPROVE FUTURE MANAGEMENT FEE ADJUSTMENT

Recommended Action:

That the Governing Board of Inland Empire Health Plan (“IEHP”) ratify and approve the First Amendment to the Management Services Agreement (“MSA”) with IEHP Health Access effective July 1, 2024 and authorize the Chief Executive Officer (“CEO”) or his designee to, after legal review and approval, adjust future management fees with mutual agreement from IEHP Health Access.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

IEHP provides certain management and administrative services to IEHP Health Access under an existing MSA to ensure that IEHP Members can continue to seek out optical care and vibrant health in the Inland Empire. These services include personnel reasonably necessary to support IEHP Health Access’ operations, including Enhanced Care Management personnel and a Chief Executive Officer. Under the MSA, IEHP provides these services to IEHP Health Access for a monthly management fee

Discussion:

The parties seek to amend the MSA to define the management fee more accurately and to allow the parties to adjust the fee upon mutual agreement effective July 1, 2024. The calculation of the management fee will be consistent with the commercially reasonable value of those services. With the delegation of authority, the CEO or his designee will be authorized to, upon legal review and approval, modify the management fee as needed, with the mutual agreement of IEHP Health Access. The MSA will be amended further to specify the provision of a stipend to the IEHP Health Access CEO who will provide administrative executive leadership under the MSA.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	K. Freeman	NA	S. Oh	S. Oh	J. McNaughton

ADMINISTRATION

2. APPROVE THE 2025 FEDERAL AND STATE POLICY AGENDA AND DELEGATE ADMINISTRATIVE ADVOCACY AUTHORITY

Recommended Action:

That the Governing Board (Board) of the Inland Empire Health Plan (IEHP) approve the 2025 Federal and State Policy Agenda and authorize the Chief Executive Officer or his designee to perform associated advocacy activities on behalf of the organization.

Contact:

Jarrod McNaughton, Chief Executive Officer

Background:

IEHP's 2025 Federal and State Policy Agenda (Policy Agenda) contains priority principles and policies that serve to provide general policy direction for IEHP's legislative, administrative, regulatory, and budgetary advocacy efforts. This direction provides guidance to the IEHP Government Affairs Department to respond effectively and efficiently to proposals that could significantly impact IEHP's strategic and operational interests.

The IEHP Government Affairs Director coordinates and centralizes advocacy efforts to advance policy decisions, legislation and regulatory reforms that improves the ability of IEHP to provide quality health and social service benefits in an efficient manner. The development of an annual Policy Agenda is a critical component of the organization's centralized and strategic approach to maximizing the organization's ongoing success.

Discussion:

The authority granted through approval of the Policy Agenda allows IEHP to proactively engage in legislative, regulatory and budget actions during the year in support of IEHP's Strategic Plan that advances its Mission, Vision, and Values in support of IEHP, its members, providers, and partners. The IEHP Government Affairs Department worked in collaboration with IEHP executive leadership, internal departments and vested partners at the federal, state, and regional level to develop the following Policy Agenda for the Governing Board's consideration:

Optimal Care

1. Support proposals that ensure all eligible persons receive quality health and social services benefits.
2. Support proposals that strengthen and incentivize provider networks that offer high quality and equitable health care and social services in underserved urban, rural and suburban areas.
3. Support proposals that allow individuals to retain affordable health care through subsidies and other affordability options.

CONSENT AGENDA

4. Support proposals to attract, retain and develop a high-quality, culturally competent, equitable, and diverse health care workforce, contributing to the economic strength and growth for the Inland Empire.
5. Support proposals that streamline and integrate health care and social services for all lines of business.
6. Support proposals for standards and requirements that equitably address variations in regions and care delivery models.
7. Oppose proposals that carve-out or remove the ability of IEHP to ensure services are medically appropriate and meet clinically recognized standards of care.

Vibrant Health

1. Support proposals that innovate population health models that address health care, social drivers of health and disparities to improve community health outcomes and equity in the Inland Empire.
2. Support proposals that strengthen the ability of IEHP and regional partners to develop new initiatives and improve existing programs that improve community health in the Inland Empire.
3. Support proposals that improve Medicaid/Medi-Cal enrollment and retention processes, as well as those that preserve continuity of care, and promote the timely transition of those losing Medi-Cal eligibility into appropriate and low-cost commercial coverage.
4. Support proposals that streamline and integrate coordinated health care and social services for beneficiaries of all lines of business.
5. Support proposals that ensure the Inland Empire receives a fair and equitable share of state and federal resources for health care and social services.
6. Support proposals that advance the development and implementation of innovative future health care delivery options for the Inland Empire.
7. Oppose proposals that carve out or eliminate critical Medicaid/Medi-Cal benefits that disrupt and reduce access to quality health care.

Organizational Strength

1. Support proposals that protect coverage expansions, rates and premium subsidies.
2. Support proposals that increase transparency in the rate-setting and rulemaking process to ensure equitable, timely and actuarially sound funding is available for the provision of quality and equitable health care, mandated benefits and associated operations.

3. Support proposals that ensure the Medi-Cal Managed Care Organization (MCO) tax is used to directly support Medi-Cal providers with minimal administrative burden.
4. Support proposals that enhance operational efficiencies by eliminating conflicting or unnecessary requirements and regulations.
5. Support proposals that improve government-sponsored safety net and government-supported programs through innovation, increased reimbursement, and greater integration at the local level, preserving the role of local health plans and the cost-saving public, not-for-profit managed care model.
6. Support proposals that align policies for managed care plans and counties to ensure accurate eligibility data is captured and reflected in rates.
7. Support proposals that enhance responsible data sharing among entities providing and coordinating health and social services.
8. Support proposals that drive innovation and technology solutions that enhance interoperability, data sharing, patient experience, and improve health outcomes, equity, and quality of life.
9. Oppose proposals that apply future or retroactive funding reductions that impact the ability of IEHP to maintain and improve the level of quality, equity, and timely access to health care services.
10. Oppose proposals that may result in the application of administrative and/or monetary sanctions or withholds without full transparency into the process, and meaningful managed care plan engagement.

Various strategies and advocacy activities may be used to advance the 2025 Policy Agenda including, but not limited to: educating legislators at the federal, state and local level; collaborating with vested stakeholders; consensus building; message alignment; testifying at public hearings and forums; and drafting letters of support or opposition for legislation or policy proposals that are consistent with the Board-approved Policy Agenda.

Official IEHP legislative and regulatory positions not considered under the Policy Agenda will be brought to the Governing Board for separate action as needed.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	[N/A]	[N/A]	Make Selection [N/A]	V. Ostermann 12/14/24	J. McNaughton [12/20/24]

ADMINISTRATION

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

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the Funding Agreement (Agreement) with San Bernardino County on Behalf of Arrowhead Regional Medical Center (ARMC) for the utilization of Safety Net Connect’s eConsult System for an amount not to exceed \$222,000 through January 31, 2026.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

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

Discussion:

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

ARMC will utilize IEHP’s funds to continue covering Software as a Service (SaaS) monthly licensing fees at a cost not to exceed \$222,000 through January 31, 2026.

The payment has been calculated as follows:

Service	Cost Per Month	Total Months	Total Cost
Base SaaS License	\$15,000	12	\$180,000
Originating Site Fee	\$3,500 (7 sites at \$500 per site)	12	\$42,000
Funding Agreement Total Cost			\$222,000

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	S. Chiu 12/06/2024	N/A	Yes	R. Mayer 12/04/2024	S. White 12/16/2024

ADMINISTRATION

4. APPROVE THE FIRST AMENDMENT TO THE FUNDING AGREEMENT WITH LOMA LINDA UNIVERSITY HEALTH EDUCATION CONSORTIUM

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the First Amendment to the Funding Agreement (Agreement) with Loma Linda University Health Education Consortium (LLUHEC) for the provision of Child Abuse Pediatrics Fellowship Program for an additional amount not to exceed \$777,500 effective July 1, 2025. The total amount payable under this Agreement shall not exceed \$1,244,000 through December 31, 2033.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

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

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

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

The Governing Board previously approved the Agreement as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
11/13/2023	23-244	Expand the Child Abuse Pediatrics Fellowship Program with the addition of three (3) fellows	12/31/2027	\$466,500
Total Cost to date				\$466,500
New Cost Amendment 01				\$777,500
Total Cost				\$1,244,000

Discussion:

LLUHEC’s Child Abuse Pediatrics Fellowship Program prepares Pediatric Residents to become academic leaders in creating practice and policy initiatives that will improve the protection and health of abused children. With emphasis on intervention and prevention, the Child Abuse Pediatrics Fellowship Program exposes fellows to a variety of patient-care experiences, research opportunities, and educational activities.

Under the First Amendment, LLUHEC will utilize IEHP’s funds to further expand the Program to include an additional five (5) fellows allowing for the expansion of a total of eight (8) fellows.

The total cost of this Agreement shall not exceed \$1,244,000 through December 31, 2033.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	J. Haines 12/05/2024	N/A		R. Mayer 12/05/2024	S. White 12/05/2024

ADMINISTRATION

5. DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH TENFOLD HEALTH

Recommended Action:

That the Governing Board of Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign a new Professional Services Agreement (Agreement) with Tenfold Health (Tenfold) for an amount not to exceed \$3,687,877 for a term of Two years (2) years effective January 1, 2025, through December 31, 2026.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

IEHP has contracted with Tenfold since December 9, 2019, providing consulting services to the CEO and Executive Team to support IEHP's Shared Vision Partners on strategy development and implementation, strategic insights, Long-Term Services for Supports (LTSS) support. This service impacted IEHP by achieving the enterprise objectives and advancing the organization towards the 2030 Vision.

IEHP has determined that a single source procurement was justified due to Tenfold's deep familiarity with IEHP's existing processes and systems such that the benefit of contracting with them represents a significant cost and/or time savings compared to onboarding a new vendor for the same services.

Discussion:

Tenfold will provide strategic planning, meeting facilitation, organizational support, market research, and regulatory and statutory analysis, and consultation to enhance understanding of technical, regulatory, or procedural requirements and best practices.

Under this new Agreement, Tenfold will continue to advise and support the CEO, Executive Team, and the Strategy Division with the following services:

1. Partnering with the CEO on special projects and future organizational development
2. Leading Strategic Advisor to CEO, and Executive Team
3. Facilitate strategic activities with Executives and Vice Presidents to support the Plan's initiatives

Below outlines the funding approach:

1. The Base Agreement includes Tenfold core team's baseline support to IEHP for the four Partnership Focus areas noted above.
2. An annual CEO Project Budget is designed to support the Care Division, Advanced Illness/Palliative, IEHP's engagement with Shared Vision Partners,

CONSENT AGENDA

- 3. The grid below reflects current annualized spend levels
 - o Proposed Amounts are inclusive of Projects that are currently in progress with Tenfold.

	2025	2026
Base Agreement	1,006,379	1,046,634
CEO Project Budget Cap	637,060	662,543
Subtotal	1,643,439	1,709,177
Travel Cap	164,344	170,918
Total	1,807,783	1,880,094

This new Agreement will supersede the previous Agreement and its related Amendments. The total cost of this new Agreement shall not exceed \$3,687,877 through December 31, 2026 with the option to renew three (3) – one (1) year renewals. Any additional funding/budget requirements will be brought to the Governing Board for approval.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	D. Henderson 12/20/2024	C. Hendricks 12/19/24	Yes	N. Lacroix 12/23/2024	J. McNaughton 12/23/2024

HEALTH SERVICES DEPARTMENT

6. APPROVE THE 2025 CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES PROGRAM DESCRIPTION AND CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES WORKPLAN

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the 2025 Culturally and Linguistically Appropriate Services (CLAS) Program Description and Workplan as presented.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

Culturally and Linguistically Appropriate Services (CLAS) are respectful of and responsive to the health beliefs, practices and needs of diverse patients. The CLAS Program fulfills IEHP's mission by ensuring that all medically necessary covered services are available and accessible to all Members and potential Members, including individuals under 21 years of age, regardless of race, color, national origin, creed, ancestry, religion, language, age, gender identity, sexual orientation, sex characteristics, sex stereotypes, intersex traits, marital status, pregnancy or related conditions, health status, evidence of insurability, source of payment, limited English proficiency and primary language or disability, or any combination thereof, and that all covered services are provided in a culturally and linguistically appropriate manner.

Discussion:

The 2025 CLAS Program Description was enhanced to reflect new CLAS processes and initiatives. CLAS activities include Diversity and Equity Inclusion, Language Assistance, Reducing Health Disparities, and Member Experience. Per National Committee for Quality Assurance (NCQA), IEHP is required to have a workplan that tracks ongoing progress of CLAS activities throughout the year. The workplan must address annual planned CLAS activities and objectives for overall improvement. The CLAS Workplan also includes a timeframe for each activity's completion, the responsible department/business unit, monitoring of previous identified issues and overall evaluation of the CLAS program. The CLAS Workplan is being shared with the Board as an attachment for review.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	Make Selection [enter date]	G. Uribe 12/3/2024	T. Wada 12/12/24



Inland Empire Health Plan

Culturally and Linguistically Appropriate Services Programs (CLAS)

Program Description

January 2025

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Section 1: Introduction

As the region's first Medi-Cal managed care plan, Inland Empire Health Plan (IEHP), a Joint Powers Agency, is a not-for-profit health plan. Established on July 26, 1994, IEHP received its Knox-Keene license from the California Department of Managed Health Care (DMHC) on July 22, 1996. IEHP commenced operations on September 1, 1996. Today, IEHP serves more than 1.6 million residents in San Bernardino and Riverside counties. For 26 years, IEHP has worked to improve access to quality and equitable care for vulnerable populations. IEHP's mission is to heal and inspire the human spirit by placing Members at the center of its universe.

1.1 Purpose

The Culturally and Linguistically Appropriate Services (CLAS) Program Description is to integrate the National CLAS Standards within IEHP's operational framework to ensure the delivery of care and programs is safe, effective, patient centered, equitable, culturally, and linguistically appropriate for our diverse population as well as to inform and deploy initiatives to advance health equity, improve quality, and help eliminate health disparities.

IEHP is committed to providing services that are respectful of and responsive to each member's culture and communication needs by taking into consideration cultural health beliefs, preferred languages, health literacy levels, and communication needs. The National CLAS Standards provide a framework and action steps to deliver services that are respectful, understandable, effective, and equitable. The CLAS Standards provide guidance on the following domains and is comprised of 15 Standards:¹

- 1) Principal Standard (Standard 1): Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- 2) Governance, Leadership, and Workforce (Standards 2-4)
- 3) Communication and Language Assistance (Standards 5-8)
- 4) Engagement, Continuous Improvements, and Accountability (Standards 9-15)

The Principal Standard (Standard 1) frames the essential goal of all the Standards, and it will be achieved, if the other 14 Standards are adopted, implemented, and maintained.

The CLAS Program fulfills IEHP's mission by ensuring that all medically necessary and covered services are available and accessible to all Members and potential Members, including those less than 21 years of age, regardless of race, color, national origin, creed, ancestry, religion, language, age, sex, gender identity, sexual orientation, sex characteristics, sex stereotypes, intersex traits, marital status, pregnancy or related conditions, health status, evidence of insurability, source of payment, limited English proficiency and primary language or disability, or any combination

¹ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
<https://thinkculturalhealth.hhs.gov/clas/standards>

thereof, and that all covered services are provided in a culturally and linguistically appropriate manner.^{2,3,4,5}

IEHP is committed to fostering, cultivating, and preserving a culture of diversity, equity, and inclusion. IEHP believes that all persons are entitled to equal employment opportunities and does not discriminate against qualified Team Members or applicants because of race, color, religion, creed, pregnancy, national origin, ancestry, citizenship, age (40 and over), marital status, physical disability, mental disability, medical condition, sex, gender, gender identity, gender expression, sexual orientation, sex stereotypes, sex characteristics, including intersex traits, pregnancy, child birth, breast feeding or related medical conditions, genetic information, disabled veteran or veteran of the Vietnam era or any other characteristic protected by state or federal law, any combination thereof.

IEHP applies this same commitment in the way Team Members interact with Members, Providers, and other members of the community. CLAS are employed by all IEHP Team Members at every point of contact.

1.2 CLAS Program Objectives & Activities

The objectives of the CLAS program are to provide effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. To achieve these objectives, IEHP establishes methods that ensure and promote access and delivery of medically necessary services in a culturally competent manner to all Members, and potential members, including people with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity.^{6,7,8,9} IEHP has defined the following objectives and activities:

1.2.1 IEHP and Member oriented

1. Educate IEHP Team Members on cultural diversity in the Membership and raise awareness of IEHP Cultural and Linguistic policies, procedures, and resources through annual mandatory training.
2. Assess the characteristics of IEHP's Membership to identify Member needs and review and updates its structure, operations, and resources accordingly.
3. Evaluate areas such as social determinants of health, identification of subpopulations, needs of children/adolescents and individuals with disabilities and with serious and persistent mental illness (SPMI), Members of Limited English Proficiency (LEP), disparities in Members of

2 Title 45 Code of Federal Regulations (CFR) 92.101(a)

3 Department of Health Care Services (DHCS)-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.10, Access Rights

4 42 CFR § 440.262

5 42 CFR § 422.110(a)

6 National Committee for Quality Assurance (NCQA), Health Plan Standards and Guidelines, NET 1, Element A, Factor 1

7 NCQA, HP Standards and Guidelines, NET 1, Element A, Factor 1

8 CA Welf. & Inst. Code, § 1367.042

⁹ Ibid.

different ethnicity groups, and disparities in Members with primary language other than English.

1.2.2 Clinician-oriented

1. Ensure IEHP, its IPAs and Provider network comply with Department of Health Care Services (DHCS) and Federal regulations on Cultural and Linguistic services.^{10,11}
2. Provide training, support, technical assistance, stigma reduction best practices and resources to IPAs, Providers and their office staff to assist them in the provision of culturally competent and linguistic services.^{12,13} Ensure that any lack of interpreter services does not impede or delay a Member's timely access to care.¹⁴
3. Monitor grievances and the clinician credentialing and recredentialing processes for discriminatory practices, at each point of the process.

1.3 Clinical Measures

1. Stratify by race/ethnicity the following measures to identify areas of opportunity to act:
 - a. Medi-Cal
 - 1) Breast Cancer Screening (BCS)
 - 2) Childhood Immunization Status (CIS)
 - 3) Controlling High Blood Pressure (CBP)
 - b. IEHP DualChoice
 - 1) Glycemic Status Assessment for Patients with Diabetes (GSD): Glycemic Status >9%

1.3.1 Clinical Measurable Goals

1. Medi-Cal:
 - a. Reduce the disparity among the Black population for the Childhood Immunization Status measure.
 - b. Increase the rate of adequately controlled blood pressure (under 140/90 mm Hg) for Black adult IEHP Members with a diagnosis of hypertension.
 - c. Decrease the rate of Hispanic Members in the glycemic status >9% measure.
 - d. Increase the rate of Breast Cancer Screening measure among the American Indian Members.
2. IEHP DualChoice:
 - a. Decrease the rate of Hispanic Members in the glycemic status >9% measure.

¹⁰ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.10 Access Rights

¹¹ California Welfare and Institutions Code (Welf. & Inst. Code), § 1367.04

¹² DHCS-IEHP Primary Operations Contract, , Exhibit A, Attachment III, Provision 5.2.11, Cultural and Linguistic Program

¹³ CA Welf. & Inst. Code, § 1367.04(h)(2)

¹⁴ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.10, Access Rights

3. Covered California
 - a. Decrease the rate of Hispanic Members in the glycemic status >9% measure.

1.4 Experience Measures

1. Stratify by race/ethnicity the following CAHPS® measures to identify areas of opportunity to act:
 - a. Rating of Health Plan
 - b. Rating of Health Care
 - c. Getting Needed Care
 - d. Getting Care Quickly
 - e. Rating of Personal Doctor
 - f. Customer Service
 - g. How Well Doctors Communicate
2. Review Member experience and utilization with language services metrics to identify areas of opportunity to act.

1.4.1 Experience Measurable Goals

1. Medi-Cal:
 - a. Reduce the disparity among the White population for Rating of Health Plan measure.
 - 1) Current White population rate is 5% lower than the overall plan rate.
 - b. Reduce the disparity among the White population for the Getting Care Quickly measure.
 - 1) Current White population rate is 6% lower than the overall plan rate.
2. Medi-Cal, IEHP DualChoice, IEHP Covered:
 - a. Improve access to language services for Members with Limited English Proficiency (LEP) by increasing the availability of qualified bilingual and medical interpreter staff at Provider sites.
 - 1) Applicable exclusively to Medi-Cal Line of business: Increase rating of PCP by Spanish speaking Members for the following categories:
 - i PCP Listened Carefully
 - ii PCP Explained Things
 - b. Increase Team Members, Subcontractors, Downstream Subcontractors and Network Providers awareness on sensitivity, diversity, cultural competency and humility, and health equity to improve access and quality of care for IEHP's membership.

