



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

**January 8, 2024 - 9:00 AM**

Board Report #345

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

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

**PUBLIC COMMENT AT INLAND EMPIRE HEALTH PLAN GOVERNING BOARD MEETINGS:**

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

All public record documents for matters on the open session of this agenda can be viewed at the meeting location listed above, IEHP main offices at 10801 6<sup>th</sup> 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/36zB4xpwP1k?feature=share>

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**AGENDA**

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- I. Call to Order
- II. Pledge of Allegiance
- III. Roll Call
- IV. Special Presentation:  
In Recognition of Jim Hormell for his 27 years of service, to Inland Empire Children and Families
- V. Election of the Chair of the Governing Board (San Bernardino County)
- VI. Election of the Vice Chair of the Governing Board (Riverside County)

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- VII. Changes to the Agenda
- VIII. Public Comments on Matters on the Agenda
- IX. Conflict of Interest Disclosure
- X. Adopt and Approve of the Meeting Minutes from the December 11, 2023 Regular Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access
- XI. IEHP

**CONSENT AGENDA**

ADMINISTRATION (Jarrod McNaughton)

1. Approve the Spending Authority with Gibson Dunn & Crutcher, Kennaday Leavitt, Musick Peeler & Garrett LLP, Best Best & Krieger LLP, and Arent Fox Schiff LLP
2. Ratify and Approve Amendment 47 to the Local Initiative Primary Contract (#04-35765) with the California Department of Health Care Services
3. 2023 Third Quarter Review of the IEHP Compliance Program
4. Approve the 2024 Federal and State Policy Agenda and Delegate Administrative Advocacy Authority
5. Approve the 2024 Inland Empire Health Plan and IEHP Health Access Governing Board Meeting Calendar

FINANCE DEPARTMENT (Keenan Freeman)

6. Approve the Fifth Amendment to the Lease Agreement with JKS-Marshall, L.P.
7. Approve the Public Works Contract with Pro-Craft Construction, Inc.

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

8. Delegation of Authority to Approve Memoranda of Understanding for the Healthy School Program
9. Approve the Third Amendment to the Professional Service Agreement with T-Base Communication USA, Inc.

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INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

10. Delegation of Authority to Approve the Thirteenth Amendment to the Master License and Service Agreement with Edifecs, Inc.
11. Approve the Second Amendment to Statement of Work #5 to the Master Consulting Services Agreement with Gartner, Inc.
12. Approve the Award of Request For Proposal #23-05117 to, and Delegation of Authority to Approve Contractual Documents with, Trapeze Software Group, dba Momentm Technologies

OPERATIONS DEPARTMENT (Susie White)

13. Ratify and Approve the 2024 IEHP Provider Policy and Procedure and Encounter Data Interchange Manuals for Covered California

QUALITY DEPARTMENT (Edward Juhn, M.D.)

14. Ratify and Approve the First Amendment to the Letter of Agreement with Walgreen Co.
15. Approve the Fourth Amendment to the Amended and Restated Professional Services Agreement with Customer Motivators
16. Approve the Seventh Amendment to the Professional Services Agreement with Riverside County Foundation for Medical Care dba Inland Empire Foundation for Medical Care

PROVIDER CONTRACTING DEPARTMENT (Susie White)

17. Ratify and Approve the Seventh Amendment to the Letter of Agreement with Children's Hospital Los Angeles – *Los Angeles*
18. Ratify and Approve the Eighth 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*
19. Approval of the Evergreen Contracts
  - 1) N & D Healthcare Services Inc dba Grandcare Home Health - Ancillary Agreement – Pasadena
  - 2) Spring Valley Post Acute LLC - Skilled Nursing Facility Provider Agreement - Victorville
  - 3) Elite Health Providers LLP – Congregate Living Health Facility - Oakland
  - 4) Sweetwater YV Cholla Opco LLC dba Valley Care Center - Skilled Nursing Facility Provider Agreement – Yucca Valley
  - 5) Sweetwater YV Joshua Opco dba Yucca Valley Nursing and Rehabilitation - Skilled Nursing Facility Provider Agreement – Yucca Valley

- 6) Windsor Cypress Gardens Healthcare Center LLC dba Windsor Cypress Gardens - Skilled Nursing Facility Provider Agreement - Riverside
- 7) California Neurodiagnostics LLC- Ancillary Agreement– Oakland
- 8) Care Dimensions LLC- Ancillary Agreement - Santa Ana
- 9) DSI Apple Valley Home Dialysis LLC dba US Renal Care Victorville Home Dialysis - Ancillary Agreement– Victorville
- 10) Golden Springs Surgical Center LLC- Ancillary Agreement– Cathedral City
- 11) Alanna Jeffrey dba Anchored2Hope Counseling - Behavioral Health Participating Provider Agreement – Upland
- 12) Amanda Vadney - Behavioral Health Participating Provider Agreement – Temecula
- 13) Cecilia Fabris LMFT dba Mystic Canyon Counseling - Behavioral Health Participating Provider Agreement – Claremont
- 14) Dr Jacob and Associates - Behavioral Health Participating Provider Agreement – Glendora
- 15) Eugena Marcelina Giambuzzi - Behavioral Health Participating Provider Agreement – Temecula
- 16) Health Service Alliance - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
- 17) Hearts and Lives - Behavioral Health Participating Provider Agreement – Crestline
- 18) Jewish Family Service of the Desert - Behavioral Health Participating Provider Agreement – Redlands
- 19) Kezia A Hatfield dba Flourish Counseling - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
- 20) La Vonne Otis Toehay Prado - Behavioral Health Participating Provider Agreement – Temecula
- 21) Madeline C Douglas LCSW dba Madeline C Douglas LCSW - Behavioral Health Participating Provider Agreement – Redlands
- 22) New Leaf Child and Family Counseling Inc - Behavioral Health Participating Provider Agreement – Rancho Mirage
- 23) Norma Oshita-Dunn dba Oshita Counseling - Participating Provider Agreement - Behavioral Health – La Quinta
- 24) Cyrus Damirchi dba C Damirchi MD Inc - Capitated Primary Care Provider Agreement – San Bernardino
- 25) Health Service Alliance - Capitated Primary Care Provider Agreement – Rancho Cucamonga
- 26) Loida V Guevarra- Capitated Primary Care Provider Agreement (Medicare Only) – Victorville
- 27) Kay Mukergee MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – Riverside
- 28) Victorville Pediatrics - Fee-For-Service Primary Care Provider Agreement – Victorville
- 29) Advanced Healthcare for Women and Children A Nursing Corporation dba Advanced Healthcare for Women and Children A Nursing Corporation - Participating Provider Agreement – Participating Provider Agreement - Specialist – Upland
- 30) Desert Spine and Joint Center – Participating Provider Agreement - Specialist – Palm Desert
- 31) Kamil Muhyieddeen MD Inc - Participating Provider Agreement – Specialist – San Bernardino

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- 32) Norris Morrison DPM Inc - Participating Provider Agreement – Specialist – Corona
- 33) Reekstin Enterprises dba Core Physical Therapy - Participating Provider Agreement – Specialist – Temecula
- 34) LLRN Optometry dba California Optical - Participating Provider Agreement - Vision – Upland
- 35) Norco Valley Optometry Inc - Participating Provider Agreement – Vision – Norco
- 36) Dorten Enterprises Inc dba Yorkshire Village - Residential Care for the Elderly – Hemet
- 37) Caris MPI Inc dba Caris Life Sciences- Ancillary Agreement – Phoenix
- 38) Rialto Healthcare LLC dba Rialto Post Acute Center - Skilled Nursing Facility Provider Agreement – Rialto
- 39) Pomona Medical Supply Inc dba Pomona Medical Supply - Ancillary Agreement – Rancho Cucamonga -Pomona
- 40) Lisa Ann Tobler dba Crestview Counseling Services - Behavioral Health Participating Provider Agreement – Redlands

**POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS**

ADMINISTRATION (Jarrod McNaughton)

- 20. Chief Executive Officer Update

FINANCE DEPARTMENT (Keenan Freeman)

- 21. Review of the Monthly Financials

XII. IEHP Health Access

**CONSENT AGENDA**

ADMINISTRATION (Jarrod McNaughton)

- 22. Delegation of Authority to Set-Up and Offer Enhanced Care Management Services through IEHP Health Access

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

XIV. Board Member Comments

AGENDA

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XV. Closed Session

1. With respect to every item of business to be discussed in closed session pursuant to California Government Code Section 54956.9:
  - a. Conference with Legal Counsel – Existing Litigation pursuant to subdivision (d)(1) of Government Code Section 54956.9:
    - i. Inland Empire Health Plan v. Cureatr, Inc. (Riverside Superior Court Case No. CVRI2306033).
    - ii. Inland Empire Health Plan and San Francisco Health Plan v. Michelle Baas in her official capacity as Director of the Department of Health Care Services; California Department of Health Care Services (Riverside Superior Court Case No. CVRI2306995).

XVI. Adjournment

The next meeting of the IEHP Governing Board will be held on Monday, February 5, 2024 at the Inland Empire Health Plan

## ADMINISTRATION

### 1. APPROVE THE SPENDING AUTHORITY WITH GIBSON DUNN & CRUTCHER, KENNADAY LEAVITT, MUSICK PEELER & GARRETT LLP, BEST BEST & KRIEGER LLP AND ARENT FOX SCHIFF LLP

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the spending authority with Gibson Dunn & Crutcher (GD), Kennaday Leavitt (KL), Musick Peeler & Garrett LLP (MPG), Best Best & Krieger LLP (BBK) and Arent Fox Schiff LLP (AF) for the provision of legal services, for a total amount not to exceed \$4,250,000, through December 31, 2024.

#### **Contact:**

Jarrold McNaughton, Chief Executive Officer

#### **Background:**

From time to time, the IEHP Legal Department requires the use of outside legal services to act as the attorneys for and represent the interests of IEHP with respect to legal matters as they arise and as deemed necessary by qualified agents of IEHP. GD has a dedicated health care industry legal practice, which specializes in Federal and State regulatory and compliance issues and all ensuring litigation. GD also employs health care litigation partners and regulatory specialists with experience in handling governmental investigations on behalf of public health plans. MPG's services are necessary to assist IEHP with its labor and employment law matters. KL specializes in litigation related to provider disputes, including disputes related to payment of claims, and regulatory and compliance issues as it relates to IEHP's Knox-Keene Act license and Federal and State healthcare regulations. KL employs health care litigation partners and regulatory specialists with experience at the DMHC and with local health plans.

Procurement of IEHP's outside counsel firms fall under a sole source exemption, per IEHP's Purchasing Manual Policy.

#### **Discussion:**

GD began providing legal services to IEHP's Legal Department in April 2021. GB's services are necessary to assist IEHP in navigating uniquely complex matters. As such, the Legal Department is requesting a total not to exceed amount of \$2,000,000 toward legal services with GD, through December 31, 2024.

KL has provided legal services for the IEHP Legal Department since February 2018 and has been an invaluable legal assistance on various advisory and litigation matters. Most recently, KL has been providing regulatory compliance guidance for IEHP and handling high-profile enforcement and litigation matters. As such, the Legal Department is requesting a total not to exceed amount of \$800,000 toward legal services with KL, through December 31, 2024.

MPG has provided legal services to IEHP for over ten years, to provide legal advisement for labor and employment law matters, and we desire to continue the relationship with this law firm. MPG's services are necessary to assist IEHP with its labor and employment law matters as such,

CONSENT AGENDA

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the Legal Department is requesting a total not to exceed amount of \$650,000 toward legal services with MPG, through December 31, 2024.

BBK has provided services for the IEHP Legal Department since December 2017. BBK provides advisory support on issues related to Human Resources and Employee Benefit matters. As such, the Legal Department is requesting a total not to exceed amount of \$300,000 toward legal services with BBK, through December 31, 2024.

AF has provided services for the IEHP Legal Department since June 2023. As such, the Legal Department is requesting a total not to exceed amount of \$500,000 toward legal services with AF, through December 31, 2024.

The total amount requested for these outside legal services shall not exceed \$4,250,000 through December 31, 2024.

<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
Included in CY2024 Budget	In Process	NA	A. Wang 12/18/23	A. Wang 12/18/23	A. Wang 12/18/23



## ADMINISTRATION

### 2. RATIFY AND APPROVE AMENDMENT 47 TO THE LOCAL INITIATIVE PRIMARY CONTRACT (#04-35765) WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve Amendment 47 to the Local Initiative Primary Contract (#04-35765) with the California Department of Health Care Services (DHCS) for the provision of Medi-Cal Health Plan Services effective January 1, 2022.

**Contact:**

Jarrold McNaughton, Chief Executive Officer

**Background:**

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

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

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

**Discussion:**

IEHP received Amendment 47 to its DHCS Local Initiative Primary Contract for Medi-Cal Health Plan Services.

The Amendment's effective date is January 1, 2022, or until approved by Department of General Services (DGS), if DGS approval is required. This amendment incorporates updated Calendar Year 2022 Capitation Payment rates that are now split into rates for Satisfactory Immigration Status (SIS) members and Unsatisfactory Immigration Status (UIS) members and includes new corresponding rate tables that split each existing category into a SIS version and UIS version.

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

CONSENT AGENDA

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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
Select Impact	K. Robbins 12/5/2023	C. Goss 12/5/2023	Make Selection [enter date]	Lourdes Nery 12/8/2023	S. White 12/13/2023

## ADMINISTRATION

### 3. 2023 THIRD QUARTER REVIEW OF THE IEHP COMPLIANCE PROGRAM

**Recommended Action:**

Review and File

**Contact:**

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

**Background:**

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

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

**Discussion:**

**1. Recent Activity Updates**

**a. Centers for Medicare and Medicaid Services (CMS) Notice of Non-Compliance Failure to meet 2023 Accuracy and Accessibility Study – TTY Functionality Standards.**

*Notice of Non-Compliance History (Previous 12 months):*

- **October 25, 2023:** The CMS issued a Notice of Non-Compliance to the Plan for failure to meet the CMS benchmark for Teletypewriters (TTY) requirements during the 2023 Call Center Accuracy and Accessibility Study. Annually, CMS conducts a study to monitor prospective beneficiary call center phone lines to determine the availability of interpreters for individuals, TTY functionality, and the accuracy of plan information provided by customer service representatives in all languages. The 2023 study was conducted during normal business hours from February 6, through May 19, 2023. On July 18, 2023, the Plan received the results of the study indicating the Plan's failure to connect 80% of incoming calls requiring TTY services with a TTY operator within 7 minutes.
- **March 30, 2023:** The CMS issued a Notice of Non-Compliance to the Plan for errors identified during the Posted versus Approved (PvA) Analysis conducted in October/November of 2022. The Plan failed to include the required Formulary ID and Version Number on the cover page of the formulary document posted on the Plan's website. The formulary document was updated, and no further issues of non-compliance have been identified.

- **January 11, 2023:** The CMS issued a Notice of Non-Compliance to the Plan for failure to meet CY 2023 Formulary Requirements. The formulary issue identified was remediated during the Summer 2023 update and no further issues of non-compliance have been identified.

*Remediation Status:*

- **December 2023:** The Plan’s Compliance team conducted root cause analysis with the Member Services department to determine the reason for failure. It was determined that the TTY calls in question timed in the call queues due to high volume of incoming calls. Member Services is working to identify staffing needs to handle higher than forecasted call volume due to new benefit offerings triggering additional call volume from Plan Members.
- The CMS takes into consideration Compliance Letter Types issued to a Plan when determining whether to allow an organization to expand their service area or enter a new contract with the CMS. More information about the CMS' Past Performance Methodology and Compliance Letter Types and Weight are available on the ecf.gov website (<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-K/section-422.502>).

**b. Department of Health Care Services 2023 Annual Audit Preliminary Findings**

*Background:*

On July 7, 2023, the Plan received the DHCS Entrance Letter for the Annual Audit. The audit scope was August 1, 2022, through July 31, 2023. DHCS conducted audit interviews virtually from September 18 – 29, 2023.

*Discussion:*

DHCS provided the DHCS 2023 Audit Preliminary Reports to the Plan on Friday, December 1, 2023. The preliminary findings are:

**2023 IEHP Annual State Support Services Audit Report - No findings**

**2023 IEHP Annual Medi-Cal Audit Report – 3 Findings**

<b>Category</b>	<b>Finding</b>
1 - UM	The Plan did not ensure continuous updates and improvements to the Utilization Management (UM) program to ensure the provision of medically necessary covered services.
1 - UM	The Plan’s UM program did not have a mechanism to detect over utilization of Behavioral Health Treatment (BHT) services.
4 – Member’s Rights (Repeat Finding)	The Plan’s Quality of Care (QOC) grievance resolution letters did not contain an explanation of the Plan’s decision.

These findings were discussed with DHCS during the exit interview held on December 6, 2023.

**2. Q3 Compliance Program Updates**

**a. Issues of Non-Compliance**

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

During Q3 2023, a total of five (5) issues required corrective action.

Issue	Description	Line of Business Impacted	Remediation	Status
DHCS Notification of Suspended Provider	DHCS provided notification of a Provider who was previously suspended from participation in the Medi-Cal Program.	Medi-Cal	Recovery process was initiated and required notifications were completed.	Closed
Untimely Correspondence	Member notification letters scheduled to be sent from IEHP’s medical management system on July 3, 2023, were not sent timely.	Both	Re-training was conducted for Team Members in the impacted department.	Closed
Dual Special Needs Plan (D-SNP) Disenrollment Letter Contact Information	Incorrect contact information was included on the disenrollment letter.	Medicare	The contact information was corrected on the letter and implemented for use.	Closed
CMS 2023 Accuracy and Accessibility Study – TTY Functionality Standards	Failed to meet the CMS’ benchmark for TTY requirements.	Medicare	IEHP Member Services is working to identify staffing needs to address higher than forecasted call volumes.	Corrective action in progress.
Remittance Advice (RA) Template	Printed Remittance Advice documents mailed to Providers were inaccurately dated.	Both	The RA template was corrected.	Corrective action in progress.

### **3. Q2 Compliance Audit Plan Updates**

#### **a. Compliance Audit Plan Updates**

The 2023/2024 Audit Plan is in progress, which includes internal risk-based audits and subset of Independent Physician Association (IPA) Delegation Oversight (DO) Audits.

