



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

July 10, 2023 - 9:00 AM

Board Report #339

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

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

PUBLIC COMMENT AT INLAND EMPIRE HEALTH PLAN GOVERNING BOARD MEETINGS:

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

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

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

https://youtube.com/live/14X_1mYtTAK?feature=share

AGENDA

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

AGENDA

VII. Adopt and Approve of the Meeting Minutes from the June 5, 2023 Regular Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access

VIII. IEHP

CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. 2023 First Quarter Review of the IEHP Compliance Program
2. Approve the 2023 IEHP Code of Business Conduct and Ethics
3. Approve the Third Amendment to the Professional Service Agreement with Innovative Connections
4. Approve the Memorandum of Understanding with The University of Arizona Global Campus
5. Approve the Memorandum of Understanding with University of La Verne
6. Approve the Increase in Spending Authority with Riverside County Office of County Counsel

FINANCE DEPARTMENT (Keenan Freeman)

7. Approve the First Amendment to the Funding Agreement with IEHP Foundation
8. Approve the Third Amendment to the Professional Service Agreement with ABM Janitorial Services Southwest Inc.
9. Approve the Public Works Contracts from Request for Bid #23-4707 with Hal Hays Construction Inc. and GM Business Interiors for the Interior Office Demolition and Furniture removal project at the Learning and Innovation Center located at 9500 Cleveland Avenue, Ranch Cucamonga

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

10. Approve the Seventh Amendment to the Professional Service Agreement with Freed Associates
11. Approve the First Amendment to the Memorandum of Understanding with Housing Authority of the County of San Bernardino

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

12. Delegation of Authority to Approve the Master Services Agreement, Statement of Work, and Subsequent Documents, Amendments, Statements of Work, Orders, and Requisitions Related Hereto with BeMe Health Inc.
13. Approve The Award of Request for Proposal #23-04597 and Delegation of Authority to Approve an Agreement with Astrata, Inc
14. Approve Purchase Requisition for the Adobe Marketo Engage Software Application with CDW Government, LLC
15. Approve the Service Order to the Customer Relationship Agreement with SecureWorks for Cybersecurity Monitoring Services

QUALITY DEPARTMENT (Edward Juhn, M.D.)

16. 2022 Annual Quality Management Annual Evaluation Review
17. Approve the Fifth Amendment to the Professional Services Agreement with Symphony Performance Health dba SPH Analytics

PROVIDER NETWORK DEPARTMENT (Keenan Freeman)

18. Ratify and Approve the Sixth Amendment to the Letter of Understanding with Children's Hospital Los Angeles – *Los Angeles*
19. Ratify and Approve the Twenty-Fifth Amendment to the Hospital Per Diem Agreement with Children's Hospital at Mission – *Mission Viejo*
20. Ratify and Approve the Twenty-Fifth Amendment to the Hospital Per Diem Agreement with Children's Hospital of Orange County – *Orange*
21. Ratify and Approve the Eleventh Amendment to the Hospital Per Diem Agreement with Veritas Health Services, Inc. dba Chino Valley Medical Center – *Chino*
22. Ratify and Approve the Eighth Amendment to the Capitated IPA Agreement with Optum Care Network – Inland Faculty Mg - *Colton*
23. Ratify and Approve the Seventh Amendment to the Hospital Per Diem Agreement for Behavioral Health Services with Vista Behavioral Hospital LLC dba Pacific Grove Hospital – *Riverside*
24. Ratify and Approve the Hospital Per Diem Agreement with Ridgecrest Regional Hospital – *Ridgecrest*