Section 2: Governance, Leadership, and Workforce (Standards 2-4)

2.1 Governance and Leadership

The CLAS Program includes tiered levels of authority, accountability, and responsibility related to quality of care and services provided to Members. The line of authority originates from the Governing Board and extends to Practitioners through different subcommittees.¹⁵



2.2 IEHP Governing Board

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

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

The Board delegates responsibility for monitoring the quality of health care delivered to Members to the CHEO, CMO, CQO, and the QMHETC with administrative processes and direction for the overall Program initiated through the CMO and CQO, or Medical Director designee.

2.2.1 Role of the Chief Quality Officer (CQO)

The CQO is responsible for leading the quality strategy for IEHP. This includes the development of new and innovative solutions in preventive health to improve quality of care for Members. The CQO must possess a valid Physician's and Surgeon's Certificate issued by the State of California and certification by one of the American Specialty Boards. The CQO reports to the CEO and Governing Board. The CQO works with the CEO and Chief Officers to establish goals and

¹⁵ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 2, <https://thinkculturalhealth.hhs.gov/clas/standards>

priorities for the quality strategy as well as communicates those goals to the Governing Board and its key stakeholders — the IEHP Provider network, regulatory and accrediting bodies. The CQO initiates and leads initiatives for continuous quality improvement and evaluation of the effectiveness of interventions across the continuum of care to Members, Providers and internally. The CQO also collaborates with state/federal regulatory agencies, accrediting bodies, and internal Government Relations, Compliance, and Legal leadership staff to ensure all quality and regulatory compliance requirements are met.

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

2.2.2 Role of the Chief Health Equity Officer (CHEO)

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

Role of the Quality Management & Health Equity Transformation Committee (QMHETC)

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

2.3 Workforce

IEHP supports the development of new recruitment and hiring practices that promote diversity and inclusive policies including:¹⁶

- Inclusive job descriptions that use gender neutral language, indicate the job specific salary range, clarified minimum qualification requirements, all emphasizing our commitment to diversity and inclusion.
- Require all applicants be reasonably considered for positions for which they meet all minimum qualifications.
- Hold hiring leaders accountable to conducting fair and equitable interview and selection practices to support and sustain equal representation throughout the organization.

¹⁶ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 3, <https://thinkculturalhealth.hhs.gov/clas/standards>

- Deploy technology designed to help reduce the interference of unconscious bias in the selection and hiring process, including the use of resume redaction which removes any information identifying a candidate’s gender, age, economic status, and ethnicity to ensure a more equitable initial candidate consideration.
- Commit to all IEHP Team Members to promote a work environment built on the premise of gender and diversity equity that encourages and enforces:
 - Respectful communication and cooperation between all Team Members.
 - Teamwork and Team Member participation permitting the representation of all groups and Team Member perspectives.

2.4 Diversity, Equity, and Inclusion (DEI) Training Program

IEHP ensures that all Team Members who interact with, or may potentially interact with, Members and any other staff deemed appropriate by IEHP or the Department of Health Care Services (DHCS), receive annual sensitivity, diversity, communication skills, and cultural competency training.¹⁷ IEHP requires IPAs and its Provider network, Subcontractors, and Downstream Subcontractors to complete its DEI training, within 90 days of start date and must retake during times of recertification or contract renewals.¹⁸ IEHP also disseminates resources, policies and procedures and information to its IPAs and Provider network to assist them in providing care in a culturally and linguistically appropriate manner.^{19,20}

- DEI training: Provided to Team Members, IPAs and its Provider network, Subcontractors, and Downstream Subcontractors on an annual basis.²¹
- Inclusion, Diversity, Equity, and Access (IDEA) training: A comprehensive training in sensitivity, diversity, cultural competency, cultural humility, and health equity. Trainings are available to Team Members, IPAs and its Provider network, Subcontractors, and Downstream Subcontractors on a monthly basis.
- Transgender, Gender, Intersex (TGI) Training program: IEHP collaborates with TGI-serving organizations to develop curriculum and facilitate training to ensure the trans-inclusive health care cultural competency training encompasses topics and information recommended by the Gender Health Work Group. IEHP Team Members, IPAs and its Provider network, Subcontractors, and Downstream Subcontractors who are in direct contact with Members are required to complete the TGI training annually.

2.5 Additional Resources

Providers can also participate in the following online cultural competency trainings:

1. Office of Minority Health - <https://thinkculturalhealth.hhs.gov>
2. CDC – <https://www.cdc.gov/healthliteracy/>

¹⁷ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 2 and 4, <https://thinkculturalhealth.hhs.gov/clas/standards>

¹⁸ DHCS All Plan Letter (APL) 23-025, Supersedes APL 99-005, “Diversity, Equity, and Inclusion Training Program Requirements”

¹⁹ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 3.2.5, Network Provider Training

²⁰ DHCS APL 23-025

²¹ NCQA, HE Standards and Guidelines, HE 1, Element B, Factor 1

3. U.S. Department of Health and Human Services, Health Resources and Services administration – <https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy>

All new employees and contracted staff receive the Plan’s Diversity, Equity, and Inclusion training within their first year of employment and are provided with updates on C&L resources.^{22,23,24,25,26,27,28}

Section 3: Communication and Language Assistance (Standards 5-8)

3.1 Member Informing Materials

1. Member Information, as defined by the governing body (DHCS, DMHC, CMS, Knox Keene Act), includes documents that are vital or critical to obtaining services and/or benefits and includes, but is not limited to, the Member Handbook/Evidence of Coverage; provider directory; welcome packets; marketing information; form letters, including Notice of Action letters and any notices related to Grievances, actions, and Appeals, including Grievance and Appeal acknowledgement and resolution letters; plan generated preventive health reminders (e.g., appointments and immunization reminders, initial health examination notices and prenatal follow-up); Member surveys; notices advising LEP persons of free language assistance; and newsletters.^{29,30,31,32}
2. IEHP provides oral and written Member information in the threshold languages designated by DHCS in accordance with federal and state regulations.^{33,34}
3. Members may make standing requests to receive all written Member information, including clinical Member information, in a specified threshold language and/or in an alternative format and appropriate auxiliary aids and services free of charge, when necessary.³⁵ IEHP contracts with qualified translators for the threshold languages and alternative formats identified by DHCS.^{36,37,38,39}

²² U.S. DHHS, Office of the Secretary (2013) National Standard for CLAS in Health Care

²³ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 2.2.6, QIHETP Policies and Procedures

²⁴ 28 CCR § 1300.67.04

²⁵ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.11, Cultural and Linguistic Program

²⁶ 42 CFR § 440.262

²⁷ CA Welf. & Inst. Code, § 1367.04(h)(2)

²⁸ CA Welf. & Inst. Code, § 1367.043

²⁹ DHCS APL 21-004, “Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services”

³⁰ NCQA, 2023 HP Standards and Guidelines, ME 2, Element A

³¹ Covered California (CCA) Qualified Health Plan Issuer Contract, Article 6, Section 6.3, Application and Notices

³² Ibid.

³³ DHCS APL 21-004

³⁴ 42 CFR §438.10(d)

³⁵ 42 CFR § 92.8(b)

³⁶ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.10 Access Rights

³⁷ DHCS APL 21-004

³⁸ CA Welf. & Inst. Code, § 1367.041

³⁹ Ibid.

3.2 Language Assistance

IEHP assists Providers in providing linguistically appropriate care to Limited English Proficient (LEP) Members and/or their authorized representatives, and Members and/or their authorized representatives who need sign language interpretation, by assuming financial responsibility and arranging for interpretation services. IEHP contracts with interpreter agencies to provide adequate access to interpretation services. These services include, but are not limited to, telephonic and in-person foreign language, in-person or Video Remote (used when in-person services are not available or timely) sign language interpretation services for Members.^{40,41,42,43,44,45}

IEHP offers language assistance at no cost to Members who are LEP or non-English speaking.⁴⁶ IEHP informs Members of the availability of interpreter services, and their policies and procedures in the Evidence of Coverage/Member Handbook, Member Newsletters, Provider Directory and IEHP Website.⁴⁷ Members have the right to request an interpreter at no charge for discussions of medical information.

Members communicating with IEHP staff in a foreign language are offered qualified interpreter services via internal or contracted services. Providers should not require or suggest the use of family or friends as interpreters. However, a family member or friend may be used as an interpreter if this is requested by the Member after they have been informed of their right to use no-cost interpreter services.⁴⁸ The use of such an interpreter should not compromise the effectiveness of services or violate the Member's confidentiality. Minors should not be used as interpreters except for extraordinary circumstances, such as medical emergencies.⁴⁹

3.3 Access Provider Linguistic Capabilities

All IEHP network Providers and Practitioners, including but not limited to IPAs, Hospitals and Pharmacies must provide equal access to health care services, both clinical and non-clinical, in a linguistically competent manner for Members who are LEP or non-English speaking.

IEHP actively recruits and retains culturally and linguistically competent Providers that reflect the needs of the Medi-Cal population in the service area.⁵⁰

⁴⁰ NCQA, Health Plan Standards and Guidelines, ME 2, Element B

⁴¹ DHCS APL 21-004

⁴² DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 13, Provision 4, Written Member Information

⁴³ 42 CFR § 43.10(d)

⁴⁴ Title 28 IEHP California Code of Regulations 28 CCR § 1300.67.04

⁴⁵ CAWelf. & Inst. Code § 1367.04

⁴⁶ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 5, <https://thinkculturalhealth.hhs.gov/clas/standards>

⁴⁷ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 6, <https://thinkculturalhealth.hhs.gov/clas/standards>

⁴⁸ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 6 and 7, <https://thinkculturalhealth.hhs.gov/clas/standards>

⁴⁹ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 7, <https://thinkculturalhealth.hhs.gov/clas/standards>

⁵⁰ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.11, Cultural and Linguistic

When Members are assigned to Primary Care Providers (PCPs), one of the criteria considered is the specified language capability of Providers and staff in that office. Providers are required to submit their language capability upon application to the Plan, and the language(s) are listed in the Provider Directory.^{51,52} To ensure continued availability of the threshold language(s), the IEHP Provider Experience Department verifies threshold language capability on an annual basis.⁵³

3.4 Member Health Educational Materials

The Health Education, Marketing, and Health Equity Operations, reviews and approves externally and internally developed Member materials, and health education materials for readability, content, accuracy, cultural appropriateness, and non-discrimination using DHCS Readability and Suitability Checklist.⁵⁴ Materials are reviewed every five (5) years or at the time material is updated or changed. Member health education material request must be available to Members in the threshold languages and alternative formats upon request.^{55,56}

Ongoing assessments are conducted on IEHP's Membership language profile. IEHP identifies the threshold languages for each line of business (LOB) and provide vital information in threshold languages and alternate formats upon request. The current threshold languages for Medi-Cal and DualChoice (HMO D-SNP) are English, Spanish, Chinese, and Vietnamese and for IEHP Covered California English and Spanish.

Section 4: Engagement, Continuous Improvement, and Accountability (Standards 9-15)

4.1 CLAS Program Goals

The CLAS Program seeks to fulfill its mission by establishing a broad set of goals to ensure IEHP and its Provider Network comply with Department of Health Care Services (DHCS) and Federal regulations on Cultural and Linguistic (C&L) services. These goals include:⁵⁷

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

4.2 CLAS Annual Workplan

The CLAS Annual Workplan is a dynamic document that covers a full year of planned activities, goals, and objectives.⁵⁸ The CLAS Workplan is embedded in the QI/QM Workplan which includes

⁵¹ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.1 Member Services

⁵² Welf. & Inst. Code § 1367.049(d)(9)

⁵³ 28 CCR, § 1300.67.04

⁵⁴ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 8, <https://thinkculturalhealth.hhs.gov/clas/standards>

⁵⁵ DHCS APL 18-016, supersedes 11-018, "Readability and Suitability of Written Health Education Material

⁵⁶ CA Welf. & Inst. Code § 1367.042

⁵⁷ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 9, <https://thinkculturalhealth.hhs.gov/clas/standards>

⁵⁸ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 10, <https://thinkculturalhealth.hhs.gov/clas/standards>

deliverables due each year and is updated regularly to ensure overall compliance. IEHP identifies and includes activities in the work plan that address:

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

IEHP documents completion timeframe, frequency, and responsible department/business unit for each activity/goal listed on the CLAS Workplan. The workplan includes periodic or ongoing monitoring of issues identified in prior years. IEHP is committed to health equity as an essential part of quality improvement (IEHP produces reporting that includes various Member characteristics and leverages these findings to identify health disparities). IEHP’s core data infrastructure includes functionality to define various Member characteristics such as race, ethnicity, language, gender, age, etc. This is a key resource utilized to generate disparity reporting.

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

The measures included in CLAS are outlined in the Quality Management/Quality Improvement & CLAS Workplan and consist of, Clinical Measures, Clinical Measurable Goals, Experience Measures and Experience Measurable goals.

4.3 Review and Approval of Program Description

On an annual basis, the CLAS Program Description, Workplan, and Evaluation are presented to the Governing Board for review, approval, and assessment of health care rendered to Members, comments, direction for activities proposed for the coming year, and approval of changes. The Governing Board is responsible for the direction of the program and actively evaluates the annual plan to determine areas for improvement. Board comments, actions, and responsible parties assigned to changes are documented in the minutes. The table below describes the process and frequency for data collection, when and where data will be reported for the CLAS measurable goals.⁵⁹

Measure	Data Source	Frequency & Process	Owners
Clinical Measures	<ul style="list-style-type: none"> • HEDIS® 	Annually Quality Management Health Equity	Chief Health Equity Officer,

⁵⁹ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 11, <https://thinkculturalhealth.hhs.gov/clas/standards>

		Transformation Committee (QMHETC)	Vice President, Quality
Experience Measures	<ul style="list-style-type: none"> • CAHPS® • Language assistance program utilization data • Member surveys • DEI Training Program • <u>Community Advisory Committee (CAC) Feedback Loop</u> • <u>Enrollment Advisory Committee (EAC)</u> 	Annually Quality Management Health Equity Transformation Committee (QMHETC)	Chief Health Equity Officer, Vice President, Quality

4.3.1 Measurement Process

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

4.3.2 Evaluation Process

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

4.3.3 Communication and Feedback Process

Ongoing education and communication regarding quality improvement initiatives is accomplished internally and externally through committees, staff meetings, mailings, and announcements.⁶⁰

- Providers are educated regarding quality improvement initiatives through on-site quality visits, Provider newsletters, specific mailings, and the IEHP website.

⁶⁰ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 12, <https://thinkculturalhealth.hhs.gov/clas/standards>

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

4.3.4 Improvement Process

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

4.3.5 Policy Development

Health Equity Operations Department assists in interpreting State and Federal requirements for C&L and develops policies and procedures for IEHP’s Members and Provider network. Policy development includes using national standards for Culturally and Linguistically Appropriate Services (CLAS) for reference,⁶¹ when setting standards specific to IEHP and informing IPAs and Providers of the standards.

4.4 Member Committees and Community Engagement

A. Medi-Cal

1. Community Advisory Committee (CAC)

The Community Advisory Committee (CAC) was developed to identify and advocate for preventative care practices.⁶² The CAC is to be involved in the development and updating of health plan cultural and linguistic policies and procedures, including those that are related to Quality Improvement, education and operational cultural issues affecting IEHP Members.⁶³

The CAC advises IEHP on equitable health solutions, preventative care practices, educational priorities, and cultural and linguistic appropriate services (CLAS), communication needs, and coordination of access to services for Members. A CAC member provides insight into challenges and barriers that contribute to health inequities; help IEHP understand and identify Member care concerns and provide input on benefit access and serve as a link between the community and IEHP.

The CAC reflects the diverse demographics of the Medi-Cal population in the IEHP service area comprised of individual Members, stakeholders, representatives of community-based organizations and Providers. The CAC meets quarterly to address challenging topics identified by DHCS with input from committee members, the CEO, compliance, quality team and other IEHP Team Members.

⁶¹ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.11, Cultural and Linguistic Programs and Committees

⁶² DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III

⁶³ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 13, <https://thinkculturalhealth.hhs.gov/clas/standards>

Through a multifaceted approach, the CAC will review IEHP’s strategies, procedures, reports, surveys, assessments, marketing and educational materials, programming, and benefits. The CAC will provide feedback and recommendations. All actionable items will be presented to the Quality Improvement Council (QIC) on a routine basis, and a feedback loop will be maintained to inform CAC members on the impact and incorporation of their input in annual reviews and updates to relevant policies and procedures affecting quality and health equity.

B. DualChoice

1. Inland Empire (Riverside and San Bernardino County) DualChoice (HMO D-SNP) Enrollee Advisory Committee (EAC)

The purpose of the Inland Empire (Riverside and San Bernardino County) DualChoice (HMO D-SNP) Enrollee Advisory Committee (EAC), is to provide a forum for structured input regarding how IEHP will develop, implement, operate, and improve seamless access and coordination across the full-service continuum – from medical care to long term services and supports (LTSS), for dual-eligible beneficiaries in the Inland Empire.⁶⁴ Membership is based on the unique and multi-dimensional needs of the Inland Empire dual eligible community, as well as the stakeholder recommendations and readiness requirements established by the California Department of Health Care Services DHCS and State Medicaid Agency Contract(s).

IEHP addresses health equity at the community level through three (3) Community Wellness Centers (CWCs). The CWCs are available to Members as well as non-Members and offer activities, education and support designed to involve the culturally diverse community and their health improvement and overall wellness.⁶⁵ The CWCs are a local resource with bilingual staff that are available to Members who want to learn about health care, health coverage programs, fitness, and wellness. IEHP’s Community Health Department oversees the CWC operations. Programs offered at CWCs are Member-informed through various inputs including Community Needs assessments, Member surveys and focus groups.

Members may also become involved by attending a Governing Board Meeting. Meetings are held monthly and are open to the public. This notification, and how to attend, is made known through the Member Handbook, online at www.iehp.org or through Member Services.

2. Coordination of Local Resources

IEHP refers Providers, Members, prospective Members, and community stakeholders, to existing resources in the community through IEHP’s Resource and Referral Service managed by the Independent Living and Diversity Services Department and IEHP’s Long Term Services and Supports unit. IEHP also collaborates with 2-1-1 and Connect IE, a community resource referral service in San Bernardino and Riverside Counties to provide

⁶⁴ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 13, <https://thinkculturalhealth.hhs.gov/clas/standards>

⁶⁵ Ibid.

Members, prospective Members, and community stakeholders, with up-to-date information on health, C&L and social services in their community.^{66,67,68,69}

4.5 Accountability: Conflict and Grievance Resolution Process

IEHP has a conflict and grievance resolution processes that encompasses CLAS. The Grievance and Appeals (G&A) Data is stratified by race/ethnicity and language to identify areas of opportunity for improvement, prevent, and resolve conflicts or complaints.⁷⁰ IEHP ensures that Members with linguistic and cultural needs as well as Members with disabilities have access to and can fully participate in IEHP’s appeal process by assisting those with limited English proficiency or with a visual or other communicative impairment.

IEHP has a designated Section 1557 Coordinator who is responsible for the coordination of efforts to comply with the requirements in Section 1557. IEHPs designated Section 1557 Coordinator receives, reviews, and processes grievances, coordinates effective implementation of language access procedures, effective communication procedures, and reasonable modifications procedures.

IEHP implements a bidirectional communication process to communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the public through its Member Committees (CAC, EAC), QIC, QMHETC, and ultimately to IEHP’s Governing Board.⁷¹

4.5.1 CLAS Program Development Evaluation

IEHP conducts processes to monitor and evaluate the delivery of and evaluates the impact and/or outcome of C&L services and takes effective action to address any identified gaps and opportunities for improvements as needed.⁷² Program evaluation activities include, but are not limited to:^{73,74,75,76}

1. Guide to Developing a Language Access Plan;
2. Assessing Providers’ adherence to program standards based on quality activities and Member grievances;
3. Assessing the performance of Team Members, who provide linguistic services;
4. Assessing and tracking the linguistic capability of contracted interpreters and bilingual staff;

⁶⁶ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.10 Access Rights

⁶⁷ DHCS APL 21-004

⁶⁸ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.10 Access Rights

⁶⁹ DHCS APL 99-005, “Cultural Competency in Health Care - Meeting the Needs of a Culturally and Linguistically Diverse Population”

⁷⁰ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 14, <https://thinkculturalhealth.hhs.gov/clas/standards>

⁷¹ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Standard 15, <https://thinkculturalhealth.hhs.gov/clas/standards>

⁷² DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.11 Cultural and Linguistic Programs and Committees

⁷³ Ibid.