A total of 28 audits have been completed since the start of the audit plan year in July 2023:

- IPA DO Compliance, Fraud, Waste and Abuse (FWA), and Health Insurance Portability and Accountability Act (HIPAA) Privacy Audits (25)
- Liberty Dental Precontractual Assessment – Compliance, FWA, and HIPAA Privacy
- Exclusion Screening – Credentialing
- Open Grievance Process – Medi-Cal

The following five (5) risk-based audits are in progress:

- Regulatory Communications – Medi-Cal Validation Audit
- Regulatory Communications – Medicare
- Member Communication/Letters – Threshold Languages – Medi-Cal
- Health Risk Assessment (HRA)/Interdisciplinary Care Plan/Team (ICP/ICT) – Medicare
- Dual Special Needs Plan (D-SNP) Sales Process – Medicare

Please see the attached 2023-2024 Compliance Audit Plan for further details.

### **4. Special Investigations Unit**

#### **a. Privacy Incidents**

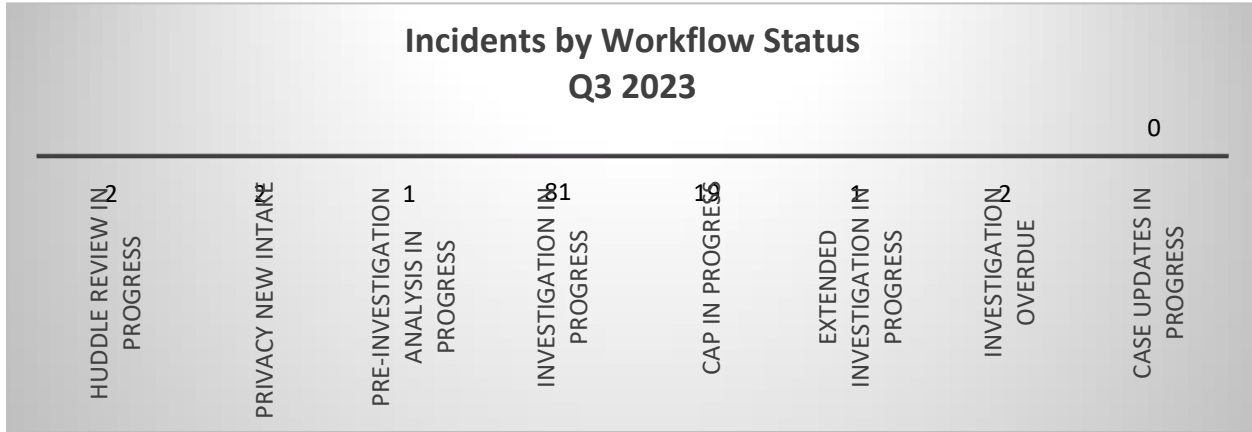
Federal and state laws/regulations require that the Plan ensures Member health information is properly protected while allowing for the flow of information needed to provide and promote high quality health care. The Plan's Compliance Special Investigations Unit (SIU) conducts intake and investigations involving privacy allegations and refers privacy breaches to appropriate regulatory agencies.

For Q3 2023, 176 new privacy allegations were received; a decrease of 13% compared to Q2 2023. This quarter, 164 new or previously reported allegations were investigated and closed, including remediation, if needed. Of the 164 closed investigations, 46 incidents were substantiated, with 39 remediated via internal measures and 7 referred to the appropriate regulatory agency as privacy breaches. Only privacy incidents which meet the breach<sup>1</sup> criteria are reported to federal and state agencies. 46% of the substantiated investigations involved unauthorized access, use or disclosure via electronic means. Education and coaching efforts are utilized to mitigate future occurrences. In addition, SIU continues to work collaboratively with internal business areas and external covered entities to correct issues appropriately.

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

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

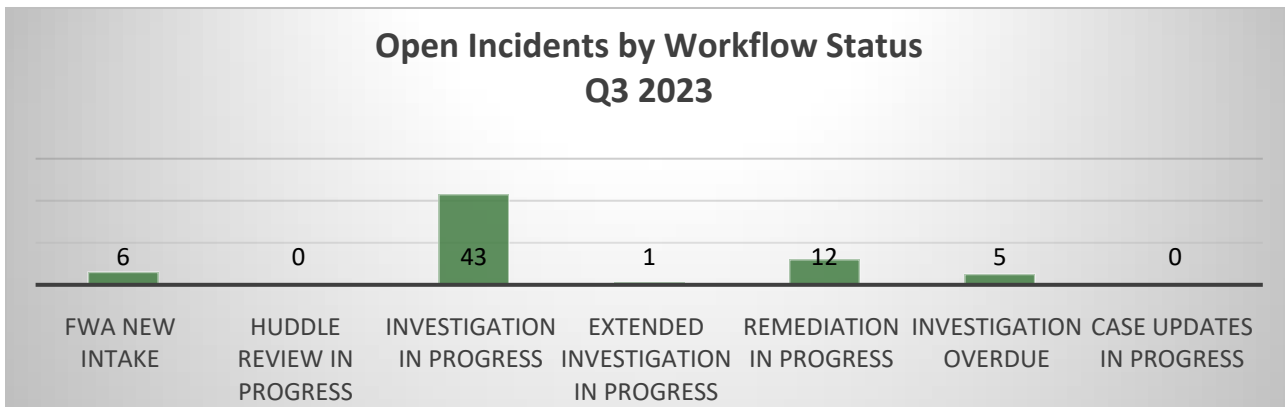


**b. Fraud, Waste and Abuse (FWA) Incidents**

To ensure compliance with federal and/or state laws and regulations, the Plan’s Compliance Special Investigations Unit (SIU) conducts intake and investigations of fraud, waste, and abuse allegations and refers suspected incidents to appropriate regulatory agencies.

In Q3 2023, 330 new fraud, waste, and abuse allegations were received; an increase of 31% compared to Q2 2023. The increase is attributable to incidents involving balance billing. SIU continues to coordinate with internal business areas to track and trend balance billing issues. For this quarter, 321 new or previously reported allegations were investigated and closed, including remediation, if needed. Of the 321 closed investigations, 59 were reported timely to the California Department of Health Care Services (DHCS) as suspected/potential fraud, waste, or abuse, of which 38 were substantiated. Of the substantiated investigations, 76% involved fraudulent billing. Appropriate remediation efforts were taken including cease and desist letters, recovery of funds, Provider education, and/or Member reimbursement.

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



CONSENT AGENDA

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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
None	N/A	N/A	M. Popka 12/18/23	L. Nery 12/12/2023	S. White 12/19/2023



Year, Quarter  
2023 (Year) ...



# Compliance KPIs

Q3  
2023

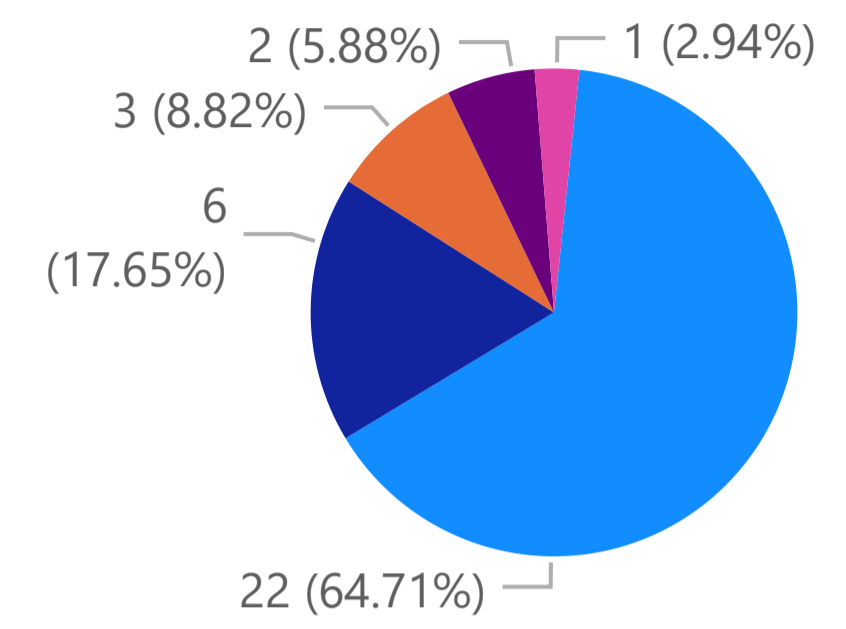
10/20/2023 1:06:59 PM

## Corrective Action Plans (CAPs)

CAPs issued by Compliance for Rolling CY

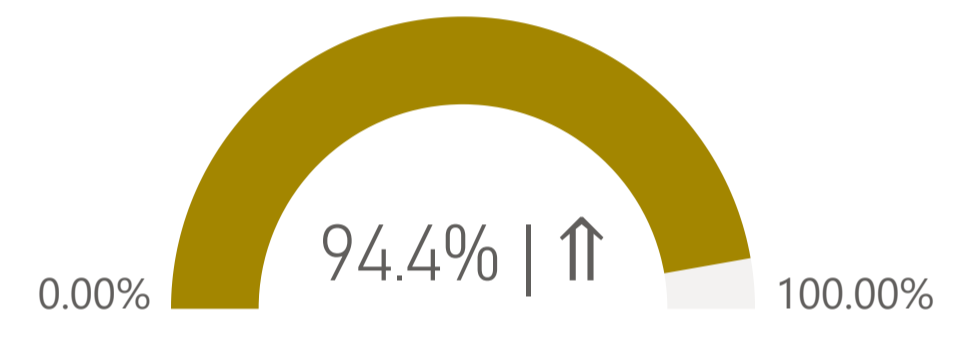
SIU CAPs not included

### Corrective Action Plans by Source



- Source
- Non-Compliance
  - Monitoring
  - CAP Validation
  - Audit
  - Regulatory Notice

### CAPs Passed Validation



Average CAP Implementation Days  
**32.8** | ↑

## Regulatory Communications

Special Communications

Title
Maximum Monthly Cap on Cost-Sharing Payments Under Prescription Drug Plans - Draft Guidance, Release of Contract Approval Status Report
DHCS APL 23-023 - Intermediate Care Facilities for Individuals with Developmental Disabilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care
APL 23-027 Subacute Care Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care

## Audits and Oversight

Audits Completed: 36.17%

Results of Completed Audits

Outcomes	Percentage
No Findings	58.82% ↑
Observations Only	0.00% ↓
With Findings	41.18% ↓

Audits Due to Begin Next Quarter

Audit Name
Member Enrollment Process
Member Letters and Threshold Languages

## Medi-Cal Communications

12.00 # Actionable  
12.00 Total Volume  
Actionable  
**100%** | ↑

## Medicare Communications

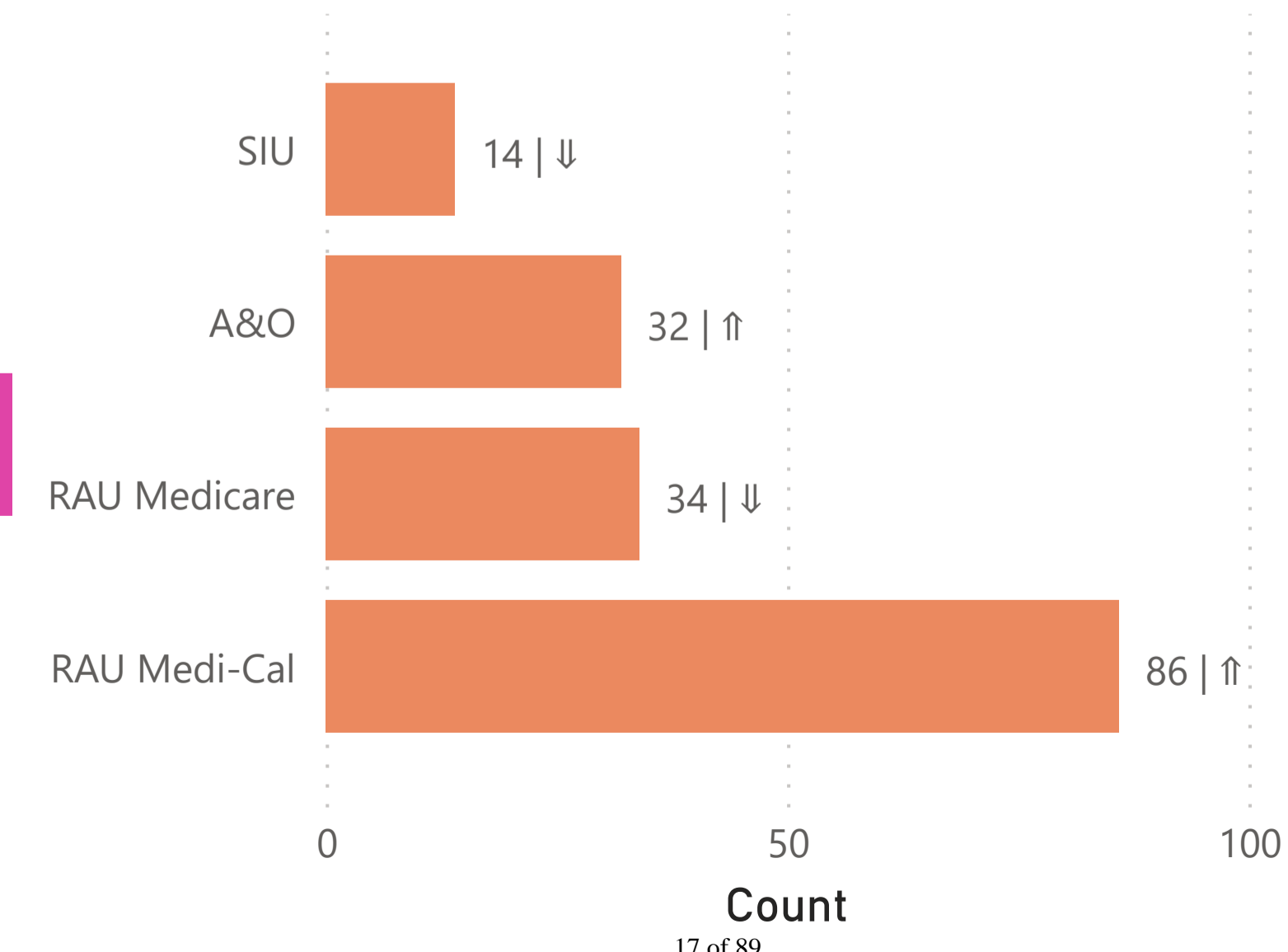
93.00 # Actionable  
121.00 Total Volume  
Actionable  
**76.9%** | ↓

## State Regulatory Reporting Timeliness

100% | ↑  
Medi-Cal  
100% | ↔  
Medicare

## Inquiries and Investigations

### Inquiries Volume



### Investigations Volume

Metric Subtitle	Count
Privacy - Open	108.00 ↑
Privacy - New	176.00 ↓
Privacy - Closed	164.00 ↓
Non-Compliance - Open	12.00 ↓
Non-Compliance - New	8.00 ↓
Non-Compliance - Closed	11.00 ↑
FWA - Open	67.00 ↑
FWA - New	330.00 ↑
FWA - Closed	321.00 ↑
Conduct - Open	1.00 ↓
Conduct - New	10.00 ↑
Conduct - Closed	12.00 ↑

10.00 Untimely | 188.00 Open

**5.3%** | ↓  
Incidents Past Due

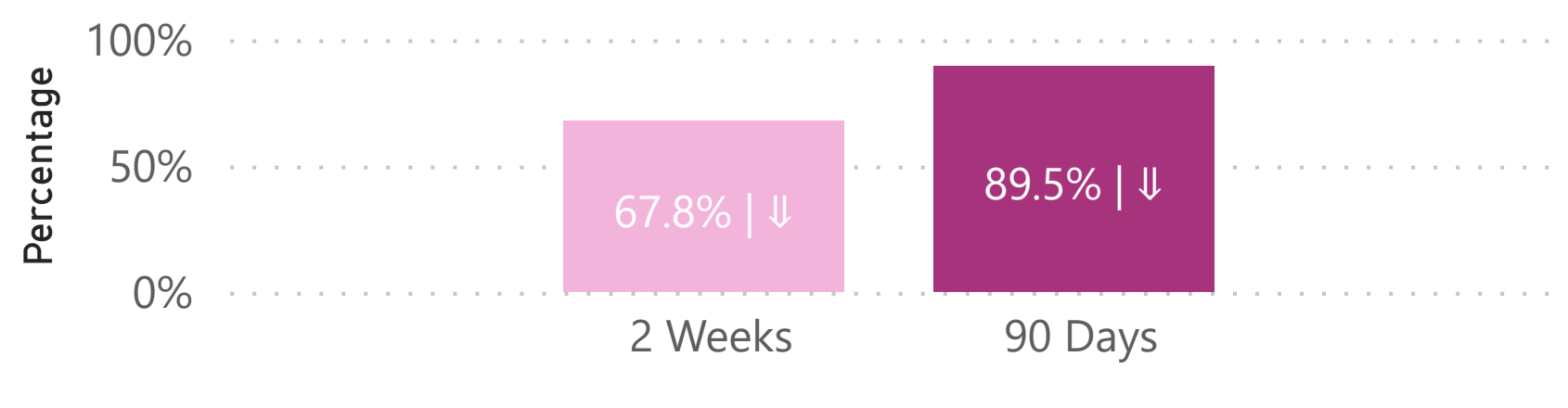
**DHCS Reported**  
Privacy Incidents YTD  
**14** | ↓

**OCR Reported**  
Privacy Incidents YTD  
**4** | ↔  
3.00 Reported to OCR by Network Provider

## Compliance Training

Team Member Trainings due in Qtr

### New Hire Training Timeliness



## Regulatory Communications

Metric	Description
Communications Received - Actionable and Total Volume	Volume of regulatory communications received within the quarter delineated by type and broken down by total actionable and total volume. It is a regulatory and contractual requirement to ensure compliance with regulation changes communicated by memos and letters. Regulatory and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS); California Department of Health Care Services (DHCS); California Department of Managed Health Care (DMHC)
Special Communications	Bulleted list of special communications identified as active issues during the reporting period that potentially impact multiple business units and/or have large regulatory risk. This includes but is not limited to warning letters, notices of noncompliance, and special interest communications from regulatory agencies. Internal Reference
State Regulatory Reporting Timeliness	Percentage of state regulatory reports filed timely by the respective Regulatory Affairs Units (Medicare and Medi-Cal). It is a regulatory and contractual requirement to submit appropriate filings and reports to demonstrate compliance. Regulatory and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Part C Reporting Requirements; California Department of Managed Health Care (DMHC) Health Plan Filings; Knox Keene Health Care Service Plan Act and Regulations