AGENDA

25. Ratify and Approve the Hospital Per Diem Agreement with Victor Valley Hospital Acquisition, Inc. dba Victor Valley Global Medical Center – *Victorville*
26. Approval of the Standard Templates
 - 1) Master Community Support Services Attachment B – Personal Care and Homemaker Services
 - 2) Master Community Support Services Attachment B – Day Habilitation Programs
 - 3) Master Community Support Services Attachment B – Respite Services
 - 4) Master Provider Agreement – All Lines of Business & Covered California
27. Approval of the Evergreen Contracts
 - 1) Hosea E Brown MD Inc - Specialist Participating Provider Agreement – *Hemet*
 - 2) Memory Check Psychological Services a Professional Corporation - Skilled Nursing Facility Attending Physician Agreement - Behavioral Health – *San Jose*
 - 3) American Specialty Health Plans of California Inc -Ancillary Agreement – *San Diego*
 - 4) Maria Puraci dba Holy Hill Home Care - Residential Care for the Elderly – *Yucaipa*
 - 5) Nick Puraci dba Holy Hill Home Care East - Residential Care for the Elderly – *Yucaipa*
 - 6) Country Villa Claremont Healthcare Center Inc dba Country Villa Claremont Healthcare Center - Skilled Nursing Facility Provider Agreement - *Claremont*
 - 7) Vista Pacifica Enterprises Inc dba Vista Pacifica Enterprises Inc - Skilled Nursing Facility Provider Agreement – *Riverside*
 - 8) Joseph Lin dba Joseph L Lin MD Inc - Specialist Participating Provider Agreement – *West Covina*
 - 9) Catherine M Hynes - Behavioral Health Participating Provider Agreement – *Upland*
 - 10) Clinicas de Salud del Pueblo Inc dba Innercare - Behavioral Health Participating Provider Agreement – *Hemet*
 - 11) Desert Marriage and Family Counseling Inc - Behavioral Health Participating Provider Agreement – *Palm Desert*
 - 12) Esther Arredondo LMF dba Esther Arredondo LMFT - Behavioral Health Participating Provider Agreement – *Redlands*
 - 13) Michele Cyr dba Michele Cyr LCSW - Behavioral Health Participating Provider Agreement – *Riverside*
 - 14) Tonsinetta D Green dba U Can Feel Better - Behavioral Health Participating Provider Agreement – *Corona*
 - 15) Tyra Marie Smith - Behavioral Health Participating Provider Agreement – *Norco*
 - 16) William Andrew Boyer - Behavioral Health Participating Provider Agreement – *Corona*
 - 17) Inpatient Specialists of California PC dba Sound Physicians of California IV - Hospitalist Agreement – *San Bernardino*
 - 18) Sunil H Patel DO dba Advanced Primary Care of High Desert - Capitated Primary Care Provider Agreement - *Apple Valley*
 - 19) McGinness Latiffah Abdullah dba McGinness Latiffah A MD - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Lake Elsinore*
 - 20) Pediatric Medical Group of Riverside - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Riverside*
 - 21) Anthony Shin MD - Skilled Nursing Facility Attending Physician Agreement - Behavioral Health – *Loma Linda*
 - 22) HealthCare Physical Therapy Inc - Specialist Participating Provider Agreement – *Chino*

23) Whole Child Therapy Inc - Specialist Participating Provider Agreement - *Claremont*

POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

ADMINISTRATION (Jarrod McNaughton)

28. Chief Executive Officer Update

FINANCE DEPARTMENT (Keenan Freeman)

29. Review of the Monthly Financials

IX. IEHP Health Access – *No Business*

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

XI. Board Member Comments

XII. Closed Session

1. With respect to every item of business to be discussed in closed session pursuant to California Government Code Section 54957 (b) (1):

A. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

Title: Chief Executive Officer, Inland Empire Health Plan

2. With respect to every item of business to be discussed in closed session pursuant to Government Code Section 54957.6:

Conference with labor negotiator: Agency Negotiator Anna Wang, Vice President & General Counsel, Re: unrepresented employee (Chief Executive Officer).

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held on August 14, 2023, at Inland Empire Health Plan

ADMINISTRATION

1. 2023 FIRST QUARTER REVIEW OF THE IEHP COMPLIANCE PROGRAM

Recommended Action:

Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer
Lourdes Nery, 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 First Quarter of 2023 and important, more recent activity updates.

Discussion:

1. Recent Activity Updates

Centers for Medicare and Medicaid Services (CMS) Notice of Non-Compliance – Failure to Meet Calendar Year (CY) 2023 Posted Formulary Requirements

On March 30, 2023, the CMS issued a Notice of Non-Compliance to IEHP for errors identified during the Posted versus Approved (PvA) Analysis conducted in October/November of 2022. The posted formulary PDF file displayed on IEHP's website failed to include the Formulary ID and Version Number listed in the Health Plan Management System (HPMS) on its cover page.

Remediation Status:

In December 2022, the IEHP Pharmaceutical Services Department updated the Formulary document to include the Formulary ID and Version Number as requested by the CMS. The Regulatory Affairs Unit – Medicare (RAU Medicare) will work with the teams involved in the model materials development to ensure this information is included when the CY 2024 templates are made available. The RAU Medicare will draft a request to the CMS and the California Department of Health Care Services (DHCS) to clarify the requirement and update the state-specific template for CY 2024 to ensure clear instruction to Plans on model requirements.

Background:

CMS prohibits Part D sponsors from engaging in activities that could potentially mislead or confuse beneficiaries; or misrepresent the Part D sponsor. 42 C.F.R. § 423.128(d) requires Plans to have a mechanism for providing timely information to its beneficiaries which includes

updating the online formulary at least monthly. Medicare Part D Plans are required to use the Standard 2023 Part D Model Formulary (Abridged and Comprehensive) Template. CMS model templates are standardized documents that typically do not allow for modification except where explicitly instructed within the model document. California Dual Eligible Special Needs Plans