⁷⁴ Medicare Managed Care Manual, “Chapter 4 – Benefits and Beneficiary Protections, Section 10.5.2

⁷⁵ CLAS Standards - Think Cultural Health (hhs.gov) Section on Engagement, continuous Improvement and Accountability.

⁷⁶ Welf. & Inst. Code, § 1300.67.04

5. Tracking use of interpretation services; and
6. Assessing impact of training or cultural awareness events on Team Members through Team Members' feedback.
7. IEHP and its IPAs review and update their Cultural and Linguistic Services program to align with the Population Needs Assessment⁷⁷
8. Providing a Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities, and Sexual and Gender Minorities;
 - a. Implementing activities to educate Team Members on cultural diversity among Members, potential Members, and Provider network and raising awareness of IEHP C&L policies and resources.

4.5.2 Health Equity Operation (HEO) Personnel

CLAS Program is overseen by the following HEO personnel:

- A. Program Manager, Community Advisory Committee (CAC) - Under the direction of the Director of Health Equity Operations, the Program Manager is responsible for managing the operations of the CAC to be in compliance with all statutory, rule and contract requirements. The Program Manager's additional responsibilities include but are not limited to; meeting coordination including requested accommodations; agenda development; coordination of CAC membership recruitment in partnership with the CAC Selection Committee; facilitation of communication between CAC and IEHP leadership and ensuring compliance with regulatory reporting and posting requirements.
- B. Manager, Health Equity Operations- The Manager, Health Equity Operations oversees the coordination and implementation of programs which provide Member education on healthcare access, primary care, and prevention, improving access to services for Seniors & Persons with Disability (SPDs) and marginalized communities. The qualifications for this position include a Master's degree from an accredited institution in Social Work, Public Administration, Gerontology or closely related field required. The Manager's staff consist of Cultural and Linguistic Specialist, Health Equity Liaisons, and Analyst.
- C. Supervisor, Health Equity Operations- Under the direction of the Manager, Health Equity Operations, the Supervisor, Health Equity Operations is responsible for implementing and coordinating Culturally and Linguistically Appropriate Services (CLAS), health equity promotion, and health disparity reduction programs across the organization and within the community. The Supervisor monitors and oversee a team of Liaisons and Specialists to deliver high quality CLAS and health equity programming to members, Providers, Team Members, and Community Partners. In collaboration with the Manager, Health Equity Operations, the Supervisor assist to establish measurable team goals and outcomes to support the organization's health equity strategy to reduce health disparities and assist in the outreach of partnerships related to team initiatives and programs to increase awareness of Equity, Diversity, Inclusion, and Access (EDIA), Health Equity, and CLAS.

⁷⁷ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.11, Cultural and Linguistic Programs and Committees

- D. Health Equity Liaisons - Under the direction of the Supervisor, Health Equity Operations, Health Equity Liaisons is responsible for supporting short and long term operational and strategic Health Equity initiatives. The HEO Liaisons coordinate and administer IEHP health equity programs and initiatives aimed at addressing the needs of the members and the community with a focus on addressing and eliminating health disparities and develop relationships/partnerships with community leaders and community-based organizations (CBO). HEO Liaisons engage in outreach to CBOs, spreading information about IEHP's community efforts, advocacy, and engagement opportunities, and routinely communicate organizational policies, procedures, and processes, anticipate and respond to health equity needs and conduct ongoing CBO/Member/Provider and public entity trainings.
- E. Project Analyst- Under the direction of the Program Manager, the Project Analyst is responsible for the development, monitoring and implementation of projects related to Health Equity Operations across the organization for projects related to all populations with internal and external entities and Social Determinants of Health (SDoH) impacting Seniors and persons with Disabilities (Cultural linguistics and Disability Sensitivity Programs, SDoH Initiatives). The Analyst is responsible for using qualitative methods to analyze the effectiveness, accessibility, and cultural appropriateness of organizational programs by utilizing data prepared by reporting units (e.g. Medical Operations, Quality Systems, etc.).
- F. Cultural and Linguistic Specialist- Under the direction of the Supervisor, Health Equity Operations, the Cultural & Linguistic Services Specialist ensures IEHP's compliance with Cultural and Linguistic (C&L) State and Federal regulatory requirements. The Specialist is responsible for the development and/or implementation of Cultural & Linguistic Services and activities, such as assisting with data gathering, evidence review, completing and/or responding to regulatory agency reports, surveys, audits, and evaluations regarding IEHPs Cultural & Linguistic program. C&L Specialist are responsible for the successful planning and execution of cultural & linguistic competency trainings; and researching and analyzing gaps and making recommendations to enhance IEHPs cultural & linguistic program and services.

INLAND EMPIRE HEALTH PLAN		
Written by: Director, Community Health	Original Effective date:	January 1, 2023
Approved by: <i>Signature on file</i>	Revision date:	

**2025-2027
CLAS Workplan**



QMHETC Report Information & Schedule for 2025-2027
Subcommittee Report Information & Schedule for 2025-2027
IEHP Board Reporting Schedule 2025-2027
Appendix A - Report/Workplan Details

WORKPLAN LEGEND

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

Quality Management & Health Equity Transformation Committee (QMHETC) Schedule



Report Details				2025				2026				2027			
Category	Title	Owner	Strategic Priority	February	June	August	December	February	May	August	December	February	May	August	December
ANNUAL REPORTING															
	Community Advisory Committee Annual Assessment	Health Equity													
	Credentialing Subcommittee Annual Assessment	Credentialing													
	D-SNP MOC Monitoring and Oversight Annual Assessment	Quality Management													
	D-SNP Enrollee Advisory Committee Annual Assessment	Medicare													
	Delegation Oversight Annual Assessment	Delegation													
	Hospital & Ancillary Annual Assessment	Hospital Relations													
	Member Experience Annual Assessment	Member Services													
	Member Safety Annual Assessment	Quality Management													
	Peer Review Subcommittee Annual Assessment	Credentialing													
	Pharmacy & Therapeutics Subcommittee Annual Assessment	Pharmacy													
	Population Health Management Annual Assessment	Quality/Health Services													
	Provider Network Access Annual Assessment	Quality Systems													
	Quality Improvement Subcommittee Annual Assessment	Quality Improvement													
	Skilled Nursing Facility Annual Assessment	Hospital Relations													
	Transgender, Gender Diverse, and Intersex Annual Assessment	Health Equity													
	Utilization Management Subcommittee Annual Assessment	Utilization Management													
	Quality Management Annual Evaluation	Quality Management													
	Quality Management Workplan	Quality Management													
	Quality Management Program Description	Quality Management													
	Culturally & Linguistically Appropriate Services (CLAS) Annual Evaluation	Health Equity/QS													
	Culturally & Linguistically Appropriate Services (CLAS) Program Description [^]	Health Equity/QS													
	Culturally & Linguistically Appropriate Services (CLAS) Workplan [^]	Health Equity/QS													
	Diversity, Equity and Inclusion Training (LMS version) [^]	Health Equity													
	Diversity, Equity, and Inclusion Training Completion Report Summary	Health Equity													
	Medi-Cal Managed Care External Quality Review Technical Report - IEHP Response	Quality Improvement													

[^] denotes an Health Equity (CLAS) Deliverable

Culturally & Linguistically Appropriate Services (CLAS) Annual Evaluation
Culturally & Linguistically Appropriate Services (CLAS) Program Description [^]
Culturally & Linguistically Appropriate Services (CLAS) Workplan [^]



WORKPLAN LEGEND

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

Board Report Schedule						
Category	Area of Focus	Presenter	Scheduled for Board	2025 Status	2026 Status	2027 Status
Annual Reporting						
Subcommittee Reports	CLAS Program Description & Manifest MedEx Pilot	Health Equity, Operations	January			
Subcommittee Reports	QM Program Description & Work Plan, P4P Update, Health Plan Accreditation	Dr. Ed Juhn, Genia Fick	February			
			March			
			April			
			May			
			June			
			July			
			August			
			September			
			October			
			November			
			December			

Subcommittee Reports	Regulator	Reporting Subcommittee and Timeframe for Completion	Goals/Objectives	Responsible Department
Culturally & Linguistically Appropriate Services (CLAS) Annual Evaluation [^]	NCQA	Population Health Management: Yearly - August	The purpose of the CLAS Annual Evaluation is to evaluate performance on planned activities described in the CLAS Program Description and CLAS Workplan. The evaluation includes a description of completed and ongoing CLAS activities for the previous year.	Quality Systems & Health Equity Leadership
Culturally & Linguistically Appropriate Services (CLAS) Program Description [^]	NCQA	Population Health Management: Yearly - December	The purpose of the CLAS Program Description is to highlight how IEHP improves culturally and linguistically appropriate services (CLAS).	Quality Systems & Health Equity Leadership
Culturally & Linguistically Appropriate Services (CLAS) Workplan [^]	NCQA	Population Health Management: Yearly - December	The purpose of the CLAS Workplan is to highlight and address network cultural responsiveness, language services, program scope, yearly objectives, yearly planned activities, time frame for each activity, the staff member responsible for each activity, monitoring previously identified issues, and evaluation of the CLAS program.	Quality Systems & Health Equity Leadership

**2025-2027
CLAS Workplan**



2025

QMHET Committee Approval Date:

QM Chair Signature: On file

Governing Board Approval Date:

2026

QI/QM Workplan QMHET Committee Approval Date:

QM Chair Signature: On file

QI/QM Workplan Governing Board Approval Date:

CLAS Workplan QMHET Committee Approval Date:

CLAS Governing Board Approval Date:

2027

QI/QM Workplan & CLAS Workplan QMHET Committee Approval Date:

QM Chair Signature: On file

Governing Board Approval Date:

HEALTH SERVICES DEPARTMENT

7. APPROVE THE FUNDING AGREEMENT WITH CITY OF SAN BERNARDINO

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Funding Agreement with City of San Bernardino to support the construction and development of San Bernardino City HOPE Campus for an amount not to exceed \$1,500,000 through June 30, 2026.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

San Bernardino City HOPE Campus is a recuperative care and housing navigation center currently in development, that will assist both the community and IEHP Members in accessing necessary housing services. San Bernardino City HOPE Campus will provide interim housing and medical respite for unhoused individuals recovering from a chronic or acute health condition. Additionally, the campus will provide housing navigation, case management, and wraparound supportive services, thereby reducing potential health complications and hospital readmissions in a resource strained area of San Bernardino. The City’s navigation and recuperative care center will be located at 796 E 6th Street, San Bernardino, CA, which is the former “School of Hope”. The 2.5 acres property will hereby be referred to as SB HOPE Campus and will include interim housing for 186 unhoused men and women and 14 recuperative care beds for a total of 200-beds.

Discussion:

The funding provided through IEHP is pulled from the CalAIM Incentive Payment Program (IPP) dollars and will support the construction and development of the Campus. IPP funds are not part of the IEHP operating or capital budget and are generally intended as pass through dollars to support CalAIM related community providers and projects. IPP funds will be distributed based on the project meeting the following construction milestones and deliverables:

Deliverable	Amount	Frequency
Up-front payment for planning and materials	\$1,000,000	One time cost Due within 30 days of the invoice submitted to IEHP following full execution of the Agreement.
Begin construction	\$250,000	One time cost Due within 30 days of notice to IEHP the construction has commenced
Complete construction	\$250,000	One time cost Due within 30 days of notice to IEHP that construction has been completed

IEHP’s total funding amount to the City of San Bernardino under this Agreement shall not exceed \$1,500,000 through June 30, 2026. IEHP is one of four community partners that has agreed to provide funding for this project. The anticipated Certificate of Occupancy/construction completion is November 2025, and the Anticipated Opening is between Dec 2025 and Jan 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	M. Martinez 12/13/24	N/A	Make Selection [enter date]	Matthew Wray 12/3/2024	T. Wada 12/12/2024

HEALTH SERVICES DEPARTMENT

8. APPROVE THE FUNDING AGREEMENT WITH PALLIATIVE PARTNERS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Funding Agreement with Palliative Partners for the provision of purchasing a vehicle to aid in providing various health services to the unsheltered homeless population for an amount not to exceed \$125,000.00 for a two-year term through December 31, 2026

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

Street Outreach services are rapidly becoming an integral component in the delivery of needed medical services, such as Enhanced Care Management (ECM). Costs associated with the development of a street outreach team and the procurement of a specially equipped and outfitted van to support and transfer an outreach team, have proven to be prohibitive for many providers who may otherwise be effective in outreaching, enrolling, and treating hard to reach individuals and/or families experiencing homelessness.

Palliative Partners is an established IEHP ECM provider in Riverside County that is seeking funding to acquire a specially outfitted “outreach” van. The ability to transport staff into resource-strained areas of Riverside County will enhance the services provided by Palliative Partner’s outreach team to IEHP Members, and members of the community. With the acquisition of an “outreach” van, the Palliative Partners outreach team will be better positioned to travel as a unit and assist those experiencing homelessness, substance abuse, and serious mental illness to help reduce unnecessary emergency room utilization, provide care coordination, and help improve health. Additionally, with the successful implementation of this model of care, its anticipated that more IEHP Members will receive immunizations, basic health and wellness checks, and improved access to necessities such as clothing and food.

Discussion:

The funding provided through IEHP is pulled from the CalAIM Incentive Payment Program (IPP) dollars and will support start-up costs associated with the van purchase and outfitting costs to accommodate telehealth services, medical supplies, and staff. Specifications include:

- Sprinter van
- Seating for patients and staff
- Storage for vaccinations and basic medical equipment and supplies
- Climate control for all-weather operation
- Electrical outlets

During and after the first year of implementation, Palliative Partners will provide IEHP with baseline and ongoing monthly supporting data to reflect demonstrated increases in the following:

1. ECM Enrollment
2. Referrals to IEHP for enrollment assistance
3. Referrals to Ancillary Services (Medical PCP/Specialty), Behavioral Health, (Doula, CHW, etc.)
4. Referrals to Housing related Community Supports or other housing referrals
5. Unique engagements

IEHP is requiring the completion of the following milestones in order to earn the full funding amount of \$125,000:

#	Milestones	Completion Upon	Amount
#1	Contract Execution	Contract execution	\$41,666.00
#2	Completion of van outfitting and hiring of van outreach staff	Evidence of van outfitting completion	\$41,666.00
#3	<ol style="list-style-type: none"> 1. Demonstrated increase of 100 new IEHP Members enrolled into ECM with Palliative Partners 2. Demonstrated increase of 10 referrals to IEHP for Medi-Cal enrollment assistance 3. Demonstrated increase of 10 referrals to IEHP for any of the following services: <ol style="list-style-type: none"> a. Medical (PCP/Specialty) b. Behavioral Health c. Ancillary Services (Doula, CHW, etc.) 4. Demonstrated increase of 10 Housing-related Community Supports for IEHP members 5. Demonstrated increase of 100 unique engagements with IEHP members 	Evidence of milestone completion within 180 calendar days	\$20,833.00
#4	<ol style="list-style-type: none"> 1. Demonstrated increase of 200 new IEHP Members enrolled into ECM with Palliative Partners 2. Demonstrated increase of 20 referrals to IEHP for Medi-Cal enrollment assistance 3. Demonstrated increase of 20 referrals to IEHP for any of the following services: <ol style="list-style-type: none"> a. Medical (PCP/Specialty) b. Behavioral Health c. Ancillary Services (Doula, CHW, etc.) 4. Demonstrated increase of 20 referrals to Housing-related Community Supports 5. Demonstrated increase of 200 unique engagements with IEHP members 	Evidence of milestone completion within 1 Calendar Year.	\$20,835.00

Palliative Partners will be responsible for vehicle title, licensing, insurance and maintenance costs.

IEHP seeks approval of this Funding Agreement for an amount not to exceed \$125,000 through December 31, 2026.

CONSENT AGENDA

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	R. Mok 12/13/24	N/A	Make Selection [enter date]	M. Wray 12/4/24	T. Wada 12/12/24

HEALTH SERVICES DEPARTMENT

9. RATIFY AND APPROVE THE MEMORANDUM OF UNDERSTANDING WITH END HOMELESSNESS CALIFORNIA DBA THE SHOWER OF HOPE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Memorandum of Understanding (MOU) with End Homelessness California dba The Shower of Hope (Shower of Hope) to provide financial support for the provision of free mobile showering services for individuals experiencing homelessness in the Inland Empire for an amount not to exceed \$ 67,496 effective January 1, 2025 through December 31, 2025.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

Shower of Hope provides free showers, hygiene products, and towels through a mobile unit to people experiencing homelessness. In 2020 Shower of Hope reached out to the IEHP Community Health Leadership and a partnership was established to extend mobile shower services to Riverside County. On December 3, 2020, IEHP provided a financial sponsorship in the amount of \$61,252 to assist with implementing the program in Riverside County. Since January 1, 2021, IEHP has provided operational support to Shower of Hope's services in Riverside County. Most recently, in Minute Order 23-256, the Governing Board approved the Memorandum of Understanding with End Homelessness California dba The Shower of Hope and Inland Empire Health Plan for an amount not to exceed \$92,678 through December 31, 2024.

As noted in the table below, since 2021, Shower of Hope has provided free services to 4036 people in the Riverside County.

Year	Days of Operation	People Served
2021	43	722
2022	51	1070
2023	50	1205
2024*	41*	1039*
Combined Total	185	4036

** 2024 values are through October, 2024. Total 2024 values are higher than reported.*

Discussion:

IEHP continues to require this service as it helps make connections between the unhoused community and IEHP. The target population of Shower of Hope are individuals who need support and services to address their unmet needs. As part of DHCS's housing and homelessness incentive program under CalAIM's community supports initiative, this service will draw in unhoused individuals by creating a safe space for individuals to interact with IEHP partners or IEHP providers who can identify their needs, perform assessments, make referrals, and work to close care gaps.

The partnership between IEHP and Shower of Hope will further enable IEHP to continue to support the homeless community by providing free hygiene services in the Inland Empire.

The costs associated for the additional year of service has been calculated as follows:

Months CY 2024	Number of Weeks (Vendor will be paid \$1,298 on a weekly basis as services are rendered)	Cost Per Month
January	5	\$6490
February	4	\$5192
March	4	\$5192
April	5	\$6490
May	5	\$6490
June	4	\$5192
July	5	\$6490
August	4	\$5192
September	4	\$5192
October	5	\$6490
November	3*	\$3894
December	4*	\$5192
Total Not to Exceed Project Costs for Location 1 CY 2024		\$ 67,496

IEHP seeks ratification and approval of the MOU for an amount not to exceed \$67,496 effective January 1, 2025 through December 21, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	L. Herrera 12/16/24	NA	A. Wang	C. Armendariz 12/12/24	T. Wada 12/12/24

INFORMATION TECHNOLOGY DEPARTMENT

10. APPROVE ADDITIONAL FUNDING TO THE MERCHANT SERVICES AGREEMENT WITH CSG FORTE PAYMENTS, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve a funding increase to the Merchant Services Agreement (MSA) with CSG Forte Payments, Inc. (CSG Forte) for the continued provision of payment solution services for an additional amount of \$1,600,000 through August 8, 2028. The total amount payable under the Agreement shall not exceed \$1,810,000 through August 8, 2028.

Contact:

Vinil Devabhatuni, Chief Digital and Information Officer

Background:

The Covered California (CCA) line of business (LOB) requires IEHP to enable Automated Clearing House (ACH) and credit card services to process enrollee's premium billing payments.

CSG Forte was selected through a single-source procurement process due to its existing integration with the Health Trio application for premium Business Process as a Service (BPaaS) payment services. Health Trio's established connectivity workflow is already used to process CCA binder and premium payments with CSG Forte. Additionally, CSG Forte meets the regulatory requirements for accepting electronic payments for the CCA line of business.

On June 5, 2023, under Minute Order #23-138, the Governing Board approved the initial MSA with CSG Forte for an amount not to exceed \$210,000 through August 8, 2028.

Discussion:

Under the MSA, monthly transactions for these payment processing services are based on anticipated Membership volumes and service utilization. Initially, IEHP budgeted \$40,000 per year for these services, plus a \$10,000 contingency to account for volume changes and cost adjustments.

Membership has shown consistent growth throughout 2024, starting from 16,707 Members in January and reaching 28,506 by October, a 70% increase. Corresponding to this membership growth, monthly invoices for transaction fees/costs have increased significantly. Invoices grew from \$10,870 in the month of January to \$26,038 in November, reflecting the increased transactional demands. The December invoice is projected to surpass the November amount based on current transaction volumes. Based on historical patterns highlighted in the table below, this trend is expected to continue through the end of the MSA term in August 2028.