## Inquiries and Investigations

Metric	Description
Cases Past Due	Percentage of open cases with investigation days that are greater than 90 days or 120 calendar days as of the end of the reporting quarter. It is an internal policy procedure as well as an element of an effective compliance program to establish a procedure and system for prompt response to compliance issues. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)
Inquiries Volume	Volume of inquiries from Business Units to Compliance Department. It is an internal policy and procedure to maintain a system for receiving and responding to inquiries from business units. Internal Policy and Procedure
Investigations Volume - New	Volume of cases received during the reporting quarter. It is an internal policy and procedure as well as an element of an effective compliance program to have procedures for reporting potential FWA and Non Compliance. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)
Investigations Volume - Open	Volume of open investigations as of the end of the reporting quarter. It is an internal policy procedure as well as an element of an effective compliance program to conduct a timely and reasonable inquiry of detected offenses. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)
Investigations Volume - Closed	Volume of cases closed during the reporting quarter. It is an internal policy procedure as well as an element of an effective compliance program to establish a procedure and system for prompt response to compliance issues. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)
Privacy Breaches YTD - DHCS and OCR Reported	Number of substantiated cases year to date reported to DHCS and OCR by IEHP and/or delegates. It is a regulatory and contractual requirement to report substantiated cases. Regulatory and Contractual Requirement: California Department of Health Care Services (DHCS)



## Compliance Training

Metric ▲	Description
New Hire Training Timeliness - 2 Weeks & 90 Days	Bar Graph of New Hire Compliance Training completed within 2 weeks and 90 days of Date of Hire. Metric is for Team Member trainings which were due in the quarter. It is internal policy procedure as well as an element of an effective compliance program to maintain effective training and education for new employees within 90 days of initial hiring and annually thereafter. Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C); Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(iv)

Metric ▼	Description
Annual Training Timeliness - Completion	Annual Compliance Training completed by Team Members and Contractors annually. Only to be included on Q4 KPI Dashboards. It is an internal policy procedure as well as an element of an effective compliance program to maintain effective training and education for new employees within 90 days of initial hiring and annually thereafter. Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C); Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(iv)

## Audits and Oversight

Metric ▼	Description
Results of Completed Audits	Percentage of completed audits within the Fiscal Year Audit Plan that are without findings, with findings, and observations only. It is an internal policy and procedure as well as an element of an effective compliance program to maintain a system to identify compliance risks. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)
Audits Due to Begin the following Quarter	Bulleted list of the upcoming audits for the next quarter as determined by the Compliance Audit & Oversight Unit. It is an internal policy and procedure as well as an element of an effective compliance program to develop a monitoring and auditing work plan that includes a schedule listing all the monitoring and auditing activities for the calendar year. Internal Reference
% of Audits Completed	Pie chart of % of completed audits of the audits planned for the fiscal year. It is an internal policy and procedure as well as an element of an effective compliance program to maintain an effective system for routine monitoring, auditing, and identification of compliance risks. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)

## Corrective Action Plans (CAPs)

Metric ▲	Description
% of CAPs by Issue Identified	Pie chart of CAPs issued by issue identified within the rolling calendar year. It is an internal policy and procedure as well as an element of an effective compliance program to confirm ongoing compliance and ensure that corrective actions are undertaken and effective. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)
% of CAPs Passed Validation	Bar graph of CAPs that passed validation within the rolling calendar year. It is an internal policy and procedure as well as an element of an effective compliance program to confirm ongoing compliance and ensure that corrective actions are undertaken and effective. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)
Average CAP Implementation	Average number of days from date CAP issued to date CAP implemented during rolling calendar year. It is an internal policy and procedure as well as an element of an effective compliance program to confirm ongoing compliance and ensure that corrective actions are undertaken and effective. Internal Policy and Procedure Regulatory Requirement and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS) Manual Ch. 21 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G); California Department of Health Care Services (DHCS) 42 C.F.R. §§ 438.608 (a)(1)(vii)



**Compliance Audit Plan  
FY 2023/2024**

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Risk Assessment Section	Audit Scope	Line of Business	Regulation / Standard	Methodology	Frequency	Activity	Quarter
Compliance Program Effectiveness	External	CPN-Horizon Valley Medical Group	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
HIPAA Privacy	External	CPN-Horizon Valley Medical Group	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	EPIC	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
HIPAA Privacy	External	EPIC	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	HPN-Desert Oasis Healthcare	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
HIPAA Privacy	External	HPN-Desert Oasis Healthcare	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	HPN-Regal Medical Group	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
HIPAA Privacy	External	HPN-Regal Medical Group	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	PrimeCare	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
HIPAA Privacy	External	PrimeCare	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	Riverside Medical Clinic	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
HIPAA Privacy	External	Riverside Medical Clinic	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q3
Individualized Care Plan (ICP) & Interdisciplinary Care Team (ICT) Development	Internal	Care Management	ICP & ICT Development	The purpose of this audit is to determine if the Plan is in compliance with ICP & ICT timeliness, development, and completion requirements.	2022/2023 Risk Assessment	Zone 1	The scope of this audit will be limited to Members potentially needing ICPs and ICTs in the last three months for IEHP Direct.	Medicare	DHCS CalAim Dual Eligible Special Needs Plans Policy Guide; Medicare Managed Care Manual; 42 CFR 422.101 (f)	A sample of ICPs and ICT meetings will be reviewed to determine if they were implemented and completed within the required regulatory timeframes and according to regulatory requirements.	Annually	Audit	2023 Q3
Health Risk Assessment (HRA) Reassessments	Internal	Care Management	HRA Completion Rate	The purpose of this audit is to determine if the Care Management Department is in compliance with HRA completion requirements for reassessments.	2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to HRAs completed in the last three months for IEHP Direct.	Medicare	DHCS CalAim Dual Eligible Special Needs Plans Policy Guide; Medicare Managed Care Manual; 42 CFR 422.101 (f)	A sample of HRA Reassessments will be reviewed to determine if they were completed within the required regulatory timeframes.	Annually	Audit	2023 Q3

**Compliance Audit Plan  
FY 2023/2024**

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Risk Assessment Section	Audit Scope	Line of Business	Regulation / Standard	Methodology	Frequency	Activity	Quarter
Altura MSO Precontractual Compliance Assessment	External	Altura Management Services, LLC	Altura MSO Precontractual Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Ad Hoc	N/A	The scope of this audit is limited to Compliance and FWA and HIPAA Program policies and procedures and sample evidence.	Medi-Cal	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	P&P review, sample selections, and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3
Member Enrollment Process	Internal	Strategy - Enrollment/Sales	Member Enrollment Process	The purpose of this audit is to determine if Members are being enrolled following D-SNP regulatory requirements.	2023/2024 Risk Assessment	Zone 1	The scope of this audit is limited to Member enrollments processed during the previous six months.	Medicare	DHCS CalAim Dual Eligible Special Needs Plans Policy Guide; Medicare Marketing Guidelines	A sample of cases will be reviewed to determine if sales and enrollment processes followed regulatory requirements.	Annually	Audit	2023 Q3
Compliance Program Effectiveness	External	MD Live	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medi-Cal	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q4
HIPAA Privacy	External	MD Live	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medi-Cal	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E- HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2023 Q4
Regulatory Communications & Implementation	Internal	Compliance Regulatory Affairs Unit - Medicare	Regulatory Communications- Medicare	The purpose of this audit is to determine if the coordination of regulatory communications (HPMS memos, DPLs) is timely and follows regulatory requirements.	2021/2022 & 2022/2023 Risk Assessment	Zone 1	The scope of this audit will be limited to regulatory communications received within a three month time period.	Medicare	42 C.F.R. §§ 422.503(b)(4)(vi)(D), 423.504(b)(4)(vi)(D), Chapter 21 and 9 Section 50.4.1 of the Medicare Managed Care Manual, and the Prescription Drug Benefit Manual	A sample of communications will be reviewed to ensure regulatory communications were received and distributed timely and following regulatory requirements, including P&P updates, if needed.	Annually	Audit	2023 Q4
Member Communication - Letters	Internal	Compliance	Member Letters	The purpose of this audit is to determine if the Plan is using the correct letter templates.	Compliance Activity & 2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to current Member letter templates on file.	Both	Medicare Marketing Guidelines; DHCS Contract	A sample of Member Letters will be reviewed to ensure that letter requirements were followed and the current approved template is being used.	Annually	Audit	2023 Q4
Member Communication - Threshold Languages & Interpreter Services	Internal	G&A/UM/Member Services/Community Health	Member Communication - Threshold Languages & Interpreter Services	The purpose of this audit is to determine if the Plan is meeting threshold language and interpreter service requirements.	2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to Member letters and language line calls within a six month time period.	Medi-Cal	DHCS APL 21-004	A sample of Member Letters and language line calls/credentials will be reviewed to ensure that letter threshold and interpreter service requirements were followed.	Annually	Audit	2023 Q4
Regulatory Communications & Implementation	Internal	Compliance Regulatory Affairs Unit - Medi-Cal	Regulatory Communications- Medi-Cal Validation Audit	The purpose of this audit is to determine if the coordination of regulatory communications (APLs, and PLS) is timely and follows regulatory requirements.	Compliance Audit	N/A	The scope of this audit will be limited to regulatory communications received within a three month time period.	Medi-Cal	42 C.F.R. §§ 438.608 (a)(1)(v)	A sample of communications will be reviewed to ensure regulatory communications were received and distributed timely and following regulatory requirements, including P&P updates, if needed. Validation will occur to confirm that CAP updates were implemented and are effective.	Annually	Audit	2023 Q4
Compliance Program Effectiveness	External	Kaiser	IPA Compliance Program Effectiveness Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's Compliance and FWA program documents and sample evidence.	Medi-Cal	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2024 Q1
HIPAA Privacy	External	Kaiser	IPA HIPAA Privacy Audit	The purpose of this audit is to determine if the delegated entity has implemented HIPAA Privacy Program requirements.	Delegation Oversight Annual Audit Plan	NA - Standing DO audit	The scope of this audit is limited to the IPA's HIPAA Privacy program documents and sample evidence.	Medi-Cal	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E- HIPAA	Sample selections and testing of various Compliance elements will be conducted to determine if the elements of an effective HIPAA Privacy program have been implemented.	Annually	Audit	2024 Q1
Exclusion Screening	Internal	Provider Contracts	Exclusion Screening - Contracted IPAs, Providers, and Entities	The purpose of this audit is to determine if the plan is conducting regulatory exclusion screenings in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to contracted entities and non-credentialed, contracted providers.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) DHCS APL 17-019 42 U.S.C. 1320a-7	A sample of files (newly contracted entities and non-credentialed, contracted providers and established contracted entities and non-credentialed/contracted providers) will be reviewed to determine if exclusion and sanction screenings were conducted according to regulation.	Annually	Audit	2024 Q1
Exclusion Screening	Internal	Human Resources	Exclusion Screening - Workforce Validation Audit	The purpose of this audit is to determine if the plan is conducting regulatory exclusion screenings in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to employees, temporary staff, interns, and contractors.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) DHCS APL 17-019 42 U.S.C. 1320a-7	A sample of workforce files (newly hired/started individuals and established individuals) will be reviewed to determine if exclusion screenings were conducted according to regulation.	Annually	Audit	2024 Q1



**Compliance Audit Plan  
FY 2023/2024**

Audit Topic	Internal/ External	Department / Area / Delegate	Audit Name	Objective/Purpose	Identified Via	Risk Assessment Section	Audit Scope	Line of Business	Regulation / Standard	Methodology	Frequency	Activity	Quarter
Continuity of Care	Internal	Utilization Management	Continuity of Care	The purpose of this audit is to determine if Continuity of Care requests are processed according to regulatory requirements.	2023/2024 Risk Assessment	Zone 1	The scope of this audit is limited to Member Continuity of Care requests processed during the previous six months.	Medi-Cal	DHCS APL 22-032; DHCS CalAim Dual Eligible Special Needs Plans Policy Guide	A sample of cases will be reviewed to determine if Member Continuity of Care requests were processed following regulatory requirements.	Annually	Audit	2024 Q1
Transportation	Internal	Transportation	Transportation Services	The purpose of this audit is to determine if the Plan is operating the transportation benefit in accordance with State requirements.	2023/2024 Risk Assessment	Zone 1	The scope of this audit is limited to the transportation benefit and rides requested within a three month time period.	Medi-Cal	DHCS APL 22-008	A sample of cases will be reviewed to determine if transportation requests were processed in accordance with regulatory requirements.	Annually	Audit	2024 Q1
Grievance Identification & Organization Determination Processing	Internal	Member Services	Call Log Audit	The purpose of this audit is to determine if Member call inquiries, grievances, and organization determination requests are appropriately identified and processed.	Compliance Activity	N/A	The scope of this audit is limited to Member inquiries, grievances, and organization determinations received by the Medi-Cal and Medicare Member Services Call Centers.	All LOB	Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance; APL 21-011; DHCS Contract	A sample of cases will be reviewed to determine if Member call inquiries, grievances, and organization determination requests are processed in accordance with Medi-Cal and Medicare regulations.	Annually	Audit	2024 Q1
Interpreter Services-Language Line	External	Interpreter Service Vendors	Interpreter Services-Language Line	The purpose of this audit is to determine if the Plan is meeting interpreter service requirements.	Compliance Activity	N/A	The scope of this audit is limited to language line calls within a six month time period.	Medi-Cal	DHCS APL 21-004; dhcs Contract; 42 CFR 438.10; 45 CFR 92.101; WIC 14029.91	A sample of language line calls/credentials will be reviewed to ensure that letter threshold and interpreter service requirements were followed.	Annually	Audit	2024 Q1
Exclusion Screening	Internal	Credentialing	Exclusion Screening - Credentialed Providers	The purpose of this audit is to determine if the Plan is conducting regulatory exclusion in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to credentialed providers.	All LOB	42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.608(a)(1)(vii), 438.610(a)(1) DHCS APL 17-019 42 U.S.C. 1320a-7	A sample of Credentialed Provider files will be reviewed to determine if exclusion screenings were conducted according to regulation.	Annually	Audit	2024 Q2
Open Grievance Process-Medicare	Internal	Member Services/G&A/Provider Services/UM/Care Integration	Open Grievance Process-Medicare	The purpose of this audit is to determine if Member calls that contain grievances are processed appropriately by the processing department.	2023/2024 Risk Assessment	Zone 1	The scope of this audit is limited to potential Member grievances received by the Medicare Member Services Call Center and transferred to another department to process.	Medicare	Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance	A sample of cases will be reviewed to determine if Member calls containing potential grievances are classified correctly and processed in accordance with Medicare regulations.	Annually	Audit	2024 Q2
Member Care Coordination	Internal	Care Integration/Medical Management/Regulatory Oversight, Health Services	Member Care Coordination	The purpose of this audit is to determine if Member Care Coordination is carried out according to State and Federal requirements.	2023/2024 Risk Assessment	Zone 1	The scope of this audit is limited to care coordination provided to Members within a six month time period.	Both	DHCS Contract and APLs; DHCS CalAim Dual Eligible Special Needs Plans Policy Guide; Model of Care; PHM Policy Guide; Medicare Managed Care Manual	A sample of cases will be reviewed to determine if care coordination for Members was conducted following regulatory requirements.	Annually	Audit	2024 Q2
Liberty Dental Precontractual Compliance Assessment	External	Liberty	Liberty Dental Precontractual Audit	The purpose of this audit is to determine if the delegated entity has implemented the elements of an effective Compliance and FWA program.	Ad Hoc	N/A	The scope of this audit is limited to Compliance and FWA and HIPAA Program policies and procedures and sample evidence.	Both	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a); Medicare Managed Care Manual, Chapter 21	P&P review, sample selections, and testing of various Compliance elements will be conducted to determine if the elements of an effective Compliance and FWA program have been implemented.	Annually	Audit	2023 Q3

## ADMINISTRATION

### 4. APPROVE THE 2024 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 2024 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 2024 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 improve 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 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. Official IEHP legislative and regulatory positions not considered under the Policy Agenda will be brought to the Governing Board for separate action as needed. 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.

**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 improve government-sponsored safety net and government-supported programs through innovation, increased reimbursement, and greater integration at the local level.
4. Support proposals that enhance responsible data sharing among entities providing and coordinating person-centric healthcare and social services.
5. 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.
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 to 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. Oppose proposals that carve out or eliminate critical benefits from managed care that disrupt and reduce access to quality health care for beneficiaries.

#### 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 continuous 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 preserve the role of local health plans and the cost-saving public, not-for-profit managed care model, in support of keeping healthcare local.
6. Support proposals that drive innovation and technology solutions that enhance interoperability, data sharing, patient experience, and improve health outcomes, equity, and quality of life.
7. 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 healthcare services.
8. Oppose legislative and regulatory 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 2024 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.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	NA	V. Ostermann 12/22/23	J. McNaughton 01/02/24

**ADMINISTRATION**

**5. APPROVE THE INLAND EMPIRE HEALTH PLAN AND IEHP HEALTH ACCESS 2024 GOVERNING BOARD MEETING CALENDAR**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the IEHP and IEHP Health Access 2024 Governing Board meeting calendar.

**Contact:**

Jarrold McNaughton, Chief Executive Officer

**Background:**

The bylaws of IEHP and IEHP Health Access provide that the regular meetings of the Governing Board shall take place on the second Monday of every month except when that date is a holiday the Board shall meet on another day during that week subject to notice provided by the agency. From time to time, a regular meeting may need to be scheduled on another day except the second Monday of the month to accommodate holidays, calendar conflicts of Board members and/or IEHP leadership, or meeting room availability. A Governing Board Meeting Schedule for IEHP and IEHP Health Access has been developed to identify the regular and modified meeting dates for the 2024 calendar year in order to provide the public notice of the agencies’ regular public meetings for the year and to minimize any confusion.