2024 CCA Monthly Membership Totals			
January	16,707	July	20,775
February	11,273	August	22,399
March	12,448	September	25,024
April	15,477	October	28,506
May	18,878	November	TBD
June	20,129	December	TBD

The rapid growth in the CCA LOB and payment processing transactions exhausted the approved \$10,000 contingency funding earlier than anticipated. As a result, IEHP is unable to cover incoming invoices without the additional funds. To ensure continuity of service and accommodate the sustained growth through 2028, the Plan requests additional funding to cover future invoices and adjust for anticipated future growth in CCA LOB and transactions. This request is essential to avoid service disruptions and continue to capitalize on current growth trajectory. Based on the current growth trajectory the estimated monthly cost is projected at \$35,556 for 45-months.

The additional cost of this shall not exceed \$1,600,000. The total cost (including this request) of this MSA shall not exceed \$1,810,000 through August 8, 2028.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Tsui 12/9/2024	W. Yanes 12/9/2024	M. Popka 12/18/2024	L. Liu 12/5/2024	V. Devabhaktuni 12/18/2024

INFORMATION TECHNOLOGY DEPARTMENT

11. APPROVE ADDITIONAL FUNDING FOR TECHNICAL SUPPORT AND MAINTENANCE FEES TO THE MASTER SERVICE AND SOFTWARE AGREEMENT WITH EDIFECS INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve additional funding for annual Technical Support and Maintenance (TSM) fees with Edifecs, Inc. (Edifecs) for an additional cost not to exceed \$1,081,573, through December 31, 2025. The total amount payable under Master License and Software Agreement (MLSA) shall not exceed \$21,638,587 through May 14, 2028.

Contact:

Vinil Devabhatuni, Chief Digital and Information Officer

Background:

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

Edifecs was initially selected via competitive procurement (RFP) in 2018 and IEHP is now requesting to proceed with a single source procurement for the software upgrade, and continuation of support and maintenance. Single source procurement is justified as Edifecs is the only CORE authorized certification testing vendor and has extensive familiarity of IEHP's transactions process. Contracting with Edifecs allows IEHP to leverage its current CORE solution to reduce cost and time that would be required to onboard and implement a new vendor for the same provision to achieve the required HIPPA compliance and regulatory requirements. Switching to an alternative solution at this juncture would not only pose a considerable disruption to day-to-day operations but would also entail substantial financial implications. The costs associated with transitioning to a new solution, include software adoption, employee training, and potential productivity downtime, are projected to be financially prohibitive.

The Governing Board approved the Agreement and subsequent Delegation of Authority starting with Minute Order #18-236 on August 15, 2018, and most recently Minute Order #24-207 on October 7, 2024, for SOW 3188 to the MLSA for Council for Affordable Quality Healthcare (CAQH) Core Recertification Services. The total cost from August 2018 through December 2024 is \$20,557,014.

Discussion:

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

IEHP is requesting additional funding, to cover the cost of annual Technical Support and Maintenance (TSM) fees for a total amount not to exceed \$1,081,573 effective November 1, 2024, through December 31, 2025. The TSM fees are recurring annual charges, renewed each year, for the continued support and maintenance of existing Edifecs products.

The requested amount includes the new TSM fees for 2025 and a shortfall in funding for 2024 caused by an error in the forecast pricing sheet provided by the vendor. This discrepancy was identified during an analysis of 2024 invoices. As a result, the pricing forecast has been corrected and the affected invoices will be re-adjusted accordingly for payment in January 2025.

The additional cost of the TSM fees shall not exceed \$1,081,573. The total cost (including this request) of this MLSA shall not exceed \$21,638,587 through May 14, 2028.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	S. Chiu 12/16/24	W. Yanes 12/16/24	NA	J. Lopez 12/16/2024	V. Devabhaktuni 12/18/2024

MARKETING DEPARTMENT

12. APPROVE THE SECOND AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH NTOOITIVE DIGITAL, LLC

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Second Amendment to the Professional Services Agreement (Agreement) with Ntooitive Digital, LLC (Ntooitive) for the provision of marketing services in the amount of \$5,900,000 per year, for two (2) additional years, for an additional amount not to exceed \$11,800,000. The total amount of this Agreement shall not exceed \$25,700,000 through January 31, 2027.

Contact:

Michelle Rai, Chief Communications & Marketing Officer

Background:

During the 2021 holiday season, Ntooitive provided short-term services for IEHP, advising and reserving airtime for IEHP's holiday commercial. The initial engagement exceeded the expectations of IEHP's Marketing department and affirmed the decision to select Ntooitive for IEHP's brand strategy planning and execution.

IEHP has been collaborating with Ntooitive to bring consistency to the media purchasing process and to develop a long-term strategy for media services. Through this Agreement, Ntooitive has developed a recommended marketing and advertising plan that includes brand strategy, traditional and digital advertising, creative development and production, and consumer research.

Ntooitive has developed multiplatform ad buys to support the Marketing Department's existing campaign calendar. These advertising platforms include broadcast and cable television (TV), radio, print, outdoor, and digital media.

On October 7, 2024, in Minute Order #24-209, the Governing Board approved the first amendment with Ntooitive for an amount not to exceed \$1,900,000 through January 31, 2025.

Discussion:

Ntooitive has a well-established relationship with media partners, which not only enhances rate negotiations but also grants us access to premium placements and added value opportunities, such as bonus spots or enhanced visibility, that we may not secure independently.

IEHP has benefited from Ntooitive's expertise in market trends, audience targeting, and campaign optimization. Their advanced tools and data analytics help ensure that every dollar we spend is strategically allocated to maximize return on investment, reducing inefficiencies and improving overall campaign performance.

Ntooitive will perform a variety of services that includes identifying and purchasing strategic media and implementing a plan for IEHP Brand development, direct lines of business, quality, and the Community Wellness Centers, develop an overall work plan for the advertising

campaigns, that include a schedule budget, and develop a digital marketing strategy and media campaign that is tactical and focused on consumer engagement which will include a digital media schedule and budget.

The breakdown for the main deliverables that Ntootive will provide for Calendar Year 2025 and Calendar Year 2026 has been calculated as follows:

Year	Management Fees	Media Fees	Project Fees	Total
2025	\$200,000	\$5,400,000	\$300,000	\$5,900,000
2026	\$200,000	\$5,400,000	\$300,000	\$5,900,000
Total	\$400,000	\$10,800,000	\$600,000	\$11,800,000

IEHP is requesting approval of the Second Amendment with Ntootive for the provision of marketing services in the amount of \$5,900,000 per year, for two (2) additional years for an additional amount not to exceed \$11,800,000.

The total cost (including this request) of this Agreement shall not exceed \$25,700,000 through January 31, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	L. Herrera 12/04/2024	S. Albritton 12/04/2024	E. Hernandez 12/2024	B. Kan 12/05/2024	M. Rai 12/06/2024

MARKETING DEPARTMENT

13. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #24-05927 TO, AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH, AVANTPAGE INC., BIG LANGUAGE SOLUTION LLC, HANNA INTERPRETING SERVICES LLC, AND LANGUAGE LINE TRANSLATION SOLUTIONS.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal #24-05927 (RFP 24-05927) to, and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign contractual documents with, Avantpage Inc., Big Language Solution LLC, Hanna Interpreting Services LLC, and Language Line Translation Solutions for Member Material Translations Services for a combined amount not to exceed \$1,000,000 for an initial term of one (1) year.

Contact:

Michelle Rai, Chief Communications & Marketing Officer

Background:

IEHP requires Member Material Translations Services to meet translation requirements determined by the Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS). The current threshold languages required for IEHP written materials are English, Spanish, traditional Chinese, and Vietnamese. Compliance with these translation requirements is not only a regulatory necessity, but also a commitment to delivering equitable healthcare services.

IEHP recognizes that members from diverse linguistic backgrounds may face barriers to accessing healthcare information and services if materials are not available in their preferred language. Therefore, IEHP is dedicated to providing accurate, culturally sensitive, and linguistically appropriate materials in these threshold languages.

On September 5, 2024, IEHP issued RFP #24-05927 on Bonfire, its public third-party bidding website, to identify qualified vendor(s) capable of providing Member Material Translations Services with the flexibility to provide services on an as-needed and as-requested basis, with the ability to scale up or down based on project requirements and timelines.

IEHP received ten (10) proposals to evaluate. A down selection process took place in which eight (8) bidders were selected by Evaluation Committee based on their proposal quality, experience, capacity to handle large volumes, and specialization in specific languages. While some vendors received lower scores overall, they demonstrated strengths in critical areas such as rare language capabilities and faster turnaround times.

Below is a summary of key outcomes of the RFP process.

TECHNICAL PROPOSAL SCORES WITHOUT COST (OUT OF 70)	
RRD	47.74
United Language Group, Inc.	51.52
Lingualinx Language Solutions, Inc.	52.81
Terra Translations	53.01
Accent on Languages, Inc.	53.41
Propio-ls	54.17
Language Line Services, Inc.	60.35
Hanna Interpreting Services LLC	61.09
Big Language Solutions / ISI Language Solutions	61.86

TECHNICAL PROPOSAL SCORES INCLUDING COST (OUT OF 100)	
RRD	65.38
United Language Group, Inc.	71.52
Language Line Services, Inc.	73.78
Avantpage, Inc.	78
Accent on Languages, Inc.	78.41
Propio-ls	79.17
Lingualinx Language Solutions, Inc.	80.09
Terra Translations	83.01
Hanna Interpreting Services LLC	86.08
Big Language Solutions / ISI Language Solutions	87.95

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

FINAL TOTAL SCORES (OUT OF 100)	
1) Language Line Services, Inc.	73.78
2) Avantpage, Inc.	78.00
3) Accent on Languages, Inc.	78.41
4) Propio-ls	79.17
5) Lingualinx Language Solutions, Inc.	80.09
6) Terra Translations	83.01
7) Hanna Interpreting Services LLC	86.08
8) Big Language Solutions / ISI Language Solutions	87.95

After a thorough evaluation, the RFP Evaluation Committee recommended an award for RFP #24-05927 to Avantpage Inc., Big Language Solution LLC, Hanna Interpreting Services LLC, and Language Line Translation Solutions for Member Material Translations Services. Based on IEHP’s project requirements, qualified bidders/vendors will be asked to quote on a per-project basis and provide a detailed scope of work with a comprehensive description of all the tasks, activities, deliverables, timelines, and resources required to complete a project successfully. The final total score reflects the low scores previously described in the Technical round of evaluation. The final eight (8) vendors still scored well enough to perform the required work to IEHP specifications.

Discussion:

A multi-award of RFP #24-05927 approach was chosen to ensure comprehensive language coverage and flexibility in handling IEHP’s translation needs. No single vendor could meet the required volume or deadlines across all languages. This multi-vendor strategy mitigates risks by providing backup options and allows work to be allocated based on each vendor’s language expertise, capacity, and performance. Work will be assigned according to language specialization, availability, and vendor performance over time. This ensures that IEHP receives high-quality translations while maintaining operational flexibility and efficiency. IEHP will manage the awarded contracts and will request approval from the Governing Board for all future Member Material Translations Services which exceed the purchasing authority outlined in the Procurement Manual.

Avantpage Inc., Big Language Solution LLC, Hanna Interpreting Services LLC, and Language Line Translation Solutions will be fully compliant with the Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI) project requirements for translation services. Big Language Solution LLC will translate and edit existing member handbooks, provider and pharmacy directories, formularies, advertising, sales and marketing materials, member newsletters, wellness program materials and any stand-alone materials as needed.

The cost associated with this award include:

Vendor	Purpose	Term Expiration	Cost
Avantpage Inc.	PSA-Member Material Translations Services	12/31/2025	\$300,000
Big Language Solution LLC	PSA-Member Material Translations Services	12/31/2025	\$500,000
Hanna Interpreting Services LLC	PSA-Member Material Translations Services	12/31/2025	\$100,000

CONSENT AGENDA

Vendor	Purpose	Term Expiration	Cost
Language Line Translation Solutions	PSA-Member Material Translations Services	12/31/2025	\$100,000
Not Exceed Total			\$1,000,000.00

IEHP seeks approval to award of RFP ##24-05927 to and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign contract documents with, Avantpage Inc., Big Language Solution LLC, Hanna Interpreting Services LLC, and Language Line Translation Solutions for a total amount not to exceed \$1,000,000.00 for an initial term of one (1) year.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	L. Herrera 12/16/2024	C. Andrade 12/04/2024	A. Wang 12/13/2024	E. Portuguez 12/16/2024	M. Rai 12/16/2024

OPERATIONS DEPARTMENT

14. APPROVE THE SEVENTH AMENDMENT TO THE PARTICIPATION AGREEMENT WITH MANIFEST MEDEX

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Seventh Amendment to the Participation Agreement (Agreement) with Manifest MedEx (MX) to onboard eligible Skilled Nursing Facility Providers to the Manifest Network for an additional amount not to exceed \$250,000. The total amount payable under this Agreement shall not exceed \$18,519,858 through December 31, 2027.

Contact:

Susie White, Chief Operating Officer

Background:

MX is the Health Information Exchange (HIE) utilized within San Bernardino and Riverside Counties. IEHP utilizes MX to retrieve real-time clinical data and make that information available to IEHP and other community Providers. Through this sharing, clinical data is readily and securely accessible to other treating Providers resulting in improved care coordination, closure of care gaps, and the identification and intervention of high-risk patients.

In 2009, IEHP contributed to the development of the Inland Empire Health Information Exchange (IEHIE) for the creation of a HIE for County entities and hospital partners.

In February 2017, IEHP announced that the IEHIE would merge with Cal Index, a venture by Blue Shield and Anthem Health Plans, to become a new entity called Manifest MedEx. The merger was finalized in March 2017. Since then, the Governing Board has approved the Agreement and subsequent amendments starting with Minute Order #18-221 in July 2018 and most recently, the Sixth Amendment in November 2024 under Minute Order #24-242 for 2025, 2026 and 2027 subscription fee updates. The total cost from July 2018 through December 31, 2027, is \$18,269,858.

Discussion:

IEHP requests approval of the Seventh Amendment to include five (5) eligible Skilled Nursing Facilities (SNF) connections to the MX network. By leveraging these SNF connections, IEHP aims to launch a limited pilot program to onboard SNF Providers to the MX network, initiating data sharing on services rendered to IEHP Members. In addition to the connections, MX will provide the technical infrastructure and reporting necessary to ensure accurate monitoring and evaluation of the pilot program's success.

With the onboarding of SNFs to the MX network, as a result of the pilot program, and the resulting data sharing, IEHP will have access to real-time member-level detail enabling seamless care coordination efforts that are more timely, proactive, and efficient than current manual data sharing (i.e., fax) allows. This pilot will serve as the basis for future work with the goal to ensure optimal care of members requiring services within any in-network skilled nursing facility.

An overview of the costs associated with this Amendment is provided below:

#	Item with Description	Unit Fee	Units	Total
1	Program Fee to perform management, oversight and execution of the entire scope including program and project management, and reporting.	\$75,000	1	\$75,000
2	New SNF integration fee.	\$25,000	5	\$125,000
3	Existing SNF maintenance fee which includes providing products such as MX Access, monitoring data quality and general integration maintenance activities.	\$10,000	5	\$50,000
Amendment Total				\$250,000

Leveraging the capabilities of the MX HIE has yielded multiple benefits for IEHP which is why it remains a key strategic activity that supports the Optimal Care goals. These range from enhanced quality performance metrics to the improvement of the Member and Provider experience.

The additional cost of this Seventh Amendment shall not exceed \$250,000 effective on January 13, 2025. The total cost (including this request) of this Agreement shall not exceed \$18,519,858 through December 31, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY 2025 Budget	K. Moussa 12/06/2024	H. Clear 12/06/2024	Yes	N. DeVries 12/05/2024	S. White 12/06/2024

OPERATIONS DEPARTMENT

15. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH WISE HEALTHCARE, LLC

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Third Amendment to the Professional Services Agreement (Agreement) with WISE Healthcare LLC., for continued support and project management of eConsult and Virtual Specialty Care Services for the term of one (1) additional year at no cost. The total amount payable under this Agreement remains unchanged for an amount not to exceed \$2,698,500 through December 31, 2025.

Contact:

Susie White, Chief Operating Officer

Background:

WISE is a trusted partner managing and supporting several eConsult and Virtual Care implementations with Local Health Plans of California and other public entities in California including CalOptima, Health Plan of San Joaquin, LA Care, Indian Health Center of San Diego, and the California Department of Corrections and Rehabilitation.

IEHP requires this service to maintain the telehealth modalities as required by DHCS. In addition to regulatory compliance, this physician-centric innovative telehealth platform allows for virtual consultation and collaboration amongst Primary Care Providers and Specialists to create greater and appropriate access to specialty care for IEHP Members.

The current active Agreement was selected through single source procurement on March 14, 2022. The single source selection was justified as Wise Healthcare has the unique experience dealing directly with providers in the Inland Empire on a plan sponsored technical engagement. Hiring in-house subject matter experts would create additional IEHP labor and benefit costs to the Plan.

Discussion:

This Third Amendment will extend the term of the Agreement through December 31, 2025, by which WISE will continue to provide services to ensure adherence with Medi-Cal covered benefits. The extension will focus on the finalization of processes and training for internal IEHP Team Members to continue the eConsult program for existing users and provide advanced level support for complex eConsult workflow, technical issues, and patient care coordination.

A breakdown of those services and the associated costs are detailed in the table below:

Service	Description/Purpose	Fixed Fees
eConsult Expansion Phase II	To expand and develop eConsult and Virtual Care services for all IEHP network of Direct and Delegated providers	\$0

Operations Support	Increase the integration and automated data connections between the eConsult platform and stakeholder systems	\$0
ARMC Epic Interface	To help implement the IEHP eConsult platform interface with ARMC EPIC EHR platform similar to the work performed for ARMC-Meditech and RUHS/EPIC (*Provided from WISE-ARMC Contract)	\$0
Technical Project Management	Support the BRD process and help develop functionality to reduce IEHP submitting clinics from using faxes instead of eConsult and eAuth portals	\$0
Program Management	Create and support sustainable processes and training methods	\$0
Strategy and Advisory	To provide strategy and advisory services in support of IEHP initiatives	\$0
Total Cost:		\$0

There is no additional cost of this Third Amendment and the total cost of this Agreement remains unchanged for an amount not to exceed \$2,698,500 through December 31, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	C. Goss 12/14/24		R. Mayer 12/18/2024	S. White 12/18/2024

PROVIDER CONTRACTING DEPARTMENT

16. RATIFY AND APPROVE THE FOURTH AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH DIGNITY HEALTH MEDICAL FOUNDATION DBA DIGNITY HEALTH MEDICAL NETWORK INLAND EMPIRE A SERVICE OF DIGNITY HEALTH MEDICAL FOUNDATION– RANCHO CORDOVA

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fourth Amendment to the Capitated IPA Agreement with Dignity Health Medical Foundation Dignity Health Medical Network Inland Empire A Service of Dignity Health Medical Foundation effective January 1, 2025.

Contact:

Susie White, Chief Operating Officer

Background:

Dignity Health Medical Foundation dba Dignity Health Medical Network Inland Empire A Service of Dignity Health Medical Foundation is currently a contracted IPA in the IEHP Network.

Discussion:

The Amendment is to extend the term of the agreement beginning January 1, 2025, through February 28, 2025

Fiscal Impact:

Included in CY2025 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

17. RATIFY AND APPROVE THE NINTH AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH DIGNITY HEALTH MEDICAL FOUNDATION DBA DIGNITY HEALTH MEDICAL NETWORK INLAND EMPIRE A SERVICE OF DIGNITY HEALTH MEDICAL FOUNDATION– RANCHO CORDOVA

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 Dignity Health Medical Foundation dba Dignity Health Medical Network Inland Empire A Service of Dignity Health Medical Foundation effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

Dignity Health Medical Foundation dba Dignity Health Medical Network Inland Empire A Service of Dignity Health Medical Foundation 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 February 28, 2025

Fiscal Impact:

Included in CY2025 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

18. RATIFY AND APPROVE THE EIGHTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH SAN ANTONIO REGIONAL HOSPITAL - UPLAND

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and approve the Eighth Amendment to the Hospital Per Diem Agreement for San Antonio Regional Hospital, effective January 1, 2025.

Contact:

Susie White, Chief Operating Officer

Background:

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

Discussion:

The Amendment will amend Attachments C-Compensation Rates, C1-Notes to Compensation Rates, Attachment G-Managed Care Medi-Cal Noncapitated or Carve Out Drugs, and Covered California Compensation Rates.

Fiscal Impact:

Included in CY2025 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

19. RATIFY AND APPROVE THE SEVENTEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH MOUNTAINS COMMUNITY HOSPITAL - LAKE ARROWHEAD

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Seventeenth Amendment to the Hospital Per Diem Agreement for Mountains Community Hospital, effective February 1, 2025.

Contact:

Susie White, Chief Operating Officer

Background:

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

Discussion:

The Amendment is to Extend the Term Date.

Fiscal Impact:

Included in CY2025 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, February 1, 2025:

Additional one (1) year term:

- 1) Lasalle Medical Associates - Enhancement Care Management Provider Agreement -Victorville
- 2) N & D Healthcare Services Inc dba Grandcare Home Health - Ancillary Agreement– Pasadena
- 3) The Regents of the University of California dba UCR Health - Fee-For-Service Primary Care Provider Agreement - Riverside
- 4) The Regents of the University of California dba UCR Health - Participating Provider Agreement – Specialist - Riverside

Additional three (3) year term:

- 5) HumanGood NorCal dba Plymouth Village - Skilled Nursing Facility Provider Agreement - Redlands
- 6) Riverside SNF LLC dba Riverside Village Healthcare Center - Skilled Nursing Facility Provider Agreement - Riverside

Additional five (5) years term:

- 7) California Sleep Inc - Ancillary Agreement– Redlands
- 8) Goodnite Sleep Solution LLC Ancillary - Agreement - Redlands
- 9) Otto Bock Orthopedic Services LLC - Ancillary Agreement– Austin
- 10) Stellar Surgical Specialties Inc Ancillary - Agreement - Rancho Mirage
- 11) Clarissa Harper Agard dba Clarissa Agard LMFT - Participating Provider Agreement - Behavioral Health - Apple Valley
- 12) Encouragers Family Counseling Inc– Participating Provider Agreement - Behavioral Health Corona
- 13) Hernandez Marriage & Family Counseling Corp - Participating Provider Agreement - Behavioral Health Moreno Valley
- 14) Karen Lee Olson dba Karen L Olson LCSW - Participating Provider Agreement - Behavioral Health – Palm Desert

CONSENT AGENDA

- 15) Michael Hooker dba Michael Hooker MS LMFT - Participating Provider Agreement - Behavioral Health - Riverside
- 16) Nicholas Fittante ACT Family Counseling Services LMFT PC - Participating Provider Agreement - Behavioral Health - Rancho Cucamonga
- 17) Paulina Ospina - Mallarino Participating Provider Agreement - Behavioral Health - Palm Desert
- 18) Riverside San Bernardino County Indian Health Inc - Participating Provider Agreement - Behavioral Health - Banning
- 19) Route 66 Recovery Partners A Medical Corporation dba First Step Recovery Center - Participating Provider Agreement - Behavioral Health - Victorville
- 20) Saniyyah Mayo Participating Provider Agreement - Behavioral Health Rancho Cucamonga
- 21) Ta Tanisha Jones dba Psychological and Substance Abuse Services Inc - Participating Provider Agreement - Behavioral Health - Moreno Valley
- 22) Yvonne Rodriguez dba Social Resources Connection Inc - Participating Provider Agreement - Behavioral Health - Moreno Valley
- 23) Zelda Marie Verrett dba InSight Therapeutic Solutions - Participating Provider Agreement - Behavioral - Health Hesperia
- 24) ABA Enhancement LLC dba ABA Enhancement - Participating Provider Agreement QASP - Riverside
- 25) Advanced Hand Therapy Inc Participating Provider Agreement - Specialist - Apple Valley
- 26) Anna Gasparian MD Inc dba Desert Vascular Associates - Participating Provider Agreement – Specialist - Palm Desert
- 27) Betty Daniels MD dba Woman To Woman OB/GYN Medical Group Inc - Participating Provider Agreement - Specialist - San Bernardino
- 28) Clinicas De Salud Del Pueblo Inc - Participating Provider Agreement Specialist – Coachella
- 29) Narakanti N Rao MD Inc - Participating Provider Agreement – Specialist
- 30) Olga I Guerra dba All About Speech - Participating Provider Agreement – Specialist – Rancho Cucamonga
- 31) Vanessa Taylor DPM dba Chino Hills Foot and Ankle Center - Participating Provider Agreement – Specialist – Chino Hills
- 32) Paul James Wilson dba Bear Creek Eye Care Optometry - Participating Provider Agreement – Vision – Wildomar
- 33) Tamano Fletcher Corporation dba Hospitality Eyecare Center of Optometry - Participating Provider Agreement – Vision – San Bernardino
- 34) Behavior Genius LLC - Participating Provider Agreement – QASP - Hesperia

Fiscal Impact:

Included in CY2025 Budget

Financial Review:

N/A

Reviewed by Counsel:

N/A

GOVERNING BOARD

21. ESTABLISH A GOVERNING BOARD FINANCE COMMITTEE, APPOINT GOVERNING BOARD MEMBERS TO FINANCE COMMITTEE AND APPOINT THE CHAIR AND VICE CHAIR OF THE FINANCE COMMITTEE

Recommended Action:

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

1. Establish a Governing Board Finance Committee (Committee); and
2. Authorize the Board Chair to appoint Governing Board Members to Committee; and
3. Appoint Committee Chair and Vice Chair

Contact:

Curt Hagman, IEHP Board Chair

Background:

The Governing Board of IEHP maintains significant oversight responsibilities for the overall organization. In fulfilling these oversight responsibilities, the Board may create advisory standing committees charged with focusing on specific areas of oversight interest and reporting back to the Governing Board. In conducting oversight duties, advisory standing committees may make recommendations for action.

Discussion:

Finance Committee is now needed to provide oversight and financial recommendations due to IEHP's growth and membership. It is recommended that the Committee consists of a minimum of three Board members appointed by the Board Chair to serve a continual term until replaced or vacated. The Board Chair will also designate the Committee Chair and Vice Chair who will also serve continual terms until replaced or vacated. The Committee will be subject to the same open government practices under the Brown Act that apply to the IEHP Governing Board. For the purposes of Committee meetings, a quorum shall consist of majority of the voting Committee members. Voting Committee members shall be IEHP Governing Board Members. In the event that an appointed Committee member by the Board Chair is unable to attend a given Committee meeting, the appointed Committee member may select another IEHP Governing Board member to sit as their proxy in order to maintain quorum.

The Finance Committee will be charged with the oversight responsibilities for all financial matters affecting IEHP. This includes but is not limited to:

- Budget development
- Financial reporting
- Purchasing and procurement practices and policies
- Insurance Issues

Due to IEHP's continuous growth and financial complexities, the Finance Committee will serve as the primary level of Board review for any relevant finance-related matters or policies affecting

IEHP. It is projected that this committee will meet quarterly but no less than one (1) time per year. Further, this Committee shall submit reports to the full Board to summarize the Committee's oversight activities and make recommendations for necessary Board action.

Bylaws and Committee documents will be presented to the IEHP Governing Board at a later date for approval based on recommendations by the Finance Committee

GOVERNING BOARD

22. APPROVE SETTING OF THE ANNUAL SELECTION OF THE CHAIRPERSON AND VICE CHAIRPERSON AT THE FEBRUARY INLAND EMPIRE HEALTH PLAN GOVERNING BOARD MEETING

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the setting of the annual selection of the Chairperson and Vice Chairperson for the IEHP Governing Board at the February IEHP Governing Board meeting

Contact:

Curt Hagman, IEHP Board Chair

Background:

The Joint Powers Agreement for IEHP requires the Board to select a chairperson and a vice chairperson from among its members annually. The term of the chairperson and vice chairperson is for one (1) year.

Discussion:

IEHP customarily selects its chairperson and vice chairperson at every January Board meeting. However, the county members to the Joint Powers Agreement also make their appointments in January for those members who will serve on the IEHP Governing Board. Riverside County customarily makes their appointments every year whereas San Bernardino County makes their appointments every two (2) years. There are occasions, such as this year, where the county appointments are made after our January Board meeting potentially impacting the selection of the chairperson and vice chairperson. Selecting members to serve in these positions becomes difficult if we do not know the identity of the county selected board members or whether the current appointed board members will continue their service on the IEHP Board.

To create certainty and efficiency, it is recommended that the selection process for the chairperson and vice chairperson of the IEHP Governing Board instead take place annually at the February Board meeting henceforth. This will help to avoid having to repeat the selection process where a selected chairperson or vice chairperson might have not been reappointed in January by their respective county.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	A. Wang	A. Wang	J. McNaughton

ADMINISTRATION

23. CHIEF EXECUTIVE OFFICER UPDATE

Recommended Action:

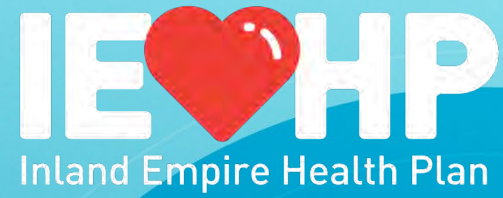
Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

Chief Executive Officer update for the January 13, 2025 Governing Board Meeting.



Governing Board Meeting

CEO BOARD REPORT | *Jan. 13, 2025*

IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
November 2024	1,512,404	1,518,905	6,501	6,728
December 2024	1,514,085	1,524,336	10,251	5,431
January 2025	1,515,090	1,525,735	10,645	1,399



NCQA Accreditation Survey for Covered CA

- On Dec. 17, IEHP achieved Accredited status from NCQA for Covered California.
- This was IEHP's first time going through the accreditation process for Covered California.
- All file review sections received a 100% passing score.
- The surveyors also pointed out key strengths of our organization, including:
 - Dedicated and knowledgeable staff.
 - Well-prepared documentation and presentation of plan evidence.
 - Demonstrated good quantitative and qualitative analysis within reports.
 - File review cases were well-prepared and presented effectively.
- IEHP received 100% passing scores for all assessed accreditation standards.
- IEHP's accreditation status is currently reflected publicly on the NCQA website.



2025 Annual Quality Report

- This year's theme: Connections.
- An annual, transparent look at our performance in key quality measures.
- Some highlights in this year's report include our Connections to:
 - **Our Members**
 - **Our Providers**
 - **Our Team Members**
 - **Our Communities**
- Featuring real stories of bringing **Optimal Care and Vibrant Health** to the Inland Empire!
- Copies were mailed last week.



ADMINISTRATION

24. BOARD EDUCATION – FACILITY SITE REVIEW AND MEDICAL RECORD REVIEW

Recommended Action:

Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

Genia Fick, Vice President, Quality, will provide an overview of the Facility Site Review and the Medical Record Review.



Facility Site Review & Medical Record Review

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

Background: Facility Site Review (FSR) & Medical Record Review (MRR)

- As outlined in All Plan Letter (APL-22-017) DHCS requires Managed Care Plans (MCPs) to ensure each Primary Care Provider (PCP) site supports the safe and effective provision of appropriate clinical services for members.
- PCP Sites are evaluated on **facility site** compliance and **medical record review** compliance.
- PCP sites are given a maximum of 3 consecutive attempts (with about a year apart between each attempt) to pass both the FSR and MRR surveys.
- PCP sites unable to pass both their FSR and MRR surveys by their 3rd attempt are required by DHCS to be removed from the DHCS Medi-Cal Managed Care Network.

FSR & MRR Survey Focus Areas

Facility Site Review	Medical Record Review
Access/Safety	Format
Personnel	Documentation
Office Management	Coordination of Care
Clinical Services (Pharmaceutical, Laboratory, Radiology)	Pediatric Preventive
Preventive Services	Adult Preventive
Infection Control	OB/CPSP Preventive



FSR & MRR Standards

- Since 2019, IEHP has set internal provider standards to ensure that our Facility Site Review (FSR) and our Medical Record Review (MRR) does not exceed a set failure rate.
- Currently, IEHP is meeting this internal standard.

	Internal Standard Failure Rate	Current Performance
Medical Record Review (MRR)	Not to exceed 20%	18.06%
Facility Site Review (FSR)	Not to exceed 5%	3.84%

- Despite meeting our internal standard, IEHP has identified more providers at-risk of failing out of our network due to the more rigorous new All Plan Letter (APL) audit requirements.
- To date, a total of 3 providers have been terminated from the IEHP Network for failing this requirement since 2022.

New APL Enforcement Requirements

- While the DHCS FSR and MRR survey requirements at PCP sites is not new, DHCS did introduce new monitoring requirements to these PCP surveys in July of 2022 (APL 22-017):
 - **FSR:**
 - New requirements **increased point total** to 170 (from 150)
 - New requirements **increased critical elements** to 14 (from 9)
 - **MRR:**
 - New **requirements** include:
 - + 20 Pediatric Preventive Criteria (from 19 to 34; 2 deleted and 3 replaced)
 - + 15 Adult Preventive Criteria (from 15 to 30)
- **DHCS is also enforcing a hard '3 strikes and out' rule**

More provider requirements.
Less leniency.

Historical and Current Provider Performance

Historical Provider Performance (based on prior APL requirements):

- From 2019-2021, based on old criteria, IEHP Network Providers had a failure rate of:
 - **FSR: 1.59%**
 - **MRR: 3.39%**

Current Provider Performance (after new APL requirements):

- From 2022-2024, based on new criteria, IEHP Network Providers have a failure rate of:
 - **FSR: 3.84%** (40 fails/1042 total surveys)
 - **MRR: 18.06%** (194 fails/1074 total surveys)

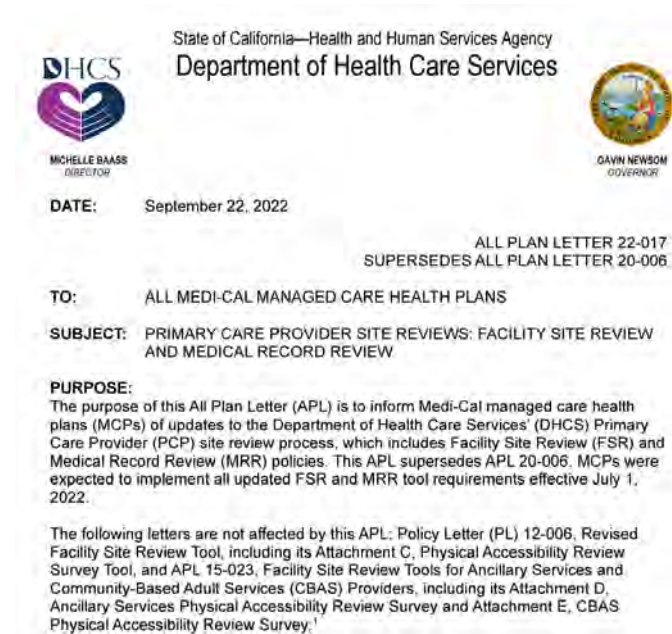
While IEHP is meeting our internal standard of a failure rate not to exceed 5% for the FSR and 20% for the MRR, we have noticed an increasing failure rate trend after the new APL was introduced.

Performance Failure Root Causes

MRR Failure Root Causes	FSR Failure Root Causes
<ul style="list-style-type: none"> Practitioner Review of specialty/consult/referral reports & diagnostic test results 	<ul style="list-style-type: none"> Physician Assistant Practice Agreement
<ul style="list-style-type: none"> Evidence of follow-up of specialty referrals/diagnostic tests 	<ul style="list-style-type: none"> Nurse Practitioner Standardized Procedures
<ul style="list-style-type: none"> Pediatric Preventive- WCC completed at the age-appropriate frequency 	<ul style="list-style-type: none"> Evidence of staff training for all staff
<ul style="list-style-type: none"> Pediatric Preventive- Dental/Oral Health Assessment/Fluoride Supplementation/Fluoride Varnish 	<ul style="list-style-type: none"> Site- Specific Blood Borne Pathogen Policy
<ul style="list-style-type: none"> Pediatric Preventive- STI Screening 	<ul style="list-style-type: none"> Referral Tracking process
<ul style="list-style-type: none"> Pediatric Preventive – Cardiac Risk & Sudden Cardiac Death Screening 	
<ul style="list-style-type: none"> Adult Preventive – Initial Health Appointment & Comprehensive H&P to be completed at the age-appropriate frequency and to include a dental assessment and review of systems. 	
<ul style="list-style-type: none"> Adult Preventive – Intimate Violence Partner Screening 	
<ul style="list-style-type: none"> Adult Preventive – Hepatitis B & C Screening 	
<ul style="list-style-type: none"> Adult Preventive- Immunizations 	
<ul style="list-style-type: none"> Required screenings: Alcohol Use, Depression, Drug Use Disorder, Diabetic, Folic Acid Supplementation, Hepatitis B Virus, Hepatitis C Virus, HIV, Intimate Partner Violence, STI, Skin Cancer, Tobacco Use, Tuberculosis 	

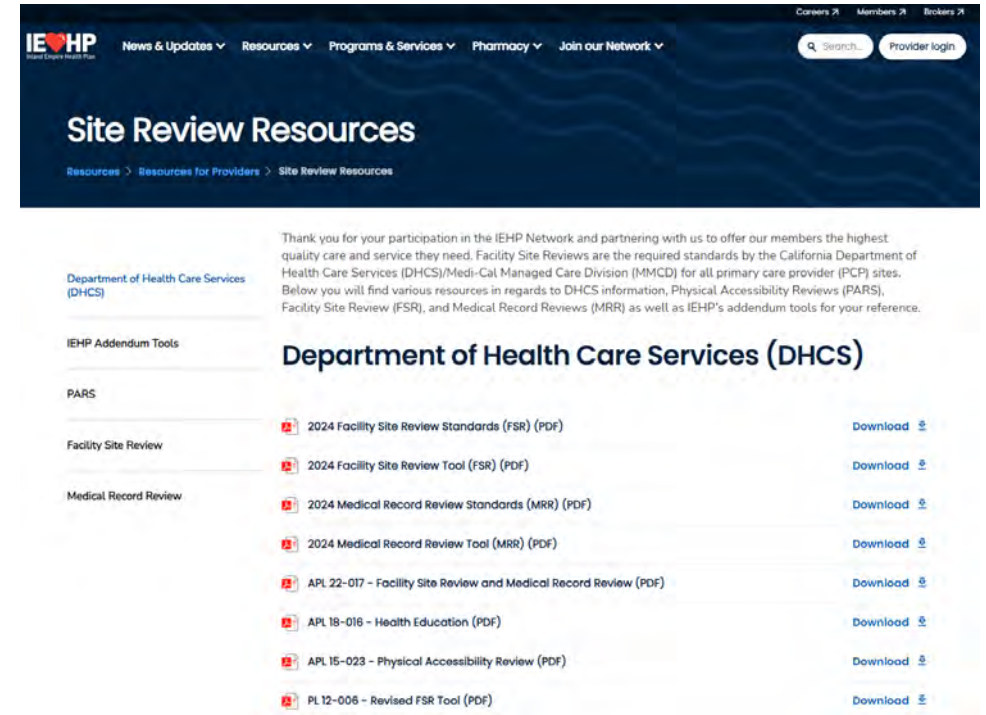
Early Awareness to Providers

- **IPA Provider Town Hall Virtual Training** on December 2020 previewed new requirements and tools.
- **Individual Network Provider Virtual Trainings** starting May 2020 previewed new requirements and tools.