**Discussion:**

Because the proposed 2024 IEHP and IEHP Health Access Governing Board meeting calendar has dates that fall outside of the Bylaw requirement, formal approval from the Governing Board is required.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	NA	V. Ostermann 12/22/23	J. McNaughton 01/02/24

**TO:** IEHP Governing Board Members, IEHP Team Members

**FROM:** Annette Taylor, Secretary to the IEHP Governing Board

**DATE:** December 22, 2023

**SUBJECT:** IEHP and IEHP Health Access Regular Board Meeting Dates - 2024

The following will be the regular meeting dates for the year 2024\*. All meetings begin promptly at 9:00 a.m. and, unless otherwise noted, all meetings will be held in the Board Chambers located in the Dr. Bradley P. Gilbert Center for Learning and Innovation, 9500 Cleveland Avenue, Rancho Cucamonga, CA 91730. Please update your calendar accordingly.

Monday, January 8	Monday, July 8
Monday, February 5	Monday, August 12
March - NO MEETING	Monday, September 9
Monday, April 8	Monday, October 7
Monday, May 13	Monday, November 4
Monday June 3	Monday, December 9

\* Changes to this schedule will be made upon decision of the Governing Board and an updated schedule will be distributed.

**FINANCE DEPARTMENT**

**6. APPROVE THE FIFTH AMENDMENT TO THE LEASE AGREEMENT WITH JKS-MARSHALL, L.P.**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fifth Amendment to the Lease Agreement with JKS-Marshall, L.P. (JKS-Marshall) for IEHP’s San Bernardino Community Resource Center (CRC) for an additional amount not to exceed \$346,000.00 and extend the term through February 28, 2026. The total amount payable under this Lease Agreement shall not exceed \$2,230,538.00 through February 28, 2026.

**Contact:**

Keenan Freeman, Chief Financial Officer

**Background:**

IEHP continues to lease property in San Bernardino to operate its CRC, as a long-term investment in the community to provide local resources for health, wellness education, and health care enrollment efforts in the San Bernardino area.

IEHP has leased the property, located at 805 West 2<sup>nd</sup> Street, Suite C, in San Bernardino, CA, from JKS-Marshall since March 1, 2015. Lee and Associates performed a complete market survey of available commercial space to lease within the San Bernardino area to operate a CRC. IEHP selected this property based on the overall layout, functionality, and visibility to the community. This location offers over 500 striped parking lot spaces, 24-hour security, and billboard signage visible from the 215 freeway.

The Governing Board had previously approved the Lease Agreement as follows:

<b>Date Approved</b>	<b>MO#</b>	<b>Purpose</b>	<b>Term Expiration</b>	<b>Cost</b>
11/03/14	14-275	60 Month Lease	02/29/20	\$1,234,536.00
04/11/16	16-51	1 <sup>st</sup> Amendment – Lessor Name Change	02/29/20	\$0
11/12/19	19-212	2 <sup>nd</sup> Amendment – 12 Month Lease Extension	02/28/21	\$128,460.00
11/09/20	20-318	3 <sup>rd</sup> Amendment – 12 Month Lease Extension	02/28/22	\$196,542.00
12/13/21	21-385	4 <sup>th</sup> Amendment – 24 Month Lease	02/28/24	\$325,000.00
Total Cost to date:				\$1,884,538.00
New Cost				\$346,000.00
Total Cost				\$2,230,538.00

**Discussion:**

On August 8, 2022, under Minute Order 22-270, the Governing Board approved the purchase of real property located at 2050 Massachusetts Avenue, San Bernardino, CA 92415, to upgrade this existing 6,552 square foot CRC under leasehold obligation in a strip mall with a larger 33,798 square foot IEHP-owned facility to allow for better flexibility and presence in serving the needs of its members in the community. IEHP is preparing a Request for Bid for the tenant improvement of the purchased property.

Until construction and move-in has been completed at the real property located at 2050 Massachusetts Avenue, San Bernardino, CA 92415, IEHP will be extending the current lease with JKS-Marshall for one (1) additional year, through February 28, 2025. Effective March 1, 2025, IEHP may continue the lease on a month-to-month basis, until February 28, 2026.

IEHP negotiated a 2% annual rental increase for the remainder of the Lease Agreement. The cost breakdown of the Fifth Amendment is as follows:

<b>Fifth Amendment Lease Cost</b>			
<i>Period</i>	<i>Base Rent</i>	<i>Annual Cost (including CAM)</i>	<i>Base Rent Increase %</i>
Current Rent	\$11,360.00	\$166,837.44	
Term: 03/1/2024-02/28/2025	\$11,587.00	\$169,561.44	2%
Month to Month Term: 03/01/2025-02/28/26	\$11,819.00	\$173,260.96	2%
10% Contingency for CAM reconciliation cost		\$3,177.60	
Total Cost Not to Exceed:		<b><u>\$346,000.00</u></b>	

The additional cost of this Fifth Amendment shall not exceed \$346,000 through February 28, 2026. The total amount payable under this Lease Agreement shall not exceed \$2,230,538.00 through February 28, 2026.

<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
Included in the CY2024 Budget	S. McCalley 12/15/23	C. Goss 12/14/23	M. Popka 12/18/23	R. Fleig 12/13/23	K. Freeman

**FINANCE DEPARTMENT**

**7. APPROVE THE PUBLIC WORKS CONTRACT WITH PRO-CRAFT CONSTRUCTION, INC.**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Public Works Contract with Pro-Craft Construction Inc. (Pro-Craft) for the provision of Atrium Grease Interceptor Replacement Project for an amount not to exceed \$240,000.00.

**Contact:**

Keenan Freeman, Chief Financial Officer

**Background:**

IEHP requires this service after it was determined that the existing Grease Interceptor was not properly connected to its Atrium building Café kitchen. IEHP must correct the issue to abide to city code and the Health Department.

On April 13, 2023, IEHP engaged with Civil Engineering Contractor IMEG to investigate the existing sewer system of the Atrium building Café, cooling tower and design specifications for replacing a grease interceptor connected to the cooling tower drain and routing the Café waste line to the new grease interceptor. Upon recommendations and specifications provided by IMEG, IEHP conducted a competitive bid to replace the Atrium Grease Interceptor.

On September 29, 2023, IEHP issued RFB #23-05098 on Bonfire, its public third-party bidding website. As a result, nineteen (19) bidders indicated interest with three (3) bidders attending the mandatory job walk, and one (1) bidder submitting a proposal.

<b>Vendor</b>	<b>Quote</b>
Pro-Craft Construction, Inc.	\$198,000.00

On November 7, 2023, IEHP issued an Intent to Award Notice that Pro-Craft Construction was the lowest responsive and responsible bidder for the Atrium Grease Interceptor Replacement project.

**Discussion:**

Pursuant to the terms of this Public Works Contract Pro-Craft will have thirty (30) calendar days from the commencement date stated in the Notice to Proceed, to:

- Sawcut existing concrete slab and remove existing grease interceptor and piping.
- Install 1200 Gallon Grease Interceptor with Sampling Box.
- Install sanitary drainage and connect to existing vent pipe system.
- Cap existing waste line and abandon in place.
- Jet wash the existing waste line to the Utica Avenue lateral connection.
- Backfill and patch concrete to match existing.

CONSENT AGENDA

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Pro-Craft was awarded the contract at the project cost of \$198,000.00. IEHP intends to apply a 20% contingency cost of \$42,000.00 to cover any unforeseen field conditions, change orders, city comments, or permits.

The total cost of this Public Works Contract shall not to exceed \$240,000.00.

<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
New Expenditure	S. McCalley 12/15/23	M. Gladish 12/14/23	M. Popka 12/18/23	R. Fleig 12/13/23	K. Freeman



## HEALTH SERVICES DEPARTMENT

### 8. DELEGATION OF AUTHORITY TO APPROVE MEMORANDA OF UNDERSTANDING FOR THE HEALTH SCHOOL PROGRAM

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) Authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign Memoranda of Understanding (MOU) related to the Healthy School Program through June 30, 2026. No compensation will be exchanged between parties

**Contact:**

Takashi Wada, M.D., Chief Medical Officer

**Background:**

Since 2017, IEHP's Health Navigator Team has collaborated with Local Educational Agencies (LEAs), such as San Bernardino City Unified School District and Colton Unified School District, to launch the Healthy School Program (HSP), to provide targeted services and support to identified students and their families. This Program empowers IEHP Members to use preventive services such as mental health & wellness resources, well child exams, immunizations, etc. and receive care for their chronic conditions. Additionally, the Health Navigators provide healthcare access navigation, and connect families with community resources and internal IEHP departments based on Members' identified needs. The Health Navigators also promote appropriate utilization of health care services such as: the afterhours Nurse Advice Line, Urgent Care Clinics, and Primary Care Providers to ensure Members receive the care they need at an appropriate time and place.

In alignment with the Department of Health Care Services (DHCS) CalAIM- Population Health Management (PHM) Strategy and draft DHCS 2024 Contract, Managed Care Plans may be required to enter MOUs with LEAs by 2025 to support Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and overall coordination of care between Member's health care providers and the LEA. Therefore, in June 2023, IEHP expanded its HSP to any interested LEAs, beyond those participating in the Student Behavioral Health Incentive Program (SBHIP) within the Inland Empire. As a result, IEHP partnered with ten (10) LEAs to provide analyses on specific interventions, which are predetermined by DHCS.

SBHIP is a three-year incentive program (January 1, 2022-December 31, 2024) with a total of \$389 million allocated for incentive payments to Medi-Cal Managed Care Plans that meet predefined goals and metrics. The goal of the incentive payments is to break down silos, improve coordination of student behavioral health services, increase the number of TK-12 students receiving preventative and early intervention behavioral health services, get non-specialty services on or near school campuses.

The Governing Board had previously approved the following:

Date Approved	MO#	Purpose	Term Expiration	Cost
06/05/2023	MO 23-128	Delegation of Authority to enter into MOU Agreements for the Healthy Schools Program	06/30/2026	N/A

**Discussion:**

The approval under MO 23-128 was limited to ten (10) specific LEAs that are participating in the SBHIP. IEHP has since identified additional LEAs who are interested in the HSP. This expansion allows IEHP to partner with LEAs by connecting disconnected systems of care, identifying and bridging care gaps and improving coordination of care for students’ access care in various systems.

To further accomplish the Healthy School Program model and goals, IEHP seeks Delegation of Authority to enter into additional MOUs with LEAs within the Inland Empire, through June 30, 2026. IEHP has identified the following list of LEAs as potential partners:

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

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There is no compensation that will be exchanged between parties.

<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
None	N/A	N/A	M. Popka 12/19/23	A. Rai 12/11/23	T. Wada 12/14/23

**HEALTH SERVICES DEPARTMENT**

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

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Third Amendment to the Professional Service Agreement (Agreement) with T-Base Communication USA, INC. (T-Base) for the provision of Alternative Format Transcription Services for an additional amount not to exceed \$9,000,000. The total amount payable under this Agreement shall not exceed \$12,190,000 through November 30, 2026.

**Contact:**

Takashi Wada, M.D., Chief Medical Officer

**Background:**

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

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

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

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

<b>Date Approved</b>	<b>MO#</b>	<b>Purpose</b>	<b>Term Expiration</b>	<b>Cost</b>
11/8/2021	21-303	RFP 20-03104 Award and Professional Services Agreement for Transcription Services	11/30/2026	\$1,190,000
07/12/2023	N/A	First Amendment to update the State Plan Licensing/State Attachment	11/30/2026	\$0
10/10/2023	23-224	Second Amendment to add additional funding to the Professional Service Agreement for Transcription Services	11/30/2026	\$2,000,000

	Total Cost to date:	\$3,190,000
	New Cost	\$9,000,000
	Total Cost	\$12,190,000

**Discussion:**

On March 14, 2022, the Department of Health Care Services (DHCS) released an All Plan Letter 22-002, informing Managed Care Plans (MCP) responsibilities in utilizing the weekly DHCS Alternative Format Selection (AFS) file data to identify members who have requested an alternative format.

In April of 2023, prior to the release of All Plan Letter 22-002 IEHP identified 600 members who had an indicator of an alternative format selection. As of October 13, 2023, IEHP successfully implemented the automation of the weekly DHCS AFS file data. The DHCS AFS file data identified over 12,000 members who selected to receive all member informing materials in an alternative format (large print, braille, audio CD, etc.). IEHP has experienced a significant increase in the number of processed member informing materials in an alternative format due to the implementation of the AFS file data. It is expected that the number of members requesting AFS will continue to grow.

IEHP is actively working on an internal solution for processing large print formats, to mitigate the majority of the external costs associated with AFS requests.

The additional cost of this Third Amendment shall not exceed \$9,000,000, which will cover costs through November 30, 2026. The total cost (including this request) of this Agreement shall not exceed \$12,190,00 through November 30, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	L. Herrera 12/14/2023	H. Clear 12/14/2023	M. Popka 12/20/2023	C. Armendariz 12/14/2023	T. Wada 12/18/2023

**INFORMATION TECHNOLOGY DEPARTMENT**

**10. DELEGATION OF AUTHORITY TO APPROVE THE THIRTEENTH AMENDMENT TO THE MASTER LICENSE AND SERVICE AGREEMENT WITH EDIFECs, INC.**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the no cost Thirteenth Amendment to the Master Licenses and Services Agreement (Agreement) with Edifecs, Inc. The total amount payable under this Agreement remains unchanged for an amount not to exceed \$18,285,911 through May 14, 2028.

**Contact:**

Vinil Devabhaktuni, Chief Information Officer

**Background:**

IEHP has been utilizing Edifecs to provide a hosted CAQH CORE Operating Rules Solution since 2018 to allow IEHP to achieve compliance with the Committee on Operating Rules for Information Exchange (CORE) certification. The Solution has provided IEHP with more robust capabilities in-hand, and the Plan has been able to pursue a reduced-scale and reduced-cost term extension for the continuation of these hosted services delivering significant development and improvements to IEHP’s underlying transaction infrastructure.

IEHP requires the Operating Rules Hosted Solution to achieve, monitor, report, and maintain compliance with the Health Insurance Portability and Accountability Act (HIPPA) regulatory requirements.

Edifecs was selected through a single source procurement as Edifecs is the only CORE authorized certification testing vendor and has extensive familiarity of IEHP’s transactions process. The benefit of 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.

The Governing Board approved the Agreement and Amendments as follows:

<b>Board Date</b>	<b>MO#</b>	<b>Purpose</b>	<b>Term Expiration</b>	<b>Cost</b>
August 2018	18-236	Approved the Award of Request for Proposal #18-002 and Amendment #4 to the Agreement to Edifecs for the provision of an EDI and Encounter solution.	August 12, 2018	\$5,000,000

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<b>Board Date</b>	<b>MO#</b>	<b>Purpose</b>	<b>Term Expiration</b>	<b>Cost</b>
December 2018	18-334	Approved the funding increase to provisioned compliance solution and the term extension to the Agreement for CAQH and CORE.	December 15, 2019	\$773,095
June 2019	19-112	Approved the Budget for an Encounter and EDI Solution Project included in FY 19/29 Budget Presentation.	June 30, 2020	\$3,100,000
July 2019	19-112	Entered into Amendment Three to the Agreement for the provision of the SpecBuilder Standard Edition (SB) License HIPAA and NCPDP Modules.	December 15, 2019	\$76,400
September 2019	19-174	Approved the change order to SOW #1523 funding increase to the provisioned EDI and Encounter Solution Project and the term extension to Agreement.	December 31, 2020	\$168,000
December 2019	19-237	Approved Amendment Six for the funding increase to the provisioned solution to meet CAQH and CORE transaction set standards under the Agreement.	December 31, 2020	\$812,000
May 2020	20-109	Approved the Change Order to Statement of Work #1523 for the provisioned EDI and Encounter Solution Project for additional professional services hours to be applied toward the further refinement of system workflows and post go-live stabilization.	December 31, 2021	\$525,000
September 2020	20-272	Approved Change Order #1990 and the funding increase to the Agreement for the provisioned EDI and Encounter Solution Project.	December 31, 2021	\$1,600,000
December 2020	20-354	Approved the Seventh Amendment to the Agreement for the continued provision of a hosted Operating Rules Hosted Solution.	December 15, 2023	\$402,303
May 2021	21-112	Approved Statement of Work #2099 and Statement of Work #2155 Agreement for the provision of Magellan Process Enhancement to the EDI and Encounter Solution.	December 15, 2023	\$89,657

Board Date	MO#	Purpose	Term Expiration	Cost
August 2021	21-241	Approved the funding increase to the Agreement for the provision of EDI and Encounter Solution Project and approve funding increase of \$20,450 for provision solution to meet CAQH and CORE.	December 15, 2023	\$2,059,451
November 2021	21-310	Delegation of Authority to approve the Statement of Work #2289 to the Agreement for the provision of CAQH CORE recertification services.	December 15, 2023	\$36,000
June 2022	22-232	Approved the Tenth Amendment to the Agreement for an additional block of 200,000 Plan-Members worth of net perpetual licensing.	December 15, 2023	\$800,500
April 2023	23-078	Approved the Eleventh Amendment to the Agreement for a term extension to the MLSA and the provision of an Encounter Management and Edge Server SaaS Solutions.	May 14, 2028	\$2,070,857
December 11	23-296	Delegation of Authority to approve the Twelfth Amendment to the MLSA for provision of the Operating Rules Hosted Solution and term extension.	December 15, 2026	\$772,648
<b>Total Cost to date:</b>				\$18,285,911
<b>New Cost:</b>				\$0
<b>Total Not to Exceed (NTE):</b>				\$18,285,911

**Discussion:**

The Thirteenth Amendment will update the Software as a Service (SaaS) and additional third-party license terms and conditions. Edifecs requires these updates to maintain legal compliance as Edifecs transitions from its on-prem software to SaaS solutions.

This delegation provides IEHP additional time to thoroughly examine the new SaaS and third-party terms and conditions.