Active Support Interventions for Providers

- **1:1 Virtual/In-Person provider training** prior to all scheduled audits.
- **Additional training** is provided upon site request and/or nurse discretion; **Corrective Action Plan (CAP)** issued.
- **Site review resource page** offered year-round prior to the audit with opportunities for in depth office training.
- **Provider relations team** notified of all failed attempts at PCP sites.
- **Provider and Quality team tandem site visits.**
- **Network provider trainings.**
- **Open Town Hall Learning Session.**



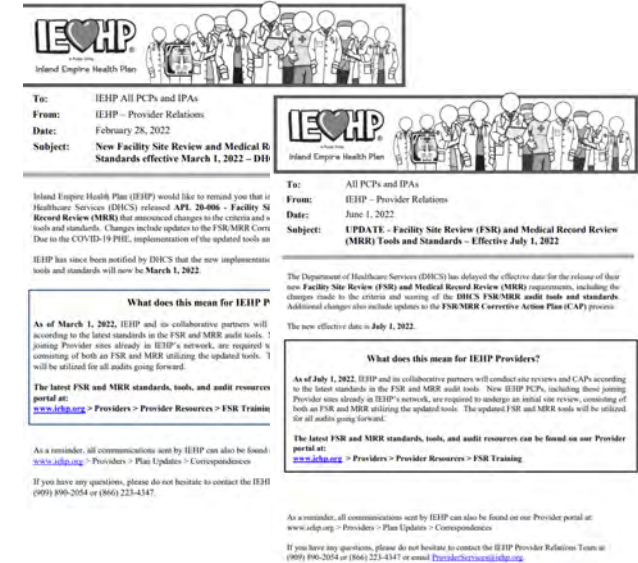
The screenshot shows the 'Site Review Resources' page on the IEHP website. The page header includes the IEHP logo and navigation links for News & Updates, Resources, Programs & Services, Pharmacy, and Join our Network. A search bar and 'Provider login' button are also present. The main heading is 'Site Review Resources', with a breadcrumb trail: Resources > Resources for Providers > Site Review Resources. A message from the Department of Health Care Services (DHCS) thanks providers for their participation and lists resources for Facility Site Reviews (FSR) and Medical Record Reviews (MRR). A table lists the following resources with download links:

Resource	Download Link
2024 Facility Site Review Standards (FSR) (PDF)	Download
2024 Facility Site Review Tool (FSR) (PDF)	Download
2024 Medical Record Review Standards (MRR) (PDF)	Download
2024 Medical Record Review Tool (MRR) (PDF)	Download
APL 22-017 - Facility Site Review and Medical Record Review (PDF)	Download
APL 18-016 - Health Education (PDF)	Download
APL 15-023 - Physical Accessibility Review (PDF)	Download
PL 12-006 - Revised FSR Tool (PDF)	Download

[IEHP - Provider Resources : Site Review Resources](#)

Provider Communication

- **February 28th, 2022:** All IEHP PCP's and IPA's notified of APL change
- **June 1st, 2022:** All IEHP PCP's and IPA's notified of new tools and standards



IEHP
Inland Empire Health Plan

To: IEHP All PCPs and IPAs
From: IEHP – Provider Relations
Date: February 28, 2022
Subject: New Facility Site Review and Medical R Standards effective March 1, 2022 – DH

To: All PCPs and IPAs
From: IEHP – Provider Relations
Date: June 1, 2022
Subject: UPDATE - Facility Site Review (FSR) and Medical Record Review (MRR) Tools and Standards – Effective July 1, 2022

Inland Empire Health Plan (IEHP) would like to remind you that its Healthcare Services (DHCS) released APL 20-006 – Facility Site Review (FSR) and Medical Record Review (MRR) that announced changes to the criteria and a tools and standards. Changes include updates to the FSR/MRR Core Due to the COVID-19 PHEI, implementation of the updated tools as IEHP has since been notified by DHCS that the new implementation tools and standards will now be **March 1, 2022**.

What does this mean for IEHP P

As of **March 1, 2022**, IEHP and its collaborative partners will according to the latest standards in the FSR and MRR audit tools. Joining Provider sites already in IEHP's network, are required to complete both an FSR and MRR utilizing the updated tools. It will be utilized for all audits going forward.

The latest FSR and MRR standards, tools, and audit resources portal at: www.iehp.org > Providers > Provider Resources > FSR Training

As a reminder, all communications sent by IEHP can also be found: www.iehp.org > Providers > Plan Updates > Correspondence

If you have any questions, please do not hesitate to contact the IEHP (909) 890-2054 or (866) 223-4347.

The Department of Healthcare Services (DHCS) has delayed the effective date for the release of their new Facility Site Review (FSR) and Medical Record Review (MRR) requirements, including the changes made to the criteria and scoring of the DHCS FSR/MRR audit tools and standards. Additional changes also include updates to the FSR/MRR Corrective Action Plan (CAP) process. The new effective date is **July 1, 2022**.

What does this mean for IEHP Providers?

As of **July 1, 2022**, IEHP and its collaborative partners will conduct site reviews and CAPs according to the latest standards in the FSR and MRR audit tools. New IEHP PCPs, including those joining Provider sites already in IEHP's network, are required to undergo an initial site review, consisting of both an FSR and MRR utilizing the updated tools. The updated FSR and MRR tools will be utilized for all audits going forward.

The latest FSR and MRR standards, tools, and audit resources can be found on our Provider portal at: www.iehp.org > Providers > Provider Resources > FSR Training


As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > Providers > Plan Updates > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347 or email ProviderServices@iehp.org.

Monthly Provider Communication

- Provider relations managers (PRMs) receive Physician profiles monthly that include the FSR/MRR Scores (at all attempts) and improvements opportunities.
- PRMs inform PCPs of the existing resources including the IEHP's website regarding FSR/MRR Audits.
- PRMs also direct and advise PCPs of virtual trainings that are available to them prior to their audit.

Existing and New Support Interventions for Providers

Support Prior to 1 st Audit (Primary Prevention)	Support after 1 st Failure (Secondary Prevention)	Support after 2 nd Failure (Tertiary Prevention)	After 3 rd Failure
<ul style="list-style-type: none"> • Standard Interventions and Support Protocol • Enhanced collaboration with all plans in the region • Provider Relations support to PCP sites • Quality Team engagement 	<ul style="list-style-type: none"> • Targeted Interventions and Support • Site specific CAP along with updated PCP resolution plan • Enhanced collaboration with all plans in the region • Provider Relations support to PCP sites • Quality Team engagement • Conduct mock audits 3-6 months prior to 2nd audit • Letter from COO and CQO • Increased visibility to IEHP executives and Board 	<ul style="list-style-type: none"> • Targeted Interventions and Support • Updated CAP issued along with updated PCP resolution plan • Enhanced collaboration with all plans in the region • Provider Relations support to PCP sites • Quality Team engagement • Conduct mock audits 3-6 months prior to 3rd audit • Letter from CEO • Increased visibility to IEHP executives and Board 	<p>Provider termination from Medi-Cal network</p>  <p>Petition DHCS, if allowed</p>

Current At-Risk Providers

Provider	City	IEHP Membership	3 rd Survey Window	Quality Index
Provider A	Twentynine Palms	840	Dec 2024 – Feb 2025	Very Low
Provider B	San Bernardino	117	Jan – March 2025	Very Low
Provider C	Redlands	21	Jan – March 2025	Very Low
Provider D	Redlands	91	Feb – April 2025	High
Provider E	Hemet	251	Feb – April 2025	Very Low
Provider F	Chino	38	Feb – April 2025	Very Low
Provider G	San Bernardino	595	Mar – May 2025	Very Low
Provider H	Yucca Valley	1230	Apr – June 2025	High
Provider I	Pomona	688	Jun – Aug 2025	High
Provider J	Palm Springs	1271	Sept – Nov 2025	Very Low
Provider K	Corona	330	Nov 2025 – Jan 2026	Average
Provider L	Montclair	374	Nov 2025 – Jan 2026	Very Low
Provider M	Victorville	31	Nov 2025 – Jan 2026	Very Low
Provider N	Indio	517	Dec 2025 – Feb 2026	Average

- 14 PCP sites are due for their 3rd (and last) survey over the next 12 months.
- Those at risk are a mix of high and low performers.

Impact considerations of removal of non-compliant network providers

Impact	Pros	Cons
Member Experience	<ul style="list-style-type: none"> • Reassignment to a compliant provider site • Reassignment opportunities to a higher quality site 	<ul style="list-style-type: none"> • Member abrasion • Lack of continuity
Provider Experience		<ul style="list-style-type: none"> • Reassignment of membership • Financial impact on practice
IEHP Network and Quality Performance	<ul style="list-style-type: none"> • Natural narrowing towards a high-quality provider network • Standardize quality expectations across the network • Reassignment of members to higher quality providers • Reinforces regulatory focus on quality 	<ul style="list-style-type: none"> • Risk of losing high performing sites • Exacerbates PCP shortage in our region

Next Steps

- Conduct mock audits 3-6 months prior to 3rd audit in conjunction with provider support activities.
- Enhance process if Members need to be re-assigned if provider sites fail their 3rd audit.
- Develop bolstering strategies for impacted sites and regions.
- Enhance provider trainings on commonly failed topics.
- Increase awareness of at-risk providers to executive team and board.



Appendix

Termed Providers

Provider	City	Failing Section	Failing Score	Failure Date
Provider A	Rancho Cucamonga	MRR	60	Oct 2022
Provider B	Rancho Cucamonga	MRR	71	Feb 2023
Provider C	Yucca Valley	MRR	75	Sept 2024

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 November 30, 2024.

FINANCE DIVISION

November 2024

MONTHLY FINANCIALS

Presented
January 13, 2025



November 2024 Actual vs Budget: Consolidated

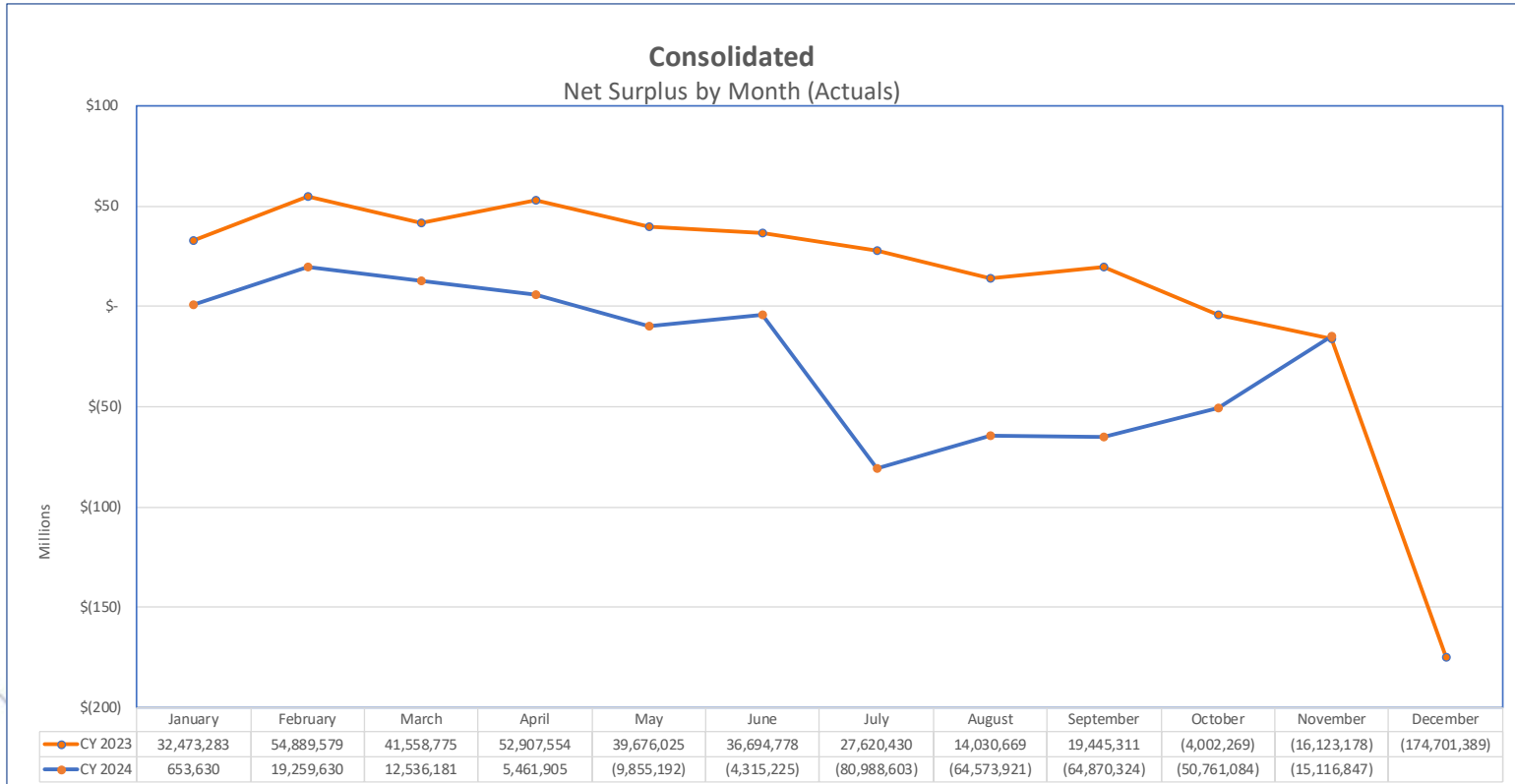
	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 720,433,504	\$ 578,483,250	\$ 141,950,254	\$ 6,726,214,777	\$ 6,480,221,146	\$ 245,993,631
Total Medical Costs	\$ 702,774,582	\$ 542,448,380	\$ (160,326,202)	\$ 6,622,106,760	\$ 6,068,654,841	\$ (553,451,919)
Total Operating Expenses	\$ 40,872,341	\$ 39,733,683	\$ (1,138,658)	\$ 455,076,001	\$ 446,456,129	\$ (8,619,872)
Total Non Operating Income (Expense)	\$ 8,973,841	\$ 9,516,160	\$ (542,319)	\$ 109,092,019	\$ 90,019,033	\$ 19,072,986
Non-Medical Expenses	\$ 877,269	\$ 666,666	\$ (210,603)	\$ 10,693,886	\$ 22,515,871	\$ 11,821,985
Net Surplus (Deficit)	\$ (15,116,847)	\$ 5,150,680	\$ (20,267,528)	\$ (252,569,851)	\$ 32,613,338	\$ (285,183,189)
Medical Cost Ratio**	97.5%	93.8%	3.8%	98.5%	93.6%	4.8%
Administrative Cost Ratio**	5.7%	6.9%	(1.2%)	6.8%	6.9%	(0.1%)

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to favorable YTD Nov-24 rate adjustment, CalAIM incentive due to timing, higher-than-expected LTC Full Dual, SPD, Child, LTC Non-Dual, and CCA Silver member months, favorable ECM risk corridor adjustment, D-SNP risk sharing, and maternity revenue partially offset by unfavorable MOT risk corridor adjustment.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected utilization in FFS claims, unfavorable Medi-Cal prior paid claims restatements, CalAIM incentive due to timing, and CY2024 pharmacy rebate adjustment.
- The unfavorable operating expense variance compared to budget is primarily due to bonus accrual and unbudgeted CCA participation fees partially offset by delay in IT projects.



Net Surplus Year-Over-Year - Consolidated



Actual vs Budget: Medi-Cal

	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 638,646,023	\$ 507,255,882	\$ 131,390,141	\$ 5,897,572,496	\$ 5,713,547,360	\$ 184,025,136
Total Medical Costs	\$ 624,557,714	\$ 473,121,360	\$ (151,436,354)	\$ 5,860,243,790	\$ 5,326,805,899	\$ (533,437,891)
Total Operating Expenses	\$ 32,593,906	\$ 32,771,605	\$ 177,699	\$ 368,457,624	\$ 367,196,581	\$ (1,261,043)
Total Non Operating Income (Expense)	\$ 2,929,130	\$ 2,912,732	\$ 16,398	\$ 31,003,969	\$ 32,040,048	\$ (1,036,079)
Net Surplus (Deficit)	\$ (15,576,467)	\$ 4,275,648	\$ (19,852,115)	\$ (300,124,947)	\$ 51,584,927	\$ (351,709,874)
Medical Cost Ratio**	97.8%	93.3%	4.5%	99.4%	93.2%	6.1%
Administrative Cost Ratio**	5.1%	6.5%	(1.4%)	6.2%	6.4%	(0.2%)

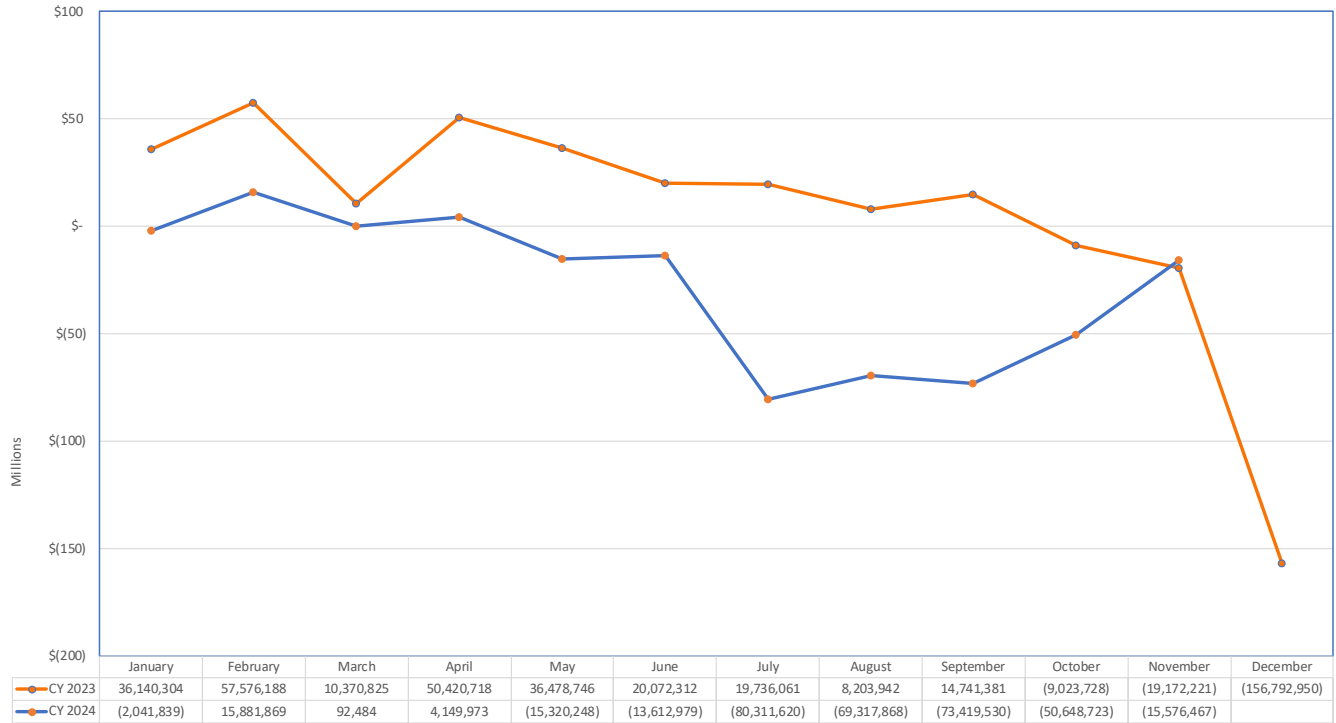
Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to favorable YTD Nov-24 rate adjustment, CalAIM Incentive due to timing, higher-than-expected LTC Full Dual, SPD, Child, and LTC Non-Dual member months, favorable ECM risk corridor adjustment, and maternity revenue partially offset by unfavorable MOT risk corridor adjustment.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected utilization in FFS claims, unfavorable Medi-Cal prior paid claims restatements, CalAIM Incentive due to timing, and capitation expense.



Net Surplus Year-Over-Year: Medi-Cal

Medi-Cal
Net Surplus by Month (Actuals)



Actual vs Budget: D-SNP

	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 70,167,583	\$ 64,846,711	\$ 5,320,872	\$ 735,618,833	\$ 713,621,032	\$ 21,997,801
Total Medical Costs	\$ 67,537,947	\$ 61,989,722	\$ (5,548,225)	\$ 676,173,394	\$ 674,983,120	\$ (1,190,274)
Total Operating Expenses	\$ 4,621,170	\$ 4,689,705	\$ 68,535	\$ 51,164,938	\$ 53,220,342	\$ 2,055,404
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ (1,991,534)	\$ (1,832,716)	\$ (158,818)	\$ 8,280,501	\$ (14,582,430)	\$ 22,862,931
Medical Cost Ratio**	96.3%	95.6%	0.7%	91.9%	94.6%	(2.7%)
Administrative Cost Ratio**	6.6%	7.2%	(0.6%)	7.0%	7.5%	(0.5%)

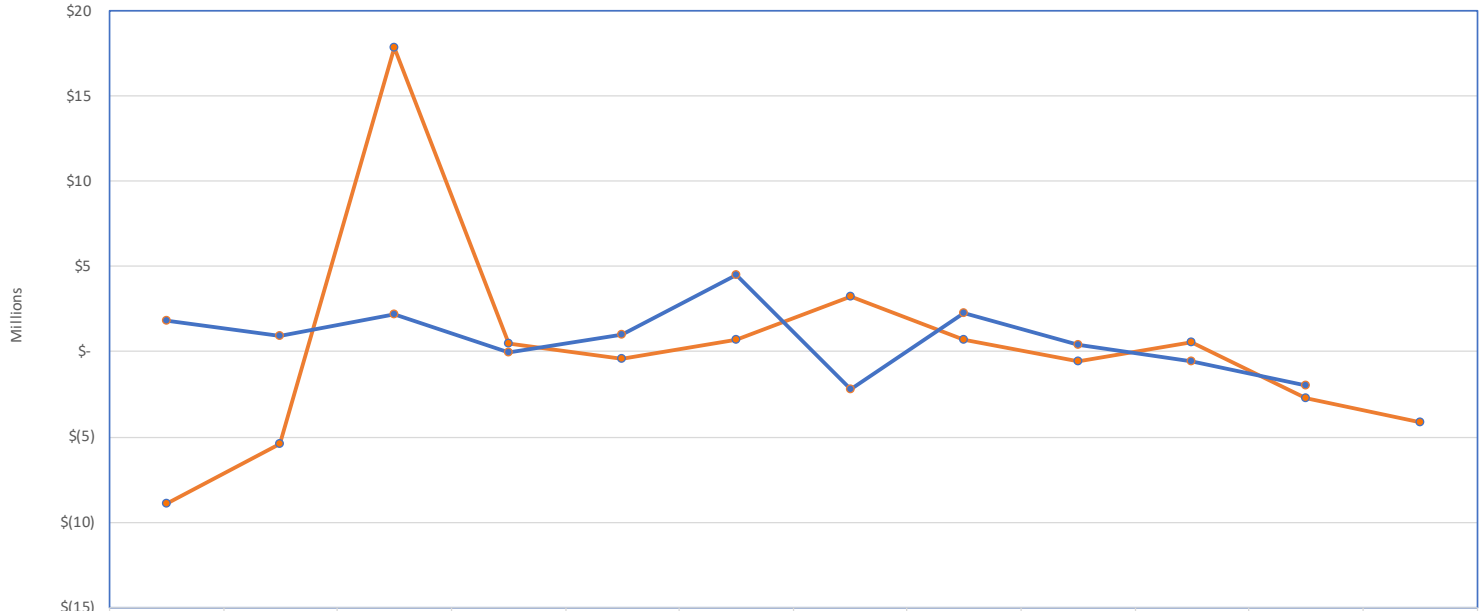
Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to favorable Part D reinsurance and risk sharing resulting from CY2024 pharmacy rebate adjustment, and Part A/B risk adjustment.
- The unfavorable medical costs variance compared to budget is primarily due to unfavorable CY2024 pharmacy rebate adjustment.



Net Surplus Year-Over-Year: D-SNP

D-SNP
Net Surplus by Month (Actuals)



	January	February	March	April	May	June	July	August	September	October	November	December
— CY 2023	(8,881,960)	(5,388,168)	17,867,378	488,498	(441,947)	693,335	3,241,351	713,335	(570,906)	529,087	(2,759,595)	(4,117,476)
— CY 2024	1,836,537	918,566	2,213,578	(68,856)	1,016,000	4,478,794	(2,225,266)	2,306,337	379,948	(583,602)	(1,991,534)	



Actual vs Budget: IEHP Covered (CCA)

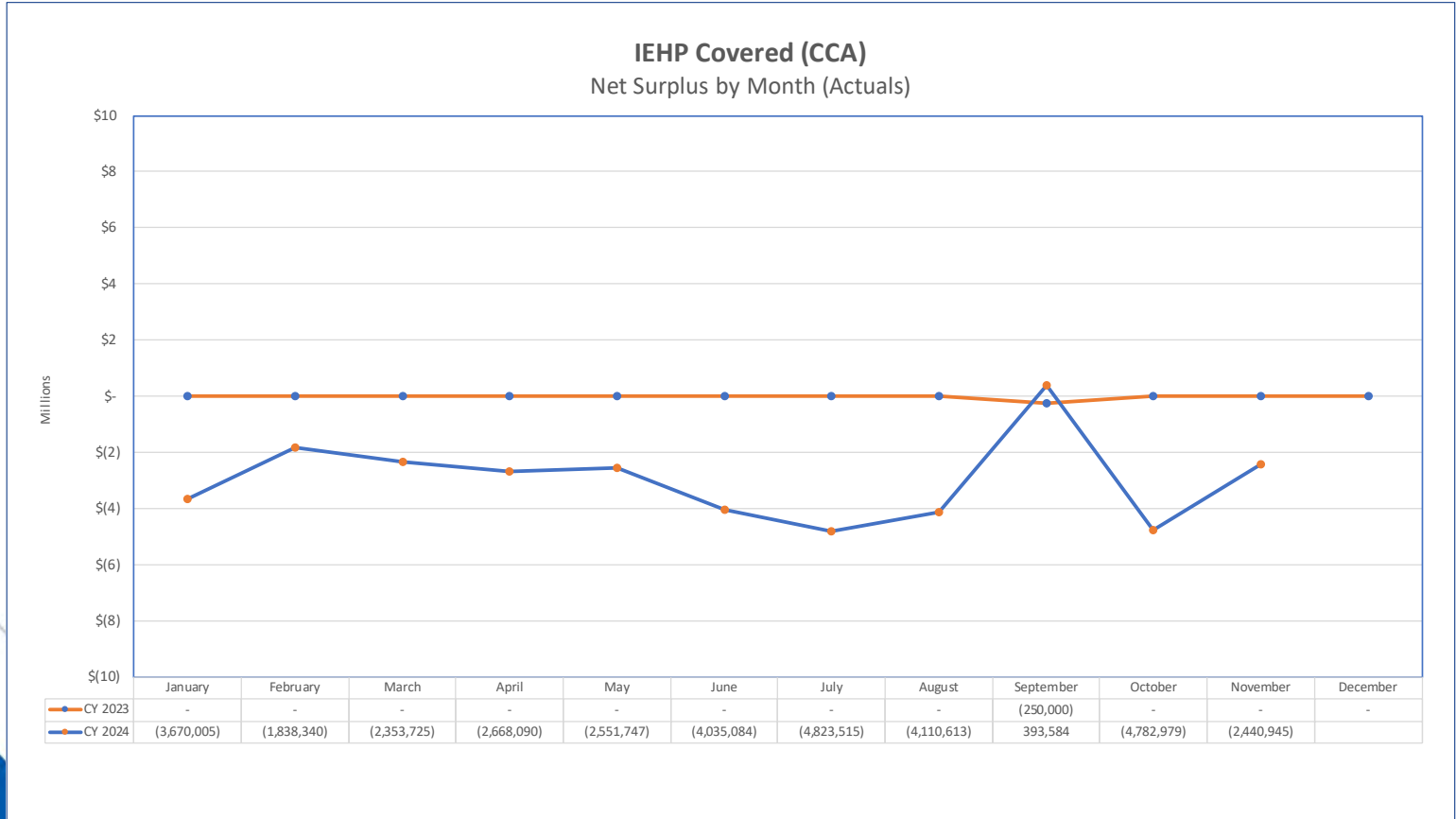
	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 11,634,666	\$ 6,380,657	\$ 5,254,009	\$ 86,613,751	\$ 53,052,755	\$ 33,560,996
Total Medical Costs	\$ 10,660,845	\$ 7,337,297	\$ (3,323,548)	\$ 84,284,271	\$ 66,865,822	\$ (17,418,449)
Total Operating Expenses	\$ 3,414,765	\$ 2,050,152	\$ (1,364,613)	\$ 35,210,939	\$ 24,261,428	\$ (10,949,511)
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ (2,440,945)	\$ (3,006,792)	\$ 565,847	\$ (32,881,459)	\$ (38,074,495)	\$ 5,193,036
Medical Cost Ratio**	91.6%	115.0%	(23.4%)	97.3%	126.0%	(28.7%)
Administrative Cost Ratio**	29.3%	32.1%	(2.8%)	40.7%	45.7%	(5.1%)

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected CCA Silver member months.
- The unfavorable medical cost variance compared to budget is based on an estimated medical cost calculated by target medical loss ratio due to lack of credible experience data. Such estimates will be updated as soon as we have more credible claims experience. In addition, there was an unfavorable pharmacy expense partially offset by favorable P4P HQ incentive.
- The unfavorable operating expense variance compared to budget is primarily due to unbudgeted participation fees and commission costs, unfavorable BPO services due to increased membership, and partially budgeted CCA IT costs.



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



Balance Sheet: Current Month vs Prior Month

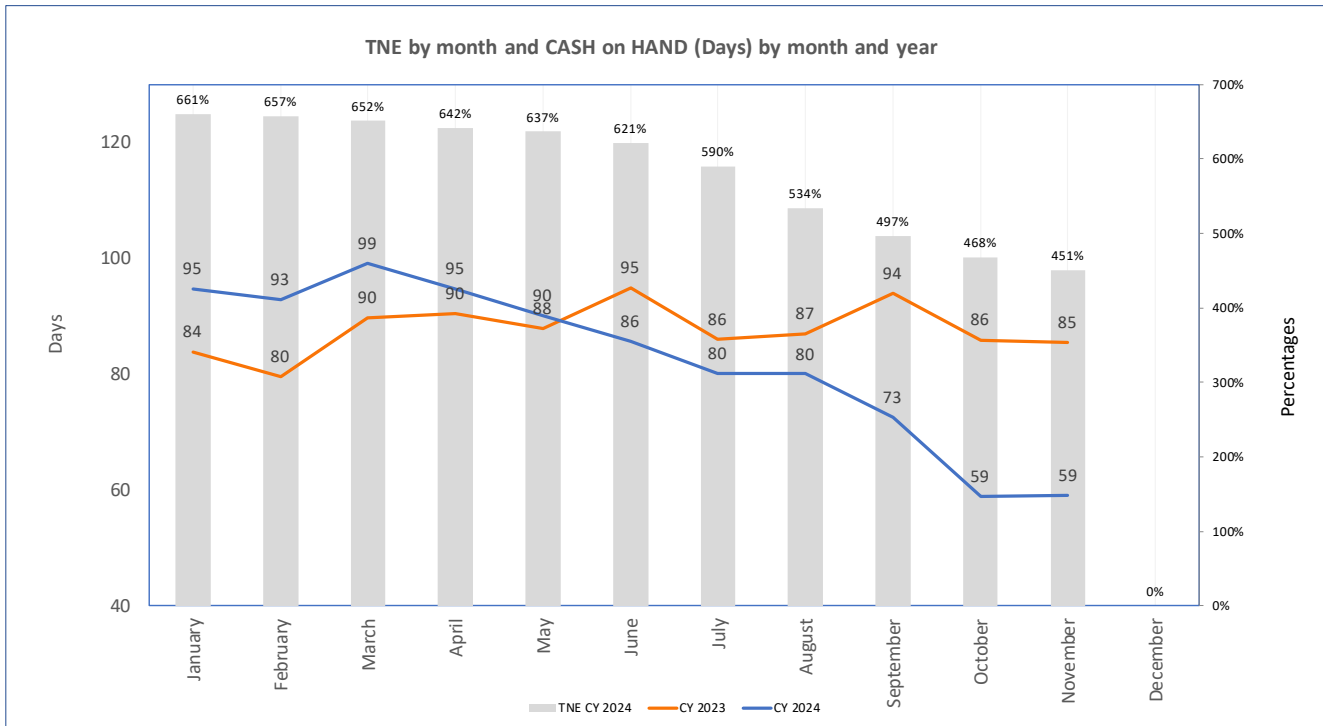
	Nov-24	Oct-24	Variance
<u>Assets and Deferred Outflows</u>			
Current Assets	\$ 2,650,702,301	\$ 2,351,702,279	\$ 299,000,022
Long Term Receivables	\$ 3,399	\$ 6,776	\$ (3,377)
Capital Assets	\$ 277,340,130	\$ 277,137,436	\$ 202,695
Deferred Outflows of Resources	\$ 131,769,199	\$ 131,764,833	\$ 4,366
Net Other Assets	\$ -	\$ -	\$ -
Total Assets and Deferred Outflows	\$ 3,059,815,029	\$ 2,760,611,324	\$ 299,203,706
<u>Liabilities, Deferred Inflows, and Net Position</u>			
Current Liabilities	\$ 1,804,869,418	\$ 1,490,130,834	\$ 314,738,584
Long-Term Liabilities	\$ 72,717,137	\$ 73,132,246	\$ (415,110)
Deferred Inflows	\$ 381,011	\$ 383,934	\$ (2,922)
Net Position	\$ 1,181,847,463	\$ 1,196,964,310	\$ (15,116,847)
Total Liabilities, Deferred Inflows, and Net Position	\$ 3,059,815,029	\$ 2,760,611,324	\$ 299,203,706

Highlights for the Month:

- Increase in Current Assets and Current Liabilities is primarily due to increase in cash and unearned revenue of \$79M for CMS Dec-24 payment received in Nov-24, decrease in claims payments, increase of \$83.8M for IBNP accrual, \$63.8M for MCO tax expense accrual, and \$48M for CalAIM Incentive accrual.



TNE and Cash On Hand

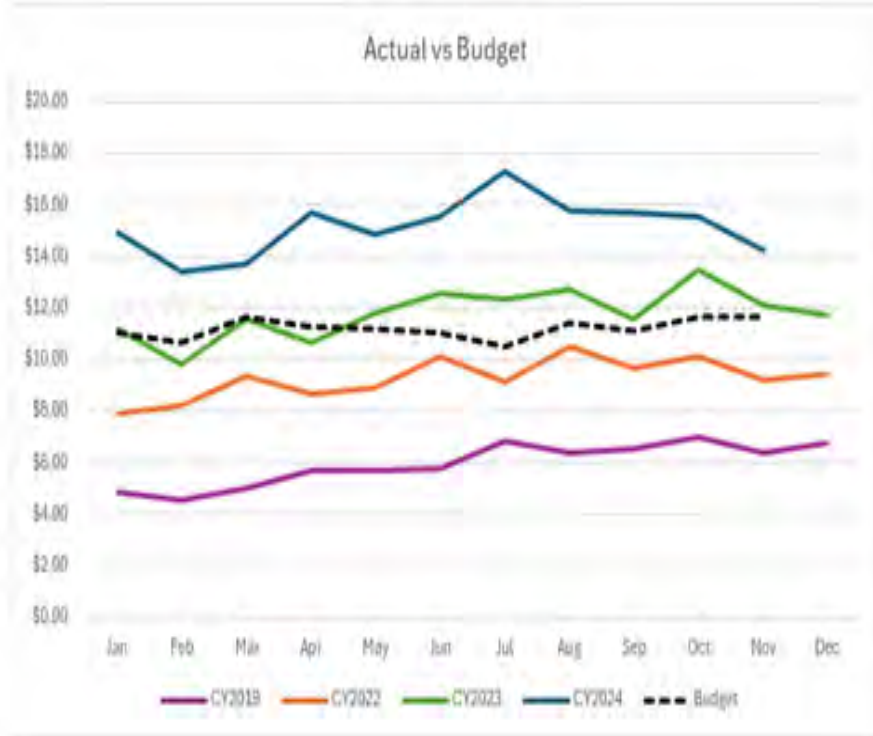


Highlights for the Month:

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



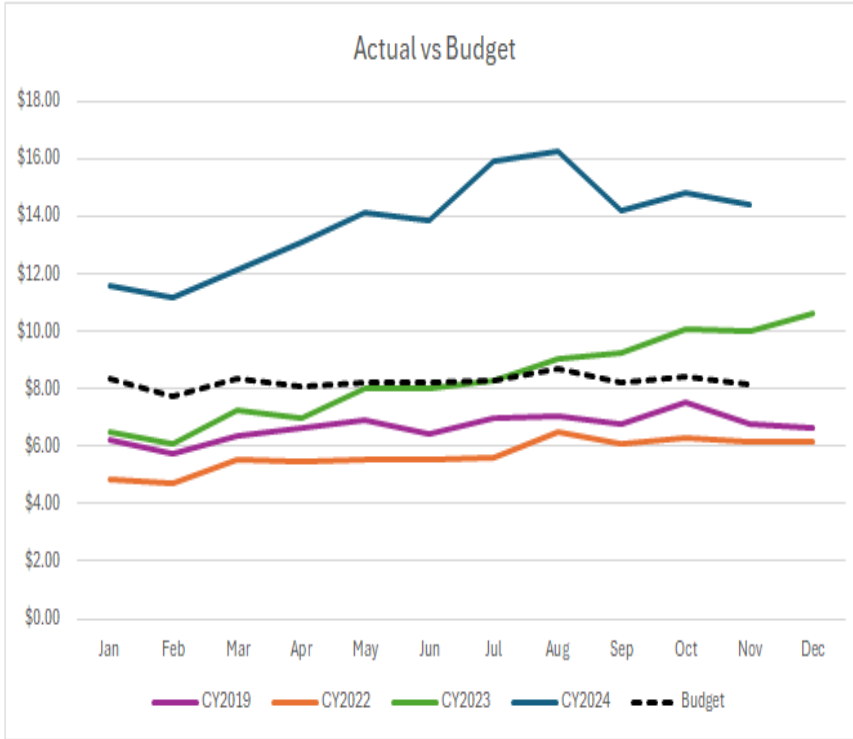
Behavioral Health Therapy – Autism



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$7.92	\$11.17	\$14.95	\$11.08	41.1%	33.9%	35.0%
Feb	\$8.17	\$9.83	\$13.40	\$10.64	20.3%	36.2%	25.9%
Mar	\$9.40	\$11.55	\$13.70	\$11.63	22.9%	18.7%	17.8%
Apr	\$8.68	\$10.62	\$15.70	\$11.28	22.4%	47.7%	39.2%
May	\$8.89	\$11.78	\$14.84	\$11.20	32.4%	26.0%	32.5%
Jun	\$10.15	\$12.56	\$15.53	\$11.05	23.8%	23.6%	40.5%
Jul	\$9.11	\$12.36	\$17.31	\$10.47	35.7%	40.0%	65.4%
Aug	\$10.52	\$12.68	\$15.80	\$11.38	20.6%	24.6%	38.8%
Sep	\$9.68	\$11.58	\$15.66	\$11.11	19.6%	35.3%	41.0%
Oct	\$10.11	\$13.48	\$15.53	\$11.65	33.3%	15.2%	33.3%
Nov	\$9.22	\$12.14	\$14.28	\$11.62	31.6%	17.6%	22.8%
Dec	\$9.41	\$11.74			24.8%		



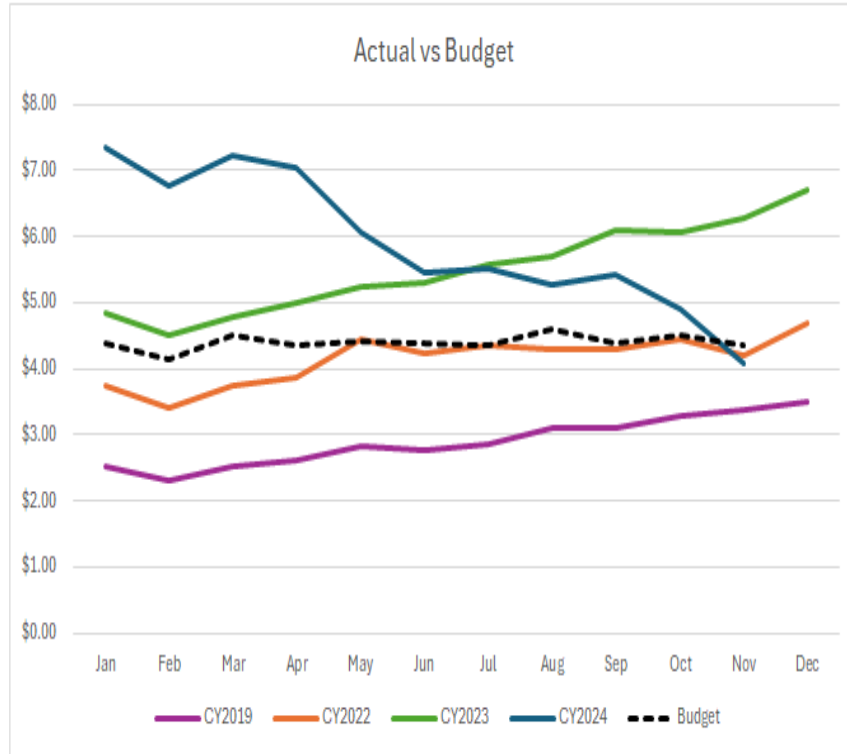
Transportation



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$4.86	\$6.48	\$11.55	\$8.37	33.4%	78.3%	37.9%
Feb	\$4.73	\$6.09	\$11.18	\$7.76	28.8%	83.6%	44.1%
Mar	\$5.51	\$7.24	\$12.14	\$8.39	31.4%	67.7%	44.7%
Apr	\$5.46	\$7.00	\$13.11	\$8.11	28.2%	87.3%	61.7%
May	\$5.54	\$8.03	\$14.11	\$8.23	44.9%	75.7%	71.4%
Jun	\$5.55	\$8.02	\$13.87	\$8.19	44.4%	72.9%	69.3%
Jul	\$5.61	\$8.28	\$15.93	\$8.26	47.6%	92.4%	92.9%
Aug	\$6.47	\$9.06	\$16.26	\$8.69	40.0%	79.5%	87.1%
Sep	\$6.10	\$9.25	\$14.19	\$8.21	51.7%	53.5%	72.9%
Oct	\$6.31	\$10.05	\$14.80	\$8.42	59.1%	47.3%	75.9%
Nov	\$6.16	\$10.01	\$14.39	\$8.15	62.4%	43.7%	76.6%
Dec	\$6.12	\$10.61			73.3%		