There is no cost associated with this amendment. The total cost of the Agreement remains unchanged and shall not exceed \$18,285,911 through May 14, 2028.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	Key Tsui 12/15/2023	M. Maury 12/14/23	M. Popka 12/20/23	J. Maass 12/20/2023	V. Devabhaktuni 12/20/2023



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## INFORMATION TECHNOLOGY DEPARTMENT

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

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the no cost Second Amendment to the Statement of Work (SOW) #5 to the Master Consulting Services Agreement (MCSA) for a term extension through April 30, 2024. The total amount payable under the MCSA remains unchanged for an amount not to exceed \$1,181,700 through April 30, 2024.

**Contact:**

Vinil Devabhaktuni, Chief Digital and Information Officer

**Background:**

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

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

IEHP has been contracting with Gartner under a Vendor Services Agreement (VSA) for industry research and advisory services since 2016. Gartner was selected through a single source procurement. IEHP has determined that a single source procurement is justified because:

- a. Gartner is the market leader in vendor landscapes, capabilities, contracting terms, and pricing. In addition, Gartner has verifiable benchmarking capabilities of like-client implementation and operational experiences.

- b. Gartner research and consulting have deep knowledge of the organization and technology landscape that position Gartner to understand the unique needs of IEHP and assist them in selecting the optimal PNM technology in an efficient and cost-effective manner.

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

Date Approved	MO#	Purpose	Term Expiration	Cost
03/14/2022	22-052	Ratify and Approve the Master Client Services Agreement (MCSA) and the Services Agreement with SOW #1 for the assessment of current IT applications, products, services, and relative maturity level	01/31/2023	\$195,000
05/09/2022	22-180	Approve Amendment to the MCSA to add Travel Expenses	01/31/2023	\$19,500
08/08/2022	22-275	Ratify and Approve SOW #2 for the provision of a Core Administrative Processing (CAPS) and Care Management Systems	10/20/2022	\$205,700
08/08/2022	22-275	Ratify and Approve SOW #3 for Future state Electronic Medical Record (EMR) support options.	10/20/2022	\$308,000
10/11/2022	22-334	Approve SOW #4 for assessment of the Quality Department and identify opportunities for improvement of future state organization model and operations.	12/31/2022	\$203,500
10/10/2023	23-232	Approve SOW #5 for the provision of Industry Consulting and Advisory Services.	01/12/2024	\$250,000
11/13/2023	23-265	Ratify and Approve Amendment 1 to SOW#5 for Industry Consulting and Advisory Services to revise the scope.	01/12/2024	No Cost
<b>Total Cost to date under the MCSA:</b>				<b>\$1,181,700</b>

**Discussion:**

On October 10, 2023, IEHP entered into SOW#5 to support the selection of the Provider Network Management technology that was identified as a need as a result of the assessment of product and business strategy alignment that Gartner had completed for IEHP.

Work was initiated and has progressed under the Gartner engagement for the PNM Request for Proposal (RFP). A significant amount of time was utilized on interviews with stakeholders to define the needs and services to develop the RFP documents to be posted for public response. To

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ensure an adequate amount of time is allowed for the remainder of the RFP process, including performing vendor diligence, scoring, and evaluating to award a vendor, a term extension through April 30, 2024, is necessary. There are no additional costs for this term extension.

The total amount payable under the MCSA remains unchanged for an amount not to exceed \$1,181,700 through April 30, 2024.

<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
None	K. Tsui 12/18/2023	D. Burnett 12/18/2023	M. Popka 12/21/2023	J. Maass 12/15/2023	V. Devabhaktuni 12/20/2023

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## INFORMATION TECHNOLOGY DEPARTMENT

### **12. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-05117 TO, AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH, TRAPEZE SOFTWARE GROUP, DBA MOMENTM TECHNOLOGIES**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal (RFP) #23-05117 and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign contractual documents with Trapeze Software Group Inc., dba Momentm Technologies (Momentm), for the provision of Transportation Dispatch Software services for an amount not to exceed \$1,225,000.00, for a term of five (5) years.

**Contact:**

Vinil Devabhaktuni, Chief Digital and Information Officer

**Background:**

IEHP requires Transportation Dispatch Software service to streamline member transportation operations. To ensure compliance with the Department of Health Care Services (DHCS), the software must provide scheduling features to offer members timely access to scheduled medical appointments, as well as monitoring capabilities to provide IEHP staff with visibility of day-to-day operations and oversight. The software must also produce reports that identify network adequacy, provider performance, and distribution of trips. The software will be used by both internal IEHP staff and IEHP-contracted Transportation Providers.

On October 10, 2023, IEHP issued RFP #23-05117 on Bonfire, its public third-party bidding website.

The purpose of the RFP was to contract with a vendor who would provide Transportation Dispatch Software that includes, but not limited to, the following capabilities:

- Real-time scheduling.
- Trip requests and assignments.
- Sending notifications to members.
- GPS vehicle tracking.
- Creating standing orders.
- A module to collect and resolve member complaints.
- The capability to reduce fraud waste and abuse.
- Generate performance, quality and data reports (such as, on-time performance, drive performance, excessive trips, missed trips, no shows, etc.); and
- Maintaining driver data to improve the overall member experience.

As a result, 48 bidders indicated interest, with three (3) submitting proposals, with the following results:

Technical Proposal scores without cost (out of 70):

<b>Bidder</b>	<b>Score</b>
Kinetik Healthcare Solutions	42.78
Momentm Technologies	42.73
CareCar, Inc.	35.68

Technical Proposal scores including cost (out of 100):

<b>Bidder</b>	<b>Score</b>
Momentm Technologies	68.76
CareCar, Inc.	65.68
Kinetik Healthcare Solutions	45.65

Down-selected bidders (the top two vendors were selected to continue with demonstrations):

<b>Bidder</b>	<b>Score</b>
Momentm Technologies	Vendor ranked highest in overall technical and cost scores combined
CareCar, Inc.	Vendor ranked second highest in overall technical and cost scores combined

Demonstration scores (out of 10):

<b>Bidder</b>	<b>Score</b>
Momentm Technologies	7.05
CareCar, Inc.	3.89

Final total scores (out of 110):

<b>Bidder</b>	<b>Score</b>
Momentm Technologies	75.81
CareCar, Inc.	69.57

After thorough evaluation, the Evaluation Committee recommended an award for RFP #23-05117 be made to Momentm. While other bidders offered competitive proposals, the Evaluation Committee members determined Momentm to be the most responsive and responsible bidder. IEHP's selection of Momentm was based on their proposal, experience, capabilities, and demonstration.

**Discussion:**

Momentm's software solution provides IEHP with all of its desired capabilities, and also offers scheduling features to offer members timely access to their scheduled medical appointments, monitoring capabilities to provide staff with visibility of the day-to-day operations, oversight, and reporting that identifies network adequacy, provider performance, and distribution of trips as required by DHCS, and 270/271 eligibility functions. The 270/271 transactions are EDI functions used to validate if a member is eligible with IEHP and confirm benefit information.

The table below denotes the pricing for a five (5) year term with Momentm. The annual cost includes maintenance/licensing fees, administrative hosting fee, reporting fee, and the monthly per trip pricing (based on 50,000-member trip volume). Pricing also includes a one-time 270/271 implementation fee that will be charged in the first year. The total not to exceed cost for this agreement is \$1,225,000, which is inclusive of an approximately 18% contingency fee.

Year	Price
1	\$194,153.00
270/271 Implementation	\$15,500.00
2	\$196,819.00
3	\$199,819.00
4	\$209,810.00
5	\$220,300.00
<b>Total Contract Value</b>	<b>1,036,401.00</b>
~ 18% contingency funds	\$188,599.00
<b>**Total Not to Exceed Cost**</b>	<b>\$1,225,000.00</b>

The contingency fee would cover potential increases and “true-up” costs that could be included in future invoices. Some of these potential fees include transaction numbers above the estimated 50,000 monthly trip volume, hosting space above the included 320 GB, potential data migration requirements, custom reports, and other additional service fees.

The cost of this Agreement(s) shall not to exceed \$1,225,000.00 for a term of five (5) years.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui, 12/19/2023	M. Gladish, 12/12/2023 S. Cox 12/19/2023	M. Popka 12/20/2023	J. Maass 12/19/2023	V. Devabhaktuni 12/20/2023

**OPERATIONS DEPARTMENT**

**13. RATIFY AND APPROVE THE 2024 IEHP PROVIDER POLICY AND PROCEDURE AND ENCOUNTER DATA INTERCHANGE MANUALS FOR COVERED CALIFORNIA**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the 2024 Provider Policy and Procedure and the Encounter Data Interchange (EDI) Manuals for Covered California (CCA)

**Contact:**

Susie White, Chief Operating Officer

**Background:**

Inland Empire Health Plan (IEHP) has joined the California Health Benefit Exchange (i.e., Covered CA) and has met all state and federal requirements to provide Californians a low cost and affordable healthcare coverage effective January 1, 2024.

The new 2024 CCA Provider Policy and Procedure and EDI Manuals are developed and designed to help IEHP Delegated and Direct Contracted Providers and Hospitals understand the rules and regulations with which IEHP must comply, as required by the California Department of Managed Health Care (DMHC). The CCA Manual is now available on IEHP Compliance 360 application and on IEHP’s public website at [www.iehp.org](http://www.iehp.org) > **Providers>Provider Manuals & Trainings.**

The new 2024 CCA Provider Policy and Procedure Manual is comprised of the following sections:

01. Eligibility and Verification	11. Member Transfers and Disenrollment
02. Credentialing and Recredentialing	12. Provider Network
03. Medical Records Requirements	13. Claims Processing
04. Access Standards	14. Encounter Data Reporting
05. Medical Care Standards	15. Rights and Responsibilities
06. Pharmacy	16. Compliance
07. Coordination of Care	17. Program Descriptions
08. Quality Management	18. Delegation and Oversight
09. Utilization Management	19. Quick Reference Guide
10. Grievance and Appeal Resolution System	

The 2024 CCA EDI Manual is comprised of the following sections:

00. Table of Contents
01. IEHP 5010 837 P Professional Covered California Claims Companion Guide
02. IEHP 5010 Professional 837 P Covered California Companion Guide
03. IEHP 5010 837I Institutional Covered California Claims Companion Guide
04. IEHP 5010 Institutional 837I Covered California Encounter Companion Guide
05. IEHP 5010 Dental 837D Covered California Encounter Companion Guide
06. IEHP 5010 834 Standard Covered California Companion Guide

The CCA Provider Policy and Procedure and EDI Manuals were distributed to every contracted Hospital, Delegated and Direct Contracted Providers the week of December 18, 2023.

**Discussion:**

IEHP will be reviewing and updating its policies and procedures in the Manuals at least once annually along with the Medi-Cal and IEHP DualChoice (HMO D-SNP) lines of business. Interim policy updates will be made, as needed, throughout the year to reflect current regulatory requirements, organizational needs, and operational changes.

IEHP will maintain Acknowledgments of Receipt (AOR) of the CCA Provider Policy and Procedure and EDI Manuals from the Plan’s contracted Providers and Hospitals to ensure awareness and understanding of IEHP’s standards.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 12/20/23	L. Nery 11/30/2023	S. White 11/30/2023



## QUALITY DEPARTMENT

### 14. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE LETTER OF AGREEMENT WITH WALGREEN CO.

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the First Amendment to the Letter of Agreement (LOA) with Walgreen Co. (Walgreens) for the provision of the Human Papillomavirus (HPV) vaccine, for a one-month term extension through January 31, 2024. The total amount payable under this LOA shall remain unchanged, for an amount not to exceed \$150,000 through January 31, 2024.

#### **Contact:**

Edward Juhn, Chief Quality Officer

#### **Background:**

IEHP is dedicated to identifying and establishing additional care sites, thereby expanding access to a broader range of services for its Members. As part of this commitment, IEHP and Walgreens partnered on a Proof of Concept (POC) that aims to test how retail pharmacies can support Primary Care Providers (PCPs) in Human Papillomavirus (HPV) care gap closures for Members, address barriers to care, and improve IEHP Healthcare Effectiveness and Data Information Set (HEDIS) / Managed Care Accountability Set (MCAS) performance. Under this LOA and POC, IEHP will conduct targeted outreach to Members due for the HPV vaccine and direct them to their PCP and/or their nearest Walgreens. Walgreens will ensure that Members can conveniently receive and administer the HPV vaccine at no-cost to the Member.

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

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

The Governing Board previously approved the LOA as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
10/2023	23-239	LOA with Walgreens for the administration of the HPV vaccine to eligible IEHP Members	12/31/2023	\$150,000.00
Total Cost to date:				\$150,000.00
New Cost				\$0.00
Total Cost				\$150,000.00

**Discussion:**

This First Amendment extends the term of the LOA through January 31, 2024. This extension will allow stakeholders to gather additional information for the POC pilot evaluation and understand the impact of retail pharmacies on care gap closure and IEHP quality performance. Insights gained from the POC pilot will inform additional strategies to increase access and convenience to care for Members while also supporting PCPs, which can enable IEHP to realize Optimal Care and Vibrant Health goals.

The total amount payable under this Letter of Agreement remains unchanged and shall not exceed \$150,000 through January 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	K. Moussa 12/14/23	N/A	M. Popka 12/18/23	C. Nguyen 12/21/23	E. Juhn 12/22/23

**QUALITY DEPARTMENT**

**15. APPROVE THE FOURTH AMENDMENT TO THE AMENDED AND RESTATED PROFESSIONAL SERVICES AGREEMENT WITH CUSTOMER MOTIVATORS**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fourth Amendment to the Amended and Restated Professional Services Agreement (Agreement) with Customer Motivators, LLC for the provision of the Quality Improvement Member Incentive Program for an additional amount not to exceed \$3,000,000.00. The total amount payable under this Agreement shall not exceed \$16,818,500.00 through March 31, 2024.

**Contact:**

Edward Juhn, M.D., Chief Quality Officer

**Background:**

The Quality Department oversees performance improvement plans for quality measure sets defined by IEHP’s regulatory agencies. One quality improvement activity that supports IEHP’s quality performance is the Member Incentive Program. The goal of the program is to improve quality measure performance by increasing Member engagement in their healthcare for key preventive services including health screenings that support optimal wellness and early treatment interventions. This program provides gift card incentives to eligible Members who complete preventive wellness screenings, exams, immunizations, or management of chronic conditions within specific timelines.

IEHP’s gift card vendor, Customer Motivators, provides a choice of incentives that include multiple options for Members to select from. Customer Motivators also provides customer service support to Members who have inquiries about gift card status.

IEHP has contracted with Customer Motivators since July 9, 2018 to provide incentive gift cards services and the current contract amendment will expire March 31, 2024.

The Governing Board had previously approved the Agreement as follows:

<b>Date Approved</b>	<b>MO#</b>	<b>Purpose</b>	<b>Term Expiration</b>	<b>Cost</b>
07/09/2018	18 – 210	RFP Award to Customer Motivators for gift card fulfillment services for Member Incentive Program	06/30/20219	\$2,918,500
05/13/2019	19 – 83	Amend and Restate Agreement for gift card fulfillment services for Member Incentive Program	06/30/2020	\$2,475,000

<b>Date Approved</b>	<b>MO#</b>	<b>Purpose</b>	<b>Term Expiration</b>	<b>Cost</b>
06/08/2020	20 – 136	Additional funding for gift card fulfillment services for Member Incentive Program	06/30/2022	\$4,950,000
05/09/2022	22 – 191	Additional funding for gift card fulfillment services for Member Incentive Program	06/30/2023	\$2,475,000
05/08/2023	23 – 105	Additional funding and term extension for gift card fulfillment services for Member Incentive Program	03/31/2024	\$1,000,000
Total Cost to date:				\$13,818,500
New Cost				\$3,000,000
Total Cost				\$16,818,500

**Discussion:**

The IEHP Quality Improvement team is requesting additional funds to continue the Member Incentive Programs through March 31, 2024. The request for additional funds is based on the below scenarios.

*Childhood Immunization Member Incentive Program Updates:*

Childhood immunization measures are part of the DHCS Managed Care Accountability Set. In measurement year 2022, IEHP did not meet the DHCS established minimum performance level and it is probable that the minimum performance level for the 0–24-month immunization measure will not be met for measure year 2023.

The table below reflects MY 2023 Member Incentive program engagement for the Medi-Cal child immunization Member incentive program as of December 2023. Measure engagement rates represents the percentage of Members that engaged in the incentive program (i.e., received the services and received the incentive). Of the overall number of Members that were identified as eligible to receive a gift card, this is the percentage of Members that completed the identified immunization visit and received the incentive.

<b>Measure Year 2023 Member Incentive Overview: Childhood Immunization</b>			
<b>Measure</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Engagement Rate</b>
Adolescents Immunizations (HPV)	7,799	28,706	27.2%
Childhood Immunizations (0-12 months Flu & Rotavirus)	2,296	11,422	20.1%
Childhood Immunizations (13-24 months Flu only)	4,396	24,723	17.8%

In an effort to promote completion of childhood immunizations, IEHP received approval from DHCS to increase the incentive amount for the childhood immunization incentive programs. As a result of the increased incentive amount it appears more Members/Caregivers are engaging with vaccine uptake.

The 2022 Flu only incentive (2022-2023 flu season) performance indicates a total of 2,901 Members engaged in the program. As detailed below, the 2023 Flu only incentive (2023-2024 flu season) performance to date indicates a total of 4,396 Members have completed a flu immunization prior to the second birthday; with 4 months remaining in the current flu season, allowing additional time for immunization uptake.

In total, 7,799 Members have engaged in the HPV incentive program from January 2023 to December 2023. The table below details that 1,343 Members have engaged in the new HPV incentive value program which was initiated in October 2023. In summary, this result indicates that slightly over 17.2% of the total Members that received an incentive for completion of the HPV series, engaged during the increased incentive award timeframe.