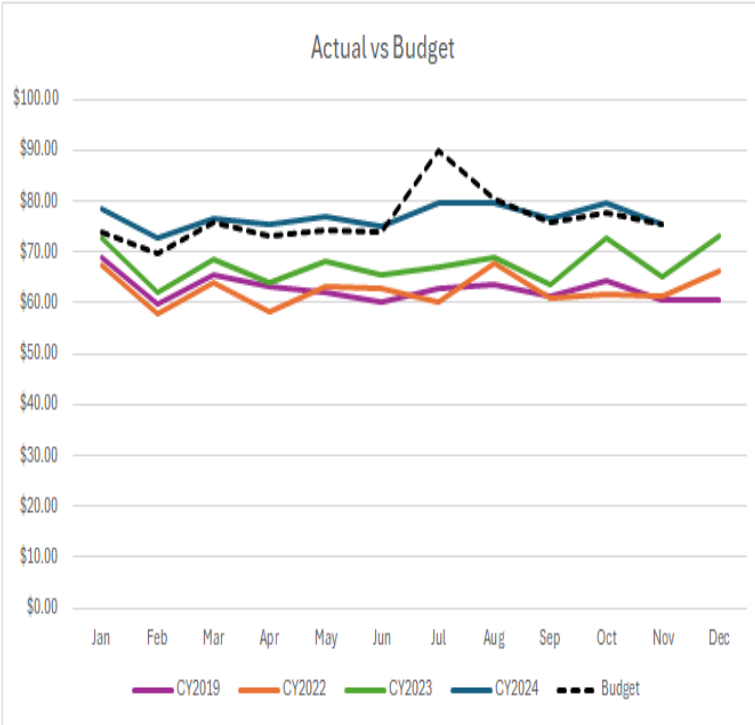
Home Health



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$3.74	\$4.84	\$7.34	\$4.39	29.3%	51.7%	67.1%
Feb	\$3.41	\$4.50	\$6.78	\$4.15	31.9%	50.6%	63.5%
Mar	\$3.75	\$4.80	\$7.23	\$4.51	28.0%	50.8%	60.5%
Apr	\$3.87	\$4.99	\$7.06	\$4.35	29.1%	41.4%	62.1%
May	\$4.44	\$5.23	\$6.06	\$4.40	17.9%	15.8%	37.7%
Jun	\$4.25	\$5.31	\$5.44	\$4.37	25.1%	2.4%	24.5%
Jul	\$4.36	\$5.59	\$5.52	\$4.36	28.2%	-1.2%	26.6%
Aug	\$4.28	\$5.68	\$5.26	\$4.61	32.7%	-7.5%	14.1%
Sep	\$4.28	\$6.09	\$5.42	\$4.37	42.4%	-11.0%	24.0%
Oct	\$4.45	\$6.07	\$4.90	\$4.49	36.3%	-19.3%	9.0%
Nov	\$4.21	\$6.28	\$4.08	\$4.37	49.2%	-35.1%	-6.7%
Dec	\$4.68	\$6.72			43.6%		



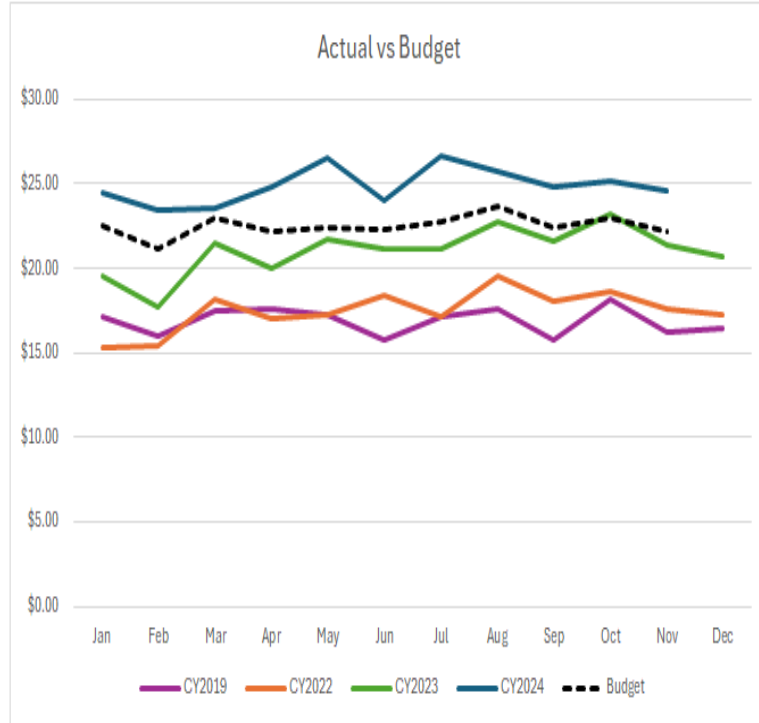
Inpatient



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$67.26	\$72.92	\$78.60	\$74.08	8.4%	7.8%	6.1%
Feb	\$57.79	\$61.99	\$72.68	\$69.90	7.3%	17.2%	4.0%
Mar	\$63.99	\$68.41	\$76.42	\$75.99	6.9%	11.7%	0.6%
Apr	\$58.27	\$64.15	\$75.53	\$73.32	10.1%	17.7%	3.0%
May	\$63.39	\$68.26	\$77.01	\$74.29	7.7%	12.8%	3.7%
Jun	\$62.96	\$65.41	\$74.88	\$73.83	3.9%	14.5%	1.4%
Jul	\$60.32	\$66.92	\$79.66	\$89.94	10.9%	19.0%	-11.4%
Aug	\$67.91	\$68.81	\$79.52	\$80.39	1.3%	15.6%	-1.1%
Sep	\$61.07	\$63.41	\$76.75	\$75.83	3.8%	21.0%	1.2%
Oct	\$61.58	\$72.90	\$79.60	\$77.83	18.4%	9.2%	2.3%
Nov	\$61.36	\$65.19	\$75.38	\$75.29	6.2%	15.6%	0.1%
Dec	\$66.22	\$73.11			10.4%		



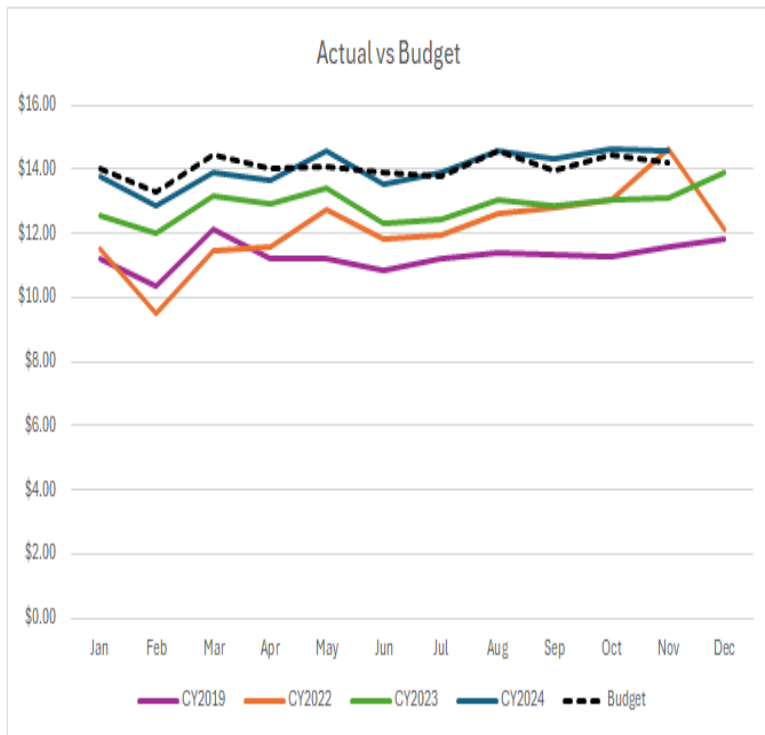
Outpatient



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$15.35	\$19.59	\$24.41	\$22.54	27.6%	24.6%	8.3%
Feb	\$15.40	\$17.66	\$23.38	\$21.14	14.7%	32.4%	10.6%
Mar	\$18.16	\$21.47	\$23.51	\$22.94	18.2%	9.5%	2.5%
Apr	\$17.06	\$20.01	\$24.81	\$22.14	17.3%	24.0%	12.1%
May	\$17.26	\$21.76	\$26.50	\$22.44	26.1%	21.8%	18.1%
Jun	\$18.40	\$21.16	\$24.03	\$22.31	15.0%	13.5%	7.7%
Jul	\$17.09	\$21.19	\$26.59	\$22.72	24.0%	25.5%	17.0%
Aug	\$19.54	\$22.74	\$25.78	\$23.67	16.4%	13.3%	8.9%
Sep	\$18.10	\$21.63	\$24.78	\$22.35	19.5%	14.6%	10.9%
Oct	\$18.62	\$23.21	\$25.14	\$22.93	24.6%	8.3%	9.7%
Nov	\$17.59	\$21.43	\$24.60	\$22.20	21.8%	14.8%	10.8%
Dec	\$17.27	\$20.73			20.0%		



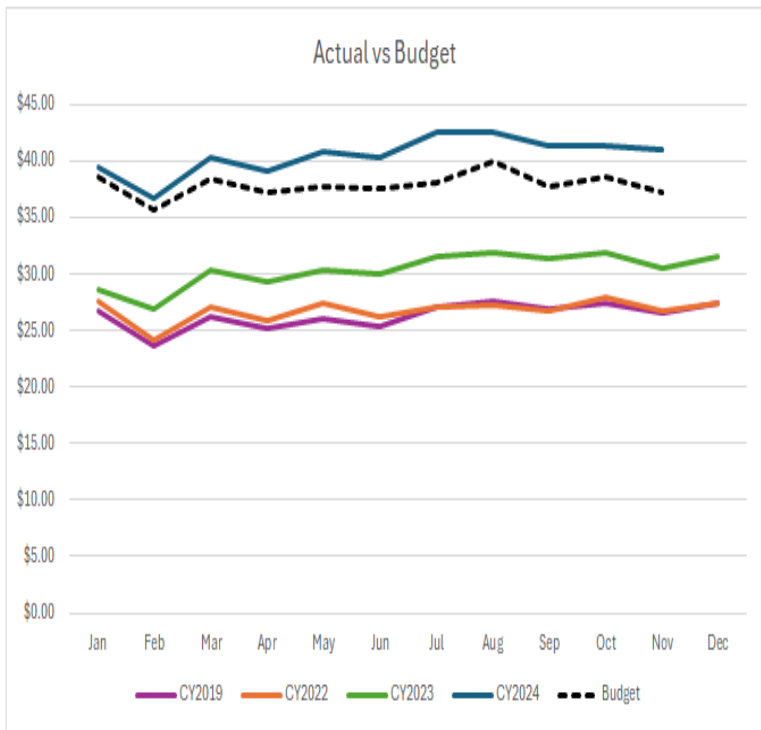
Emergency Room



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$11.55	\$12.55	\$13.75	\$14.04	8.7%	9.6%	-2.1%
Feb	\$9.47	\$11.99	\$12.84	\$13.30	26.5%	7.1%	-3.5%
Mar	\$11.43	\$13.19	\$13.89	\$14.48	15.4%	5.3%	-4.1%
Apr	\$11.60	\$12.94	\$13.65	\$14.00	11.6%	5.5%	-2.5%
May	\$12.74	\$13.41	\$14.57	\$14.06	5.3%	8.7%	3.7%
Jun	\$11.85	\$12.29	\$13.52	\$13.92	3.7%	10.0%	-2.9%
Jul	\$11.94	\$12.44	\$13.88	\$13.76	4.2%	11.6%	0.9%
Aug	\$12.62	\$13.06	\$14.59	\$14.58	3.5%	11.7%	0.1%
Sep	\$12.80	\$12.84	\$14.30	\$13.96	0.4%	11.4%	2.4%
Oct	\$13.03	\$13.06	\$14.66	\$14.46	0.2%	12.2%	1.3%
Nov	\$14.63	\$13.14	\$14.57	\$14.19	-10.2%	10.9%	2.6%
Dec	\$12.13	\$13.91			14.7%		



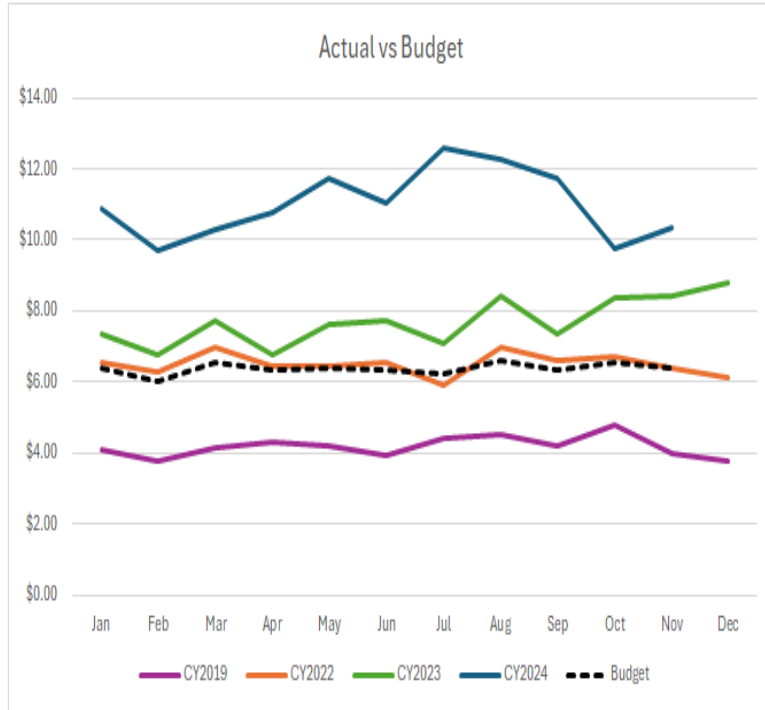
Long Term Care



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$27.64	\$28.61	\$39.43	\$38.56	3.5%	37.8%	2.3%
Feb	\$24.11	\$26.99	\$36.69	\$35.61	11.9%	36.0%	3.0%
Mar	\$27.01	\$30.27	\$40.28	\$38.46	12.1%	33.0%	4.7%
Apr	\$25.92	\$29.34	\$39.17	\$37.16	13.2%	33.5%	5.4%
May	\$27.34	\$30.30	\$40.85	\$37.76	10.8%	34.8%	8.2%
Jun	\$26.24	\$30.02	\$40.33	\$37.61	14.4%	34.4%	7.3%
Jul	\$27.14	\$31.52	\$42.48	\$38.03	16.1%	34.8%	11.7%
Aug	\$27.21	\$31.90	\$42.60	\$39.96	17.2%	33.6%	6.6%
Sep	\$26.64	\$31.39	\$41.27	\$37.66	17.8%	31.5%	9.6%
Oct	\$27.93	\$31.96	\$41.39	\$38.58	14.4%	29.5%	7.3%
Nov	\$26.72	\$30.46	\$40.93	\$37.28	14.0%	34.4%	9.8%
Dec	\$27.46	\$31.61			15.1%		



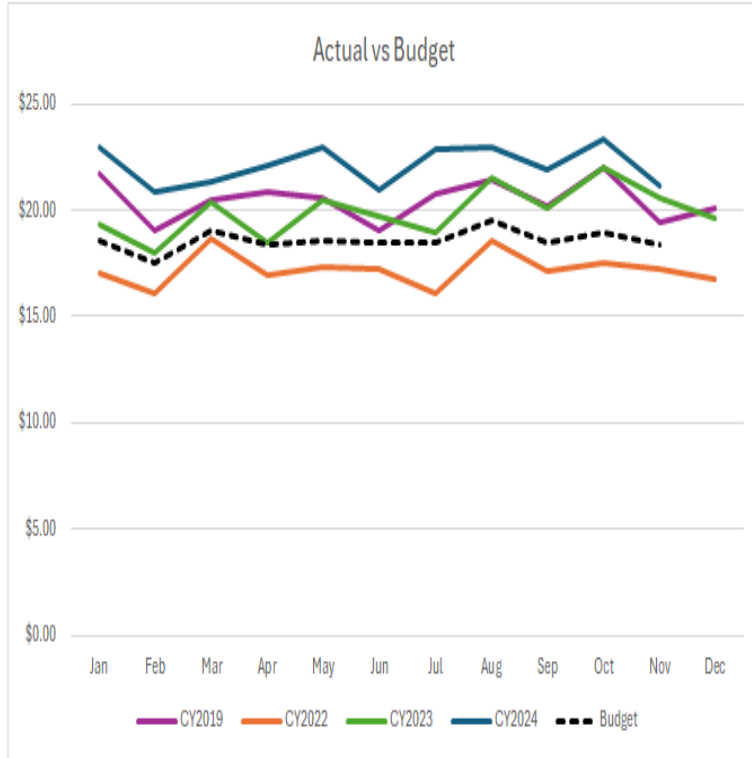
Other Professional



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$6.54	\$7.37	\$10.89	\$6.38	12.6%	47.9%	70.9%
Feb	\$6.30	\$6.78	\$9.68	\$6.02	7.6%	42.9%	60.9%
Mar	\$6.97	\$7.75	\$10.32	\$6.54	11.1%	33.2%	57.7%
Apr	\$6.45	\$6.76	\$10.80	\$6.33	4.9%	59.7%	70.7%
May	\$6.42	\$7.60	\$11.76	\$6.37	18.4%	54.6%	84.7%
Jun	\$6.56	\$7.73	\$11.05	\$6.31	17.9%	42.8%	75.0%
Jul	\$5.90	\$7.09	\$12.60	\$6.22	20.0%	77.8%	102.5%
Aug	\$7.00	\$8.44	\$12.29	\$6.62	20.6%	45.6%	85.7%
Sep	\$6.63	\$7.34	\$11.76	\$6.32	10.8%	60.1%	86.0%
Oct	\$6.70	\$8.34	\$9.76	\$6.53	24.6%	16.9%	49.4%
Nov	\$6.37	\$8.43	\$10.32	\$6.39	32.3%	22.5%	61.5%
Dec	\$6.10	\$8.77			43.8%		



Physician Specialty



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$17.07	\$19.35	\$23.01	\$18.60	13.4%	18.9%	23.7%
Feb	\$16.07	\$17.99	\$20.86	\$17.51	12.0%	16.0%	19.1%
Mar	\$18.70	\$20.40	\$21.36	\$19.03	9.1%	4.7%	12.2%
Apr	\$16.90	\$18.44	\$22.15	\$18.37	9.1%	20.1%	20.6%
May	\$17.33	\$20.53	\$22.98	\$18.59	18.4%	11.9%	23.6%
Jun	\$17.28	\$19.74	\$20.94	\$18.47	14.2%	6.1%	13.3%
Jul	\$16.12	\$18.96	\$22.83	\$18.50	17.6%	20.4%	23.4%
Aug	\$18.55	\$21.53	\$22.94	\$19.51	16.0%	6.5%	17.6%
Sep	\$17.18	\$20.14	\$21.94	\$18.47	17.3%	8.9%	18.8%
Oct	\$17.52	\$21.98	\$23.38	\$18.97	25.5%	6.4%	23.3%
Nov	\$17.19	\$20.55	\$21.17	\$18.40	19.5%	3.0%	15.1%
Dec	\$16.77	\$19.62			17.0%		



Acronyms & Definitions

BPO – Business Process Outsourcing

CCA – Covered California

CEPPT – California Employers' Pension Prefunding Trust

CY– Calendar Year

DHCS – Department of Health Care Services

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

EPP – Enhanced Payment Program

FFS – Fee for Service

G&A – General & Administrative

HQAF – Hospital Quality Assurance Fee

IGT – Intergovernmental Transfers

IPA – Independent Physician Association

LTC – Long Term Care

MCO – Managed Care Organization

MLR – Medical Loss Ratio

MOT – Major Organ Transplant

P4P HQ – Pay for Performance Hospital Quality

PHDP – Private Hospital Directed Payment

QIP – Quality Incentive Pool

SBHIP – Student Behavioral Health Incentive Program

SPD – Seniors and Persons with Disabilities

UIS – Unsatisfactory Immigration Status

YTD – Year-to-date