Incentive Program	Previous Incentive Amount	Member Participation with Previous Incentive Amount	Updated Incentive Amount	Member Participation with updated Incentive Amount	MY 2023 Q4 Launch Enhanced Member Incentive Spend
CIS - Flu Only Members 13 – 24 months	\$25	2,901 2022-2023 Flu Season	\$100	4,396	\$439,600
CIS - Flu and Rotavirus Members 0 – 12 months	\$50	2,296 (1/1/23-9/30/23)	\$200	N/A*	N/A*
IMA – HPV Members 9 – 13 years of age	\$50	6,456 (1/1/23-9/30/23)	\$150 – series completion	1,343	\$201,450
<b>Total</b>					<b>\$641,050</b>

\* Launched 12/2023

In addition to the immunization incentive programs reviewed above, IEHP’s Member Incentive Program also includes 7 Medi-Cal measures and 4 Medicare measures of focus. The table below

details the measurement year 2023 projected and actual Member engagement with each program. In total the actual cost was \$650,025 above the measurement year 2023 projected budgeted amount.

<b>Medi-Cal Member Incentive Programs</b>					
<b>Incentive Program</b>	<b>Member Participation Projected</b>	<b>Member Participation Actual</b>	<b>Incentive Amount</b>	<b>MY 2023 Projected Member Incentive Spend</b>	<b>MY 2023 Actual Member Incentive Spend (As of 12/2023)</b>
Cervical Cancer Screening	27,353	22,334	\$25	\$683,825	\$558,350
Breast Cancer Screening	7,802	5,027	\$25	\$195,050	\$125,675
Eye Exams for Members with Diabetes	14,701	12,294	\$25	\$367,525	\$307,350
Well Child Visits 16-21 years	42,248	43,196	\$25	\$1,056,200	\$1,079,900
Well Child Visits 0-15 months of life	2,354	6,070	\$25	\$58,850	\$151,750
Well Child Visits 15-30 Months of Life	2,202	1,930	\$25	\$55,050	\$48,250
Colorectal Cancer Screening	12,459	1,426	\$25	\$311,475	\$35,650
COVID Incentive	N/A	15,990	\$50	N/A	\$679,575
<b>Total</b>				<b>\$2,727,975</b>	<b>\$2,986,500</b>
<b>Medicare Member Incentive Program</b>					
<b>Incentive Program</b>	<b>Member Participation Projected</b>	<b>Member Participation Actual</b>	<b>Incentive Amount</b>	<b>MY 2023 Projected Member Incentive Spend</b>	<b>MY 2023 Actual Member Incentive Spend (As of 12/2023)</b>
Breast Cancer Screening	1,305	6,153	\$25	\$32,625	\$153,825
Annual Wellness Visit	6,925	17,644	\$25	\$173,125	\$441,100

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Eye Exams for Members with Diabetes	2,857	2,192	\$25	\$71,425	\$54,800
Colorectal Cancer Screening	5,286	6,044	\$25	\$132,150	\$151,100
<b>Total</b>				<b>\$409,325</b>	<b>\$800,825</b>

In addition to the current state immunizations incentive increase, it is also noted that more Members appear to be engaging with incentive programs, which has impacted the allotted budget amount. The COVID incentive was offered during 2022-2023 and provided a \$50 incentive for Members that received the first dose of the COVID immunization series. DHCS encouraged Health Plans to participate in this incentive program to continue efforts to promote COVID immunizations. In order to stand up this incentive program quickly and demonstrate IEHP’s support of this effort to DHCS, IEHP elected to utilize established processes and Customer Motivators to support this project. This additional incentive program was not projected in the overall Agreement budget; a total \$679,575 was utilized from the Agreement budget.

As described above, the increased immunizations incentives, higher rates of Member engagement for some incentive measure programs, and the COVID immunizations incentive program, the allocated Member Incentive budgeted funds for 2023 has been met. Over the past 4 months, the monthly incentive programs invoice amount has averaged \$550,000, which includes the increased immunization incentive. To continue the programs through March 31, 2024, additional funding is being requested for December 2023 through March 2024 (4 months total).

The additional cost of this Fourth Amendment to the Amended and Restated Agreement shall not exceed \$3,000,000 through March 31, 2024. The total cost (including this request) of this Agreement shall not exceed \$16,818,500 through March 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Moussa 12/18/2023	H. Clear 12/18/2023	M. Popka 12/18/23	J. Diekmann 12/22/2023	E. Juhn 12/22/2023

**QUALITY DEPARTMENT**

**16. APPROVE THE SEVENTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH RIVERSIDE COUNTY FOUNDATION FOR MEDICAL CARE DBA INLAND EMPIRE FOUNDATION FOR MEDICAL CARE**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Seventh Amendment to the Professional Services Agreement (Agreement) with Riverside County Foundation for Medical Care dba Inland Empire Foundation for Medical Care (RCFMC) for Care Coordination. There are no costs associated with this Seventh Amendment; the total cost of this Agreement remains unchanged for an amount not to exceed \$8,740,000.00 through June 30, 2024.

**Contact:**

Edward Juhn, M.D., Chief Quality Officer

**Background:**

IEHP is committed to ensuring the delivery of high-quality care to its Members by providing robust support to IEHP Providers. As part of this commitment, IEHP and RCFMC have partnered to actively assist Providers in improving their office workflows to enhance quality performance. This assistance is facilitated through a diverse range of comprehensive programs and activities that include:

1. Assisting/Training to close care gaps;
2. Reducing health care inequities;
3. Troubleshooting quality-related claims and billing errors;
4. Educating Providers on IEHP’s Global Pay For Performance (P4P) Program; and
5. Electronic Health Record optimization.

In addition, the services rendered by RCFMC assist IEHP in helping meet regulatory requirements concerning quality measures as noted in the California Department of Healthcare Services (DHCS) Managed Care Accountability Set (MCAS) performance requirements.

The Governing Board had previously approved the Agreement as follows:

<b>Date Approved</b>	<b>MO#</b>	<b>Purpose</b>	<b>Term Expiration</b>	<b>Cost</b>
5/2015	15-117	Agreement to improve clinical and financial outcomes for IEHP Medicare and Medicaid Dual Eligible Members.	5/31/2016	\$1,440,000.00
11/2016	16-157	First Amendment to extend term, update Scope of Work to include incentive program, and transition of payment method to capitation.	6/01/2021	N/A



Date Approved	MO#	Purpose	Term Expiration	Cost
8/2018	18-243	Second Amendment to update incentive program and update of Scope of Work.	06/01/2021	N/A
4/2021	21-103	Third Amendment to transition incentive program responsibility from IEFMC to IEHP and update to Schedule of Fees.	6/31/2022	\$2,500,000.00
7/2022	22-264	Fourth Amendment to modify the Dual Eligible Program and additional Scope of Work for Quality Improvement Program / Care IE.	6/30/2023	\$2,400,000.00
10/2022	22-333	Fifth Amendment to update entity name to RCFMC and include an additional tier of Providers for the Quality Improvement Program.	6/30/23	N/A
08/2023	23-187	Sixth Amendment to modify the Dual Eligible Program and additional Scope of Work for Quality Improvement Program / Care IE.	6/30/24	\$2,400,000.00
Total Cost to date:				\$8,740,000.00
New Cost				\$0.00
Total Cost				\$8,740,000.00

**Discussion:**

IEHP is requesting approval of the Seventh Amendment which modifies the Quality Improvement Program’s baseline and target rates for the Colorectal Cancer Screening measure found in the Schedule of Fees. These rates are updated to reflect Membership trends and ensure alignment with IEHP’s quality measure performance goals. Additionally, the Amendment updates the Scope of Services, specifically incorporating language related to data sharing requirements essential for meeting the obligations outlined in the Agreement. This approach ensures that the programs found in the Agreement remain responsive and adaptable to evolving needs while reinforcing its commitment to improve quality outcomes.

The Seventh Amendment does not impact the current compensation nor term. The total cost of this Agreement remains unchanged for an amount not to exceed \$8,740,000.00 through June 30, 2024.

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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
None	J. Haines 11/15/23	H. Clear 11/14/23	M. Popka 11/17/23	G. Fick 11/14/23	E. Juhn 12/14/23

**PROVIDER CONTRACTING DEPARTMENT**

**17. RATIFY AND APPROVE THE SEVENTH AMENDMENT TO THE LETTER OF AGREEMENT WITH CHILDREN'S HOSPITAL LOS ANGELES – LOS ANGELES**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Seventh Amendment to the Letter of Agreement for Children's Hospital of Los Angeles, effective August 1, 2023.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

Children's Hospital of Los Angeles is currently participating with IEHP for hospital services.

**Discussion:**

The Amendment to the Letter of Agreement extends the term of the agreement through November 30, 2023.

**Fiscal Impact:**

Included in CY2023 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

**PROVIDER CONTRACTING DEPARTMENT**

**18. RATIFY AND APPROVE THE EIGHTH 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 Eighth 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 December 31, 2024.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

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## PROVIDER CONTRACTING DEPARTMENT

### 19. APPROVAL OF THE EVERGREEN CONTRACTS

**Recommended Action:**

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

**Contact:**

Susie White, Chief Operating Officer

**Background:**

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

**Discussion:**

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

Additional one (1) year term:

- 1) N & D Healthcare Services Inc dba Grandcare Home Health - Ancillary Agreement – Pasadena

Additional two (2) year term:

- 2) Spring Valley Post Acute LLC - Skilled Nursing Facility Provider Agreement - Victorville

Additional three (3) year term:

- 3) Elite Health Providers LLP – Congregate Living Health Facility - Oakland
- 4) Sweetwater YV Cholla Opco LLC dba Valley Care Center - Skilled Nursing Facility Provider Agreement – Yucca Valley
- 5) Sweetwater YV Joshua Opco dba Yucca Valley Nursing and Rehabilitation - Skilled Nursing Facility Provider Agreement – Yucca Valley
- 6) Windsor Cypress Gardens Healthcare Center LLC dba Windsor Cypress Gardens - Skilled Nursing Facility Provider Agreement - Riverside

Additional five (5) year term:

- 7) California Neurodiagnostics LLC- Ancillary Agreement– Oakland
- 8) Care Dimensions LLC- Ancillary Agreement - Santa Ana
- 9) DSI Apple Valley Home Dialysis LLC dba US Renal Care Victorville Home Dialysis - Ancillary Agreement– Victorville
- 10) Golden Springs Surgical Center LLC- Ancillary Agreement– Cathedral City
- 11) Alanna Jeffrey dba Anchored2Hope Counseling - Behavioral Health Participating Provider Agreement – Upland
- 12) Amanda Vadney - Behavioral Health Participating Provider Agreement – Temecula
- 13) Cecilia Fabris LMFT dba Mystic Canyon Counseling - Behavioral Health Participating Provider Agreement – Claremont
- 14) Dr Jacob and Associates - Behavioral Health Participating Provider Agreement – Glendora

CONSENT AGENDA

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- 15) Eugena Marcelina Giambuzzi - Behavioral Health Participating Provider Agreement – Temecula
- 16) Health Service Alliance - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
- 17) Hearts and Lives - Behavioral Health Participating Provider Agreement – Crestline
- 18) Jewish Family Service of the Desert - Behavioral Health Participating Provider Agreement – Redlands
- 19) Kezia A Hatfield dba Flourish Counseling - Behavioral Health Participating Provider Agreement – Rancho Cucamonga
- 20) La Vonne Otis Toehay Prado - Behavioral Health Participating Provider Agreement – Temecula
- 21) Madeline C Douglas LCSW dba Madeline C Douglas LCSW - Behavioral Health Participating Provider Agreement – Redlands
- 22) New Leaf Child and Family Counseling Inc - Behavioral Health Participating Provider Agreement – Rancho Mirage
- 23) Norma Oshita-Dunn dba Oshita Counseling - Participating Provider Agreement - Behavioral Health – La Quinta
- 24) Cyrus Damirchi dba C Damirchi MD Inc - Capitated Primary Care Provider Agreement – San Bernardino
- 25) Health Service Alliance - Capitated Primary Care Provider Agreement – Rancho Cucamonga
- 26) Loida V Guevarra- Capitated Primary Care Provider Agreement (Medicare Only) – Victorville
- 27) Kay Mukergee MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – Riverside
- 28) Victorville Pediatrics - Fee-For-Service Primary Care Provider Agreement – Victorville
- 29) Advanced Healthcare for Women and Children A Nursing Corporation dba Advanced Healthcare for Women and Children A Nursing Corporation - Participating Provider Agreement – Participating Provider Agreement - Specialist – Upland
- 30) Desert Spine and Joint Center – Participating Provider Agreement - Specialist – Palm Desert
- 31) Kamil Muhyieddeen MD Inc - Participating Provider Agreement – Specialist – San Bernardino
- 32) Norris Morrison DPM Inc - Participating Provider Agreement – Specialist – Corona
- 33) Reekstin Enterprises dba Core Physical Therapy - Participating Provider Agreement – Specialist – Temecula
- 34) LLRN Optometry dba California Optical - Participating Provider Agreement - Vision – Upland
- 35) Norco Valley Optometry Inc - Participating Provider Agreement – Vision – Norco

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

Additional one (1) year term:

- 36) Dorten Enterprises Inc dba Yorkshire Village - Residential Care for the Elderly – Hemet

Additional two (2) year term:

- 37) Caris MPI Inc dba Caris Life Sciences- Ancillary Agreement – Phoenix
- 38) Rialto Healthcare LLC dba Rialto Post Acute Center - Skilled Nursing Facility Provider Agreement - Rialto

Additional five (5) year term:

- 39) Pomona Medical Supply Inc dba Pomona Medical Supply - Ancillary Agreement – Rancho Cucamonga -Pomona
- 40) Lisa Ann Tobler dba Crestview Counseling Services - Behavioral Health Participating Provider Agreement – Redlands

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

N/A

## **ADMINISTRATION**

### **20. CHIEF EXECUTIVE OFFICER UPDATE**

**Recommended Action:**

Review and File

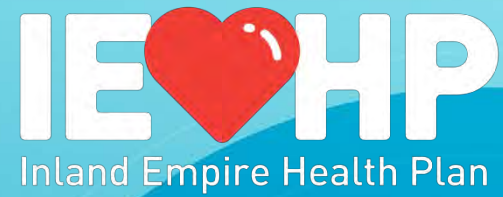
**Contact:**

Jarrod McNaughton, Chief Executive Officer

**Discussion:**

Chief Executive Officer update for the January 8,2024 Governing Board Meeting.





# Governing Board Meeting

**CEO BOARD REPORT** | *Jan. 8, 2024*

# IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
November 2023	1,643,160	1,636,477	(6,683)	(11,395)
December 2023	1,633,507	1,626,571	(6,936)	(9,906)
January 2024	1,471,531	1,471,192	(339)	(155,379)



# MEDI-CAL CHANGES IN 2024

## TOPIC: New 2024 Managed Care Plan Contract with Department of Health Care Services (DHCS)

- Requires health plans to have a Health Equity program.
- Tightens enforcement on quality measure performance impacting health plan rates, sanctions, and membership default assignment.
- Requires health plans to report publicly on the performance of medical providers; and mandates health plans to reveal the number of enrollees who don't have access to primary care and invest more to plug the gap.
- Integrates physical and mental health care and greater responsiveness to the cultural and linguistic needs, sexual orientation, and gender identity of members.





# MEDI-CAL CHANGES IN 2024

## TOPIC: New round of CalAIM Initiatives

- Adds a new population of focus (birth equity) for Enhanced Care Management.
- Expands the Transition of Care program to include all eligible members (instead of high-risk members only).
- Completes the development of Population Health Management (PHM), including the PHM Data Service implementation.
- Implements the new carved-in Intermediate Care Facility benefits for children with a developmental disability.
- Implements the Justice-Involved Initiative to improve poor health outcomes in this population as they prepare to re-enter their communities.



# MEDI-CAL CHANGES IN 2024

## TOPIC: Enrollment & Eligibility

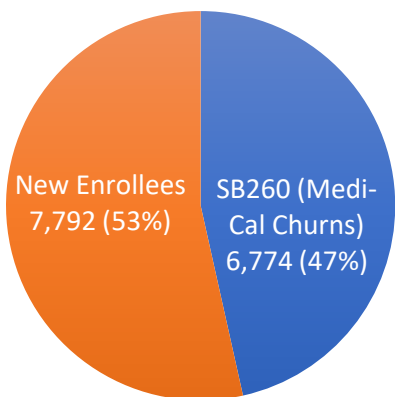
- Expands Medi-Cal eligibility to adults 26-49 who have an unsatisfactory immigration status, impacting about 65,000-75,000 individuals in our two counties.
- As a result of Kaiser's direct contract with DHCS, about 160,000 IEHP members were moved to Kaiser on Jan. 1.
- Continues the annual Medi-Cal Redetermination.



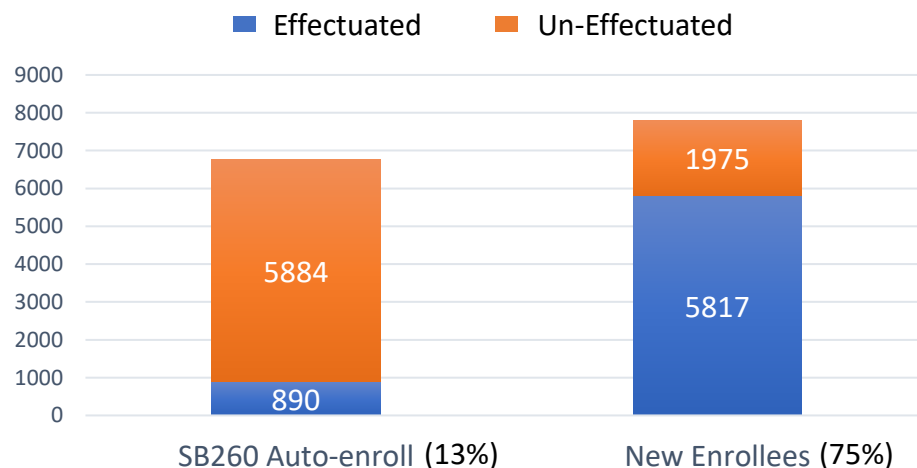
# COVERED CALIFORNIA UPDATE

We have successfully launched the Covered California product on January 1, 2024. Following are key enrollment highlights (data as of January 2, 2024):

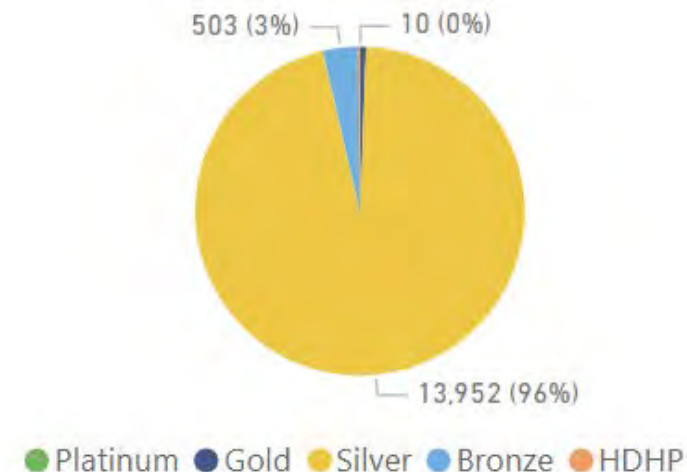
**Total Enrollments**  
14,566



**Effectuation Rate by Enrollee Type**



**Total Members by Metal Tier**



**Our key focuses in the next 90 days:**

- 1) Stabilize the operations (claims, premium billing and collection, data reconciliation, etc.)
- 2) Improve/grow our provider network
- 3) Improve the effectuation rate of the SB260 Auto-enrollment population (Medi-Cal Churns)



# NCQA HEALTH EQUITY ACCREDITATION

- In December, IEHP achieved Health Equity Accreditation from NCQA.
- Only a handful of health plans in the country have this accreditation.
- This was our first time completing this accreditation process. The auditor was very complimentary.





# 2024 ANNUAL QUALITY REPORT

- The 2024 IEHP Quality Report is here.
- The theme of this year's report is "A Mission to Heal and Inspire."
- The report provides a transparent view of our quality journey.





# NEEDLES RESOURCE AND JOB FAIR

- IEHP hosted a resource and job fair on Dec. 9 at Palo Verde College in Needles.
- Our teams provided services such as free dental cleanings, assistance with health coverage enrollment and information on entry work-from-home job opportunities.

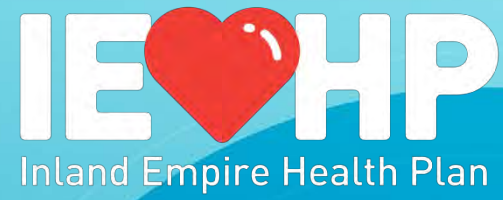


# IEHP Partners with iHeart Radio for New Podcast

- The new “Covering Your Health” podcast is an informational-style, wellness podcast focusing on topics that matter to IE residents.
- The host is Evelyn Erives and the first episode (with Jarrod as a guest) aired Nov. 20.
- Other episodes will run every other Monday on the iHeart Radio app and other podcast services.







*Thank You!*

## **FINANCE DEPARTMENT**

### **21. REVIEW OF THE MONTHLY FINANCIALS**

**Recommended Action:**

Review and File

**Contact:**

Keenan Freeman, Chief Financial Officer

**Discussion:**

Monthly Financials for Period Ending November 30, 2023.

# FINANCE DIVISION

November 2023

## MONTHLY FINANCIALS

Presented  
January 8, 2024



# Actual vs Budget - Consolidated

	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 583,712,060	\$ 568,277,692	\$ 15,434,368	\$ 6,442,159,654	\$ 6,394,391,475	\$ 47,768,179
Total Medical Costs	\$ 572,454,339	\$ 533,625,260	\$ (38,829,079)	\$ 5,831,841,704	\$ 5,922,637,317	\$ 90,795,613
Total Operating Expenses	\$ 36,065,434	\$ 41,786,839	\$ 5,721,405	\$ 373,191,827	\$ 437,608,313	\$ 64,416,486
Total Non Operating Income (Expense)	\$ 9,385,094	\$ 3,229,177	\$ 6,155,917	\$ 70,588,452	\$ 36,516,376	\$ 34,072,076
Non-Medi-Cal/Medicare Expenses	\$ 700,558	\$ 666,667	\$ (33,891)	\$ 8,543,615	\$ 7,333,333	\$ (1,210,282)
Net Surplus (Deficit)	\$ (16,123,178)	\$ (4,571,897)	\$ (11,551,280)	\$ 299,170,959	\$ 63,328,888	\$ 235,842,072

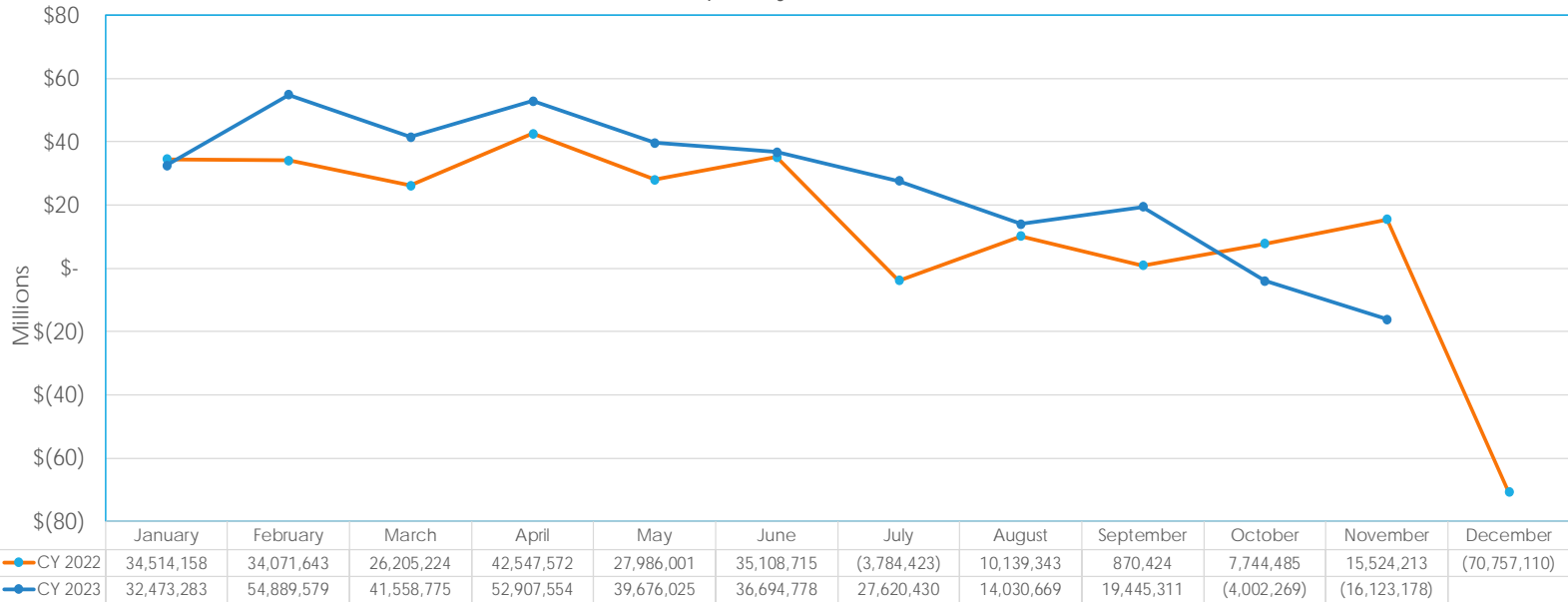
## Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected SPD Full Dual, and MCE Non-Dual member months, net favorable D-SNP Part D risk sharing due to pharmacy rebate estimate adjustment, and Part A/B risk scores and member months partially offset by lower-than-expected Adult member months.
- The unfavorable medical cost variance compared to budget is primarily due to LTC IBNR restatement due to retroactive DHCS CY 2023 rate adjustments, higher utilization of BHT, HCBS Other, and professional services, unfavorable outpatient claims expense, and pharmacy rebate estimate adjustment net of higher reinsurance partially offset by favorable inpatient IBNR restatement and claims expense.
- The favorable operating expense variance compared to budget is primarily due to IT project delays, and IT and Operations underutilization.
- The favorable non-operating income (expense) variance compared to budget is primarily due to higher-than-expected interest income.



# Net Surplus Year-Over-Year - Consolidated

Consolidated  
Net Surplus by Month (Actuals)



# Actual vs Budget: Medi-Cal

	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 519,120,777	\$ 510,837,379	\$ 8,283,398	\$ 5,768,236,032	\$ 5,759,856,489	\$ 8,379,543
Total Medical Costs	\$ 509,478,663	\$ 482,345,151	\$ (27,133,512)	\$ 5,233,420,840	\$ 5,354,189,726	\$ 120,768,886
Total Operating Expenses	\$ 31,654,987	\$ 36,697,366	\$ 5,042,379	\$ 325,991,469	\$ 383,297,048	\$ 57,305,579
Total Non Operating Income (Expense)	\$ 2,840,653	\$ 2,790,177	\$ 50,476	\$ 16,720,804	\$ 31,335,086	\$ (14,614,282)
Net Surplus (Deficit)	\$ (19,172,221)	\$ (5,414,961)	\$ (13,757,260)	\$ 225,544,527	\$ 53,704,801	\$ 171,839,726

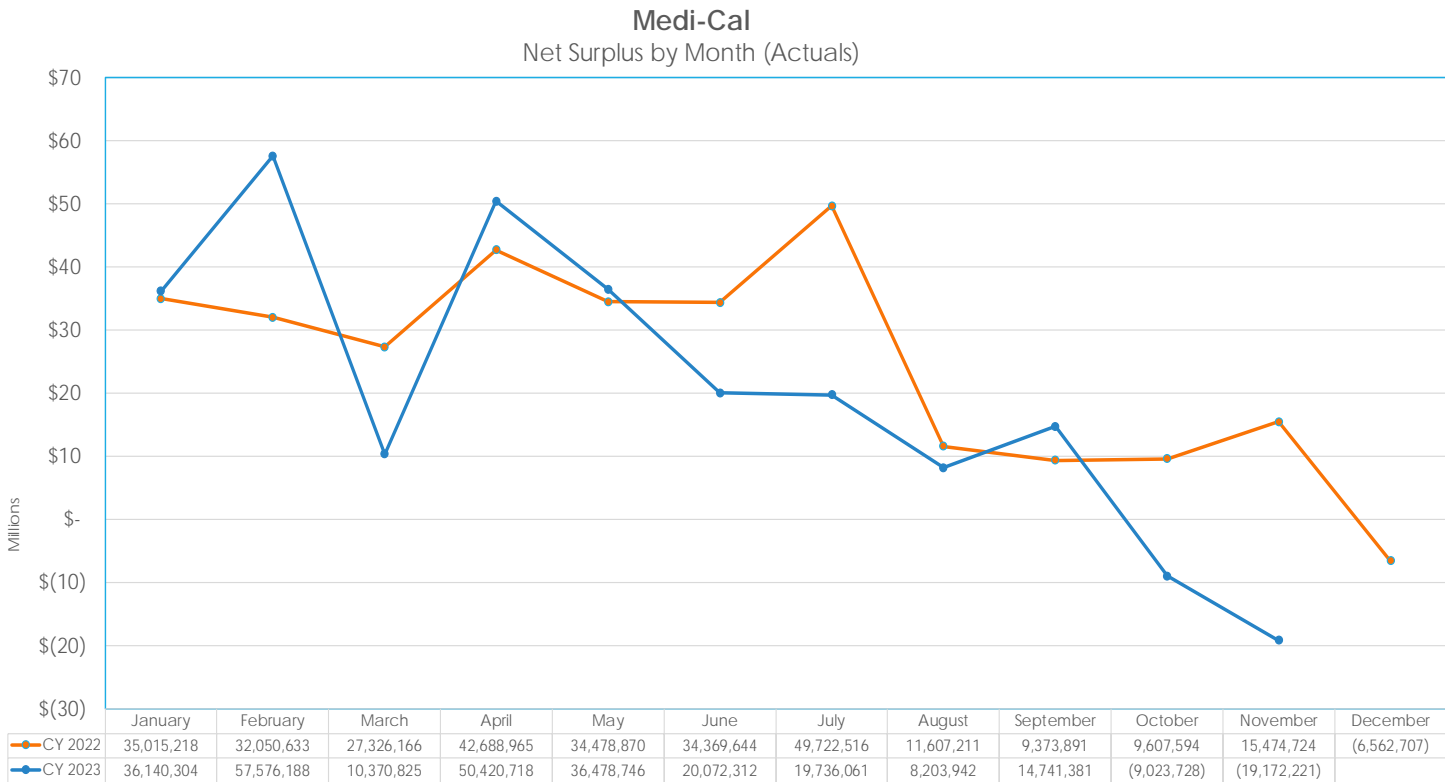
## Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected SPD Full Dual, and MCE Non-Dual member months partially offset by lower-than-expected Adult member months.
- The unfavorable medical cost variance compared to budget is primarily due to LTC IBNR restatement due to retroactive DHCS CY 2023 rate adjustments, higher utilization of BHT, HCBS Other, and professional services, unfavorable outpatient claims expense partially offset by favorable inpatient IBNR restatement and claims expense.
- The favorable operating expense variance compared to budget is primarily due to IT project delays, and IT and Operations underutilization.





# Net Surplus Year-Over-Year: Medi-Cal



# Actual vs Budget: D-SNP

	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 64,638,717	\$ 57,440,312	\$ 7,198,405	\$ 664,276,472	\$ 634,534,987	\$ 29,741,485
Total Medical Costs	\$ 62,987,865	\$ 51,280,109	\$ (11,707,756)	\$ 611,585,706	\$ 568,447,591	\$ (43,138,115)
Total Operating Expenses	\$ 4,410,447	\$ 5,089,473	\$ 679,026	\$ 47,200,358	\$ 54,311,265	\$ 7,110,907
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ (2,759,595)	\$ 1,070,731	\$ (3,830,326)	\$ 5,490,408	\$ 11,776,131	\$ (6,285,723)

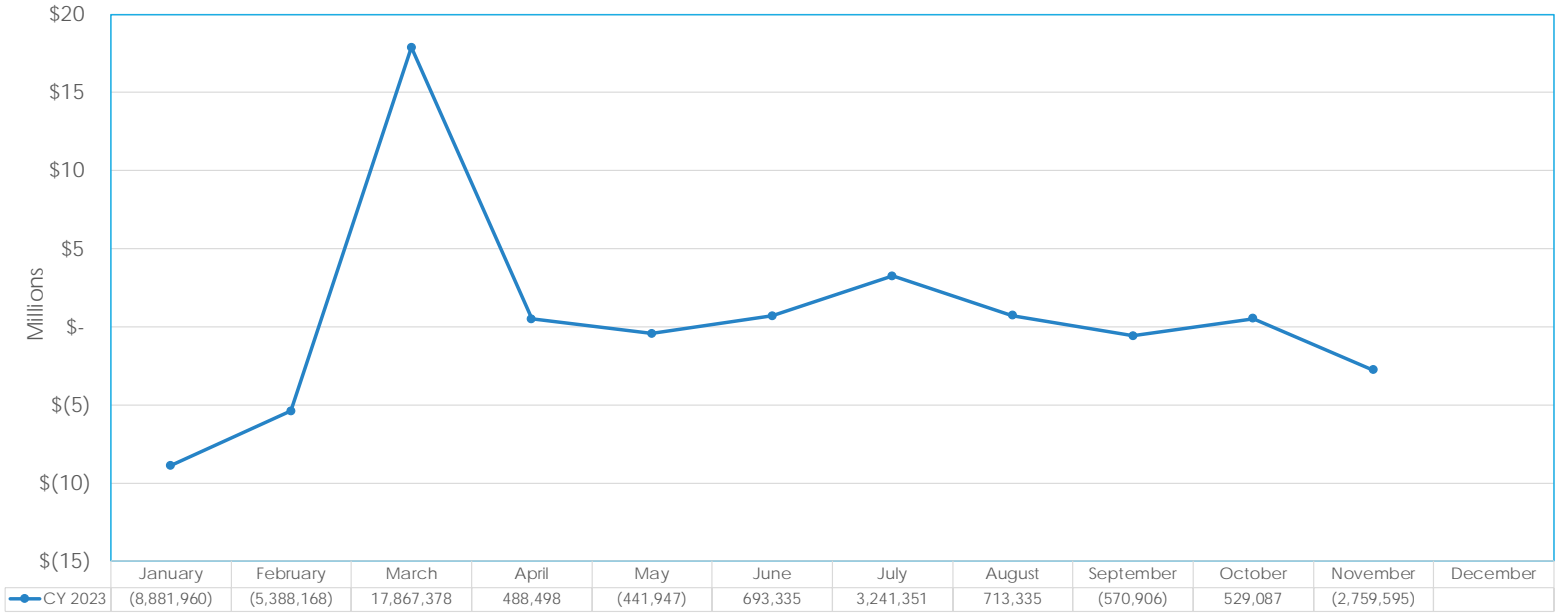
## Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to net favorable D-SNP risk sharing due to pharmacy rebate estimate adjustment, and higher-than-expected Part A/B risk scores and member months.
- The unfavorable medical cost variance compared to budget is primarily due to unfavorable pharmacy rebate adjustment net of higher reinsurance, unfavorable outpatient, professional, and inpatient claims expenses.



# Net Surplus Year-Over-Year: D-SNP

D-SNP  
Net Surplus by Month (Actuals)



# Actual vs Budget: CMC

	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ (47,435)	\$ -	\$ (47,435)	\$ 9,647,150	\$ -	\$ 9,647,150
Total Medical Costs	\$ (12,189)	\$ -	\$ 12,189	\$ (13,414,842)	\$ -	\$ 13,414,842
Total Operating Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ (35,245)	\$ -	\$ (35,245)	\$ 23,061,991	\$ -	\$ 23,061,991

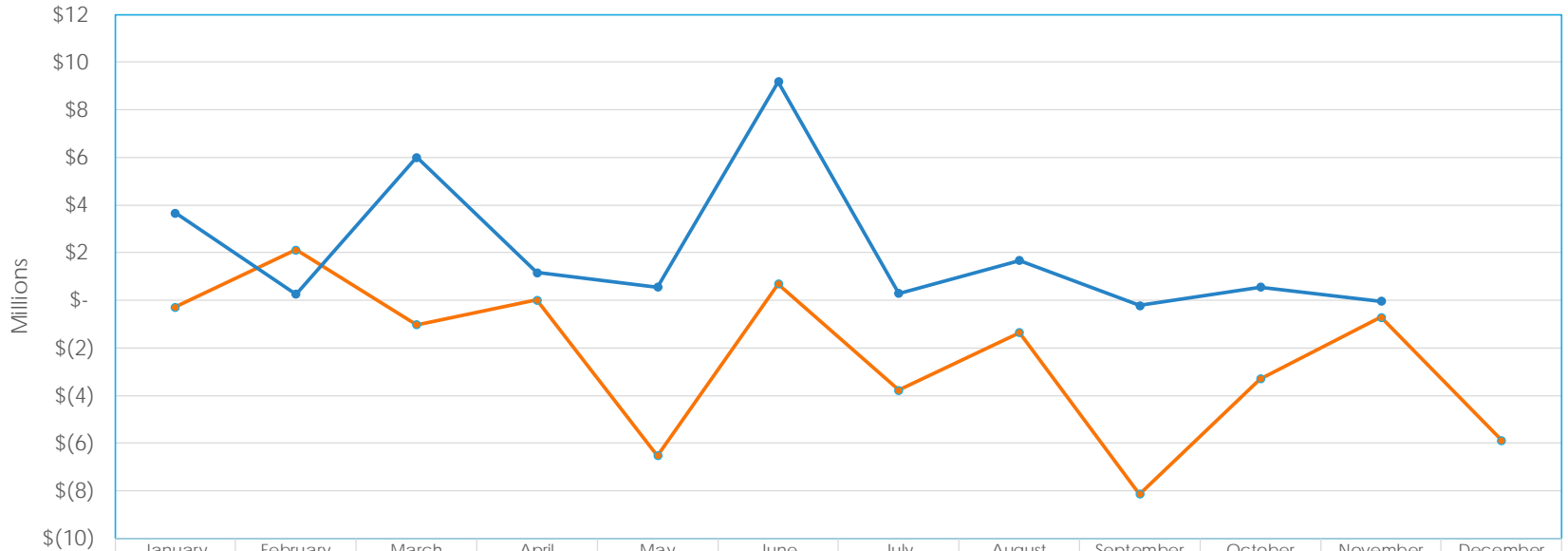
## Highlights for the Month:

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



# Net Surplus Year-Over-Year: CMC

CMC  
Net Surplus by Month (Actuals)



	January	February	March	April	May	June	July	August	September	October	November	December
CY 2022	(278,881)	2,115,459	(1,028,438)	11,671	(6,527,522)	687,240	(3,783,239)	(1,362,457)	(8,141,666)	(3,293,820)	(709,001)	(5,881,050)
CY 2023	3,672,639	249,736	5,998,282	1,159,759	548,785	9,174,813	288,010	1,673,040	(213,599)	545,771	(35,245)	



# Balance Sheet – Current Month vs Prior Month

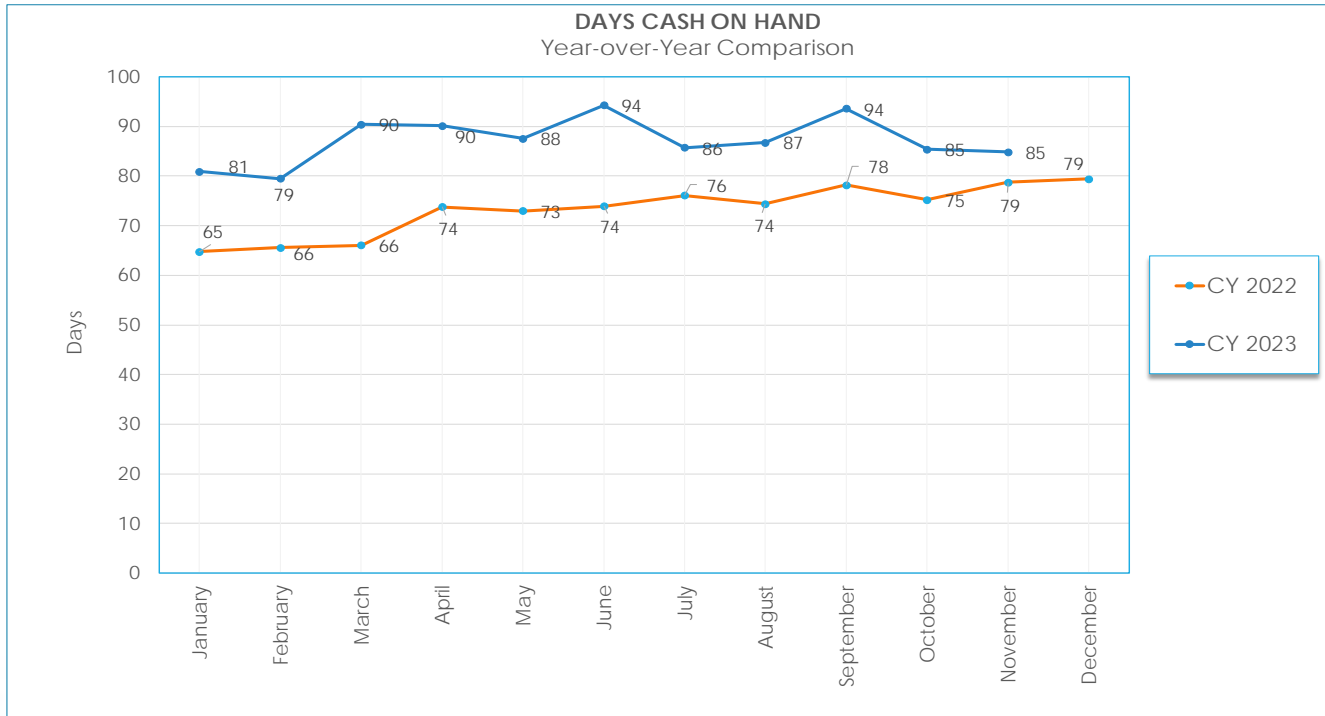
	Nov-23	Oct-23	Variance
<b><u>Assets and Deferred Outflows</u></b>			
Current Assets	\$ 2,488,902,669	\$ 2,471,592,443	\$ 17,310,226
Long Term Receivables	\$ 42,420	\$ 45,391	\$ (2,971)
Capital Assets	\$ 263,261,802	\$ 258,970,245	\$ 4,291,558
Deferred Outflows of Resources	\$ 70,903,506	\$ 70,903,506	\$ -
Net Other Assets	\$ -	\$ -	\$ -
<b>Total Assets and Deferred Outflows</b>	<b>\$ 2,823,110,398</b>	<b>\$ 2,801,511,584</b>	<b>\$ 21,598,813</b>
<b><u>Liabilities, Deferred Inflows, and Net Position</u></b>			
Current Liabilities	\$ 1,157,345,775	\$ 1,121,468,677	\$ 35,877,097
Long-Term Liabilities	\$ 56,080,702	\$ 54,232,886	\$ 1,847,816
Deferred Inflows	\$ 565,217	\$ 568,140	\$ (2,922)
Net Position	\$ 1,609,118,703	\$ 1,625,241,881	\$ (16,123,178)
<b>Total Liabilities, Deferred Inflows, and Net Position</b>	<b>\$ 2,823,110,398</b>	<b>\$ 2,801,511,584</b>	<b>\$ 21,598,813</b>

## Highlights for the Month:

- Increase in Current Liabilities is primarily due to \$27M increase in IBNR.



# Days Cash on Hand



## Highlights for the Month:

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



# Acronyms & Definitions

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

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

COA – Category of Aid

CY– Calendar Year

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

EPP – Enhanced Payment Program

G&A – General & Administrative

GASB – Governmental Accounting Standards Board

GEMT – Ground Emergency Medical Transportation

HCBS – Home and Community-Based Services

HHIP – Housing and Homelessness Incentive Program

HQAF – Hospital Quality Assurance Fee

IBNR – Incurred But Not Reported

IT – Information Technology

LTC – Long Term Care

MCE – Adult Medi-Cal Expansion population

MLR – Medical Loss Ratio

MOT – Major Organ Transplant

P4P – Pay for Performance

PHDP – Private Hospital Directed Payment

SBHIP – Student Behavioral Health Incentive Program

SIS/UIS – Satisfactory Immigration Status/Unsatisfactory Immigration Status

SPD – Seniors and Persons with Disabilities





**ADMINISTRATION**

**22. DELEGATION OF AUTHORITY TO SET-UP AND OFFER ENHANCED CARE MANGAMENT SERVICES THROUGH IEHP HEALTH ACCESS**

**Recommended Action:**

That the Governing Board of IEHP Health Access authorize the Chief Executive Officer (“CEO”) or his/her designee to take all actions necessary for IEHP Health Access to offer Enhanced Care Management (“ECM”) services, including but not limited to the execution of a related contractual documents with IEHP and recruitment of a clinical director.

**Contact:**

Jarrold McNaughton, Chief Executive Officer

**Background:**

IEHP Health Access was created by the Counties of Riverside and San Bernardino in 2005 as a joint powers agency for the purpose of establishing a separate Quality Improvement Fee (“QIF”) plan; QIF was eventually phased out and its Knox-Keene license relinquished, but IEHP Health Access still exists today as a JPA.

At this time, the California Department of Health Care Services (“DHCS”) has shared its vision of shifting ECM services from a plan-based approach to a community-based approach and has directed IEHP to support its vision. To that end, IEHP wishes to identify a community partner that shares the same mission, vision, and values that lay at the foundation of IEHP’s own ECM teams. IEHP Health Access exists to serve eligible residents of the Inland Empire region, and as a JPA governed by the same members of the IEHP Governing Board, IEHP Health Access not only understands, but also embodies IEHP’s vision of securing optimal care and vibrant health for its Members.

**Discussion:**

IEHP Health Access will be set up as an ECM provider to offer ECM services to IEHP Members, including application for an NPI number and enrollment as a Medi-Cal provider. Additionally, IEHP Health Access may also enter into a separate Master Services Agreement with IEHP to receive certain administrative services. IEHP Health Access will also recruit and hire a qualified clinical director to oversee ECM and any related clinical services.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	S. Oh 12/22/23	A. Wang 01/01/24	J. McNaughton 01/02/24

**THE GOVERNING BOARD  
OF THE  
INLAND EMPIRE HEALTH PLAN AND IEHP HEALTH ACCESS**

Mission Inn Hotel and Spa  
Santa Barbara Conference Room  
3649 Mission Inn Avenue  
Riverside, CA 92501

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***DRAFT - MINUTES OF THE DECEMBER 11, 2023, REGULAR MEETING***

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**Governing Board Members Present:**

Supervisor Karen Spiegel	Dan Anderson
Supervisor Curt Hagman	Drew Williams
Supervisor Yxstian Gutierrez	Eileen Zorn
Supervisor Dawn Rowe	

**Governing Board Members Absent:** None

**Governing Board Member Vacancy:** None

**Inland Empire Health Plan Employees and Legal Counsel Present:**

Jarrod McNaughton, Chief Executive Officer	Raymond Mistica, Esq. Deputy County Counsel
Keenan Freeman, Chief Financial Officer	Anna Wang, Esq., Vice President, General Counsel
Vinil Devabhaktuni, Chief Digital and Information Officer	Victoria Ostermann, Director of Government Affairs
Edward Juhn, Chief Quality Officer	Annette Taylor, Secretary to the Governing Board
Michelle Rai, Chief Communications & Marketing Officer	Julie Mock, Manager, Executive Support
Supriya Sood, Chief People Officer	
Takashi Wada, Interim Chief Medical Officer	
Susie White, Chief Operations Officer	

**IEHP Staff Absent:** Stefanie Stubblefield, Board Specialist

**Guests:** None

- 
- I. Call to Order:  
Vice-Chair Hagman called the December 11, 2023, regular meeting of the Inland Empire Health Plan and the IEHP Health Access Governing Board to order at 9:07 a.m.
- \*Chair Spiegel arrived at 9:08*
- II. Pledge of Allegiance
- III. Roll Call
- IV. Agenda Changes: Item 17 was pulled off agenda
- V. Public Comment: None

VI. Conflict of Interest Disclosure: None

VII. Adopt and Approve the Meeting Minutes from November 13, 2023, Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access.

**Action: On motion of Vice Chair Hagman and seconded by Member Anderson, the Meeting Minutes from November 13, 2023, Regular Meetings of the Governing Board of the Inland Empire Health Plan and IEHP Health Access were approved as presented. (Hagman/Anderson)**

VIII. IEHP:

**Consent Agenda:**

**Action: On motion of Member Guterrez, seconded by Member Rowe Items 1 – 16, 18 and 19 on the IEHP Consent Agenda were approved as presented. (Guterrez/Rowe)**

**Policy Agenda and Status Report on Agency Operations (Board Report #344)**

FINANCE DEPARTMENT (Keenan Freeman):

Keenan Freeman, Chief Financial Officer, presented the following Finance Department section of the Status Report:

Item 20: Adopt and Approve the IEHP Calendar Year 2024 Operations and Capital Budget:  
*Mr. Freeman presented the CY2024 Budget for approval.*

*\*Members Spiegel, Hagman, Zorn and Guterrez commented on presentation.*

**Action: On motion of Member Guterrez, seconded by Member Zorn, Item 20 on IEHP Policy Agenda was approved as presented. (Guterrez/Zorn)**

***All Status Report items for the Finance Department were reviewed and accepted by the Governing Board***

IX. IHEP Health Access: *No Business*

X. Comments from the Public on Matters Not on The Agenda: None

XI. Board Comments:

XII. Closed Session:

*Chair Spiegel deferred to the Secretary to the Governing Board to read the following into the record:*

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

HEALTH PLAN TRADE SECRETS: Meeting held for the purpose of discussion or taking action on health plan trade secrets, including initiating a new service, program, marketing strategy, business plan, or technology, or to add a benefit or product where the premature

disclosure of the trade secret would create a substantial probability of depriving the health plan of a substantial economic benefit or opportunity.

*Since no reportable action was expected as a result of Closed Session, Chair Spiegel adjourned the December 11, 2023, IEHP and IEHP Health Access Governing Board Meeting at 9:37 a.m.*

XIII. Adjournment

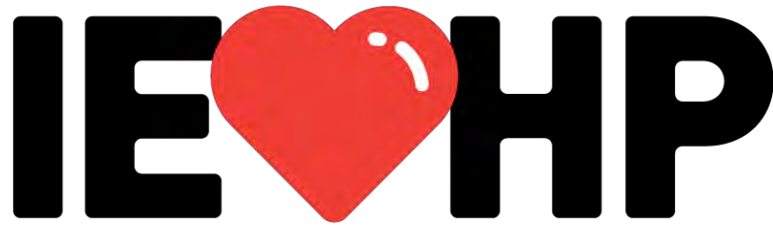
*Chair Spiegel adjourned the December 11, 2023, IEHP and IEHP Health Access Governing Board meeting at 9:37 a.m.*

The Approved Governing Board Minutes for December 11, 2023, will have a copy of the IEHP Board Report #344 attached

These Meeting Minutes were duly adopted and approved on January 8, 2024.

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Annette Taylor  
Secretary to the IEHP Governing Board



## **INLAND EMPIRE HEALTH PLAN**

### **Professional Services Agreements, Contracts and Amendments**

#### **UNDER \$200,000**

Whereby the Chief Executive Officer of IEHP applied his authority and approved purchases up to \$200,000 as authorized by the Governing Board through

#### **Minute Order 16-64**

(Services pursuant to a written contract from a single vendor for a period of one year based on the effective date of the contract)

**And**

#### **TANGIBLE GOODS**

#### **Minute Order 16-65**

(Purchase of all Goods and Non-Contracted Services in excess of \$500,000)

**Items on this summary report are being  
processed in conjunction with the**

**January 8, 2024**

**Governing Board Meeting**



*Under \$200k Summary Report  
as of January 8, 2024*

	Vendor	Purpose	Contract Amount	Budget	Effective Date	Department
1	American Academy of Child and Adolescent Psychiatry (dba AACAP)	License Agreement for Early Childhood Service Intensity Instrument Online Training	\$9,960	Included in CY2023	12/15/23	Health Services
2	American Academy of Child and Adolescent Psychiatry (dba AACAP)	License Agreement for Electronic Access to Early Childhood Service Intensity Instrument Reference Materials	\$14,400	Included in CY2023	12/15/23	Health Services
3	American Academy of Child and Adolescent Psychiatry (dba AACAP)	License Agreement for Access to Online Training for Child & Adolescent Level of Care/Service Intensity Utilization System	\$7,960	Included in CY2023	12/15/23	Health Services
4	BrainStorm, Inc. Renewal	Order Form with QuickHelp SaaS learning platform	\$84,131	Included in CY2023	12/15/23	Information Technology
5	Crawford Technologies USA, Inc. First Amendment	PSA for 508 Remediation Services	\$0	Included in CY2023	12/20/23	Information Technology
6	Entisys Solutions, Inc. dba e360	Master Products and Services Agreement for	\$0	None	12/15/23	Information Technology
7	Everbridge Inc.	Quote for Safety Connection Pro Mass Notification Emergency System	\$56,277	Included in CY2024	12/28/22	Information Technology
8	Healthy Data Systems dba Healthcare, Informatics, LLC First Amendment	PSA for Maintenance of IEHP Site Audit Tool	\$12,500	Included in CY2023	12/18/23	Information Technology
9	Ignite Design & Advertising, Inc.	PSA for Agency of Record Services for IEHP's General Branding and Marketing	\$100,000	Included in CY2024	01/01/24	Marketing
10	Progress Software Corporation	Quote for utilized MoveIT as a MFT Tool	\$12,040	Included in CY2023	12/22/23	Information Technology
11	PUAC, Inc. dba Pull Up a Chair Fifth Amendment	PSA for Party Equipment Rental and Set-up Services	\$69,000	Included in CY2023	03/01/23	Finance
12	SeeWritHear, LLC First Amendment	PSA for Alternative Format Transcription Services	\$0	None	12/19/23	Health Services
13	Udemy, Inc.	End User License Agreement (EULA) for an Online Learning and Teaching Platform	\$105,000	Included in CY2023	12/20/23	Information Technology



*Tangible Goods Summary Report  
as of January 8, 2024*

*No Items to Report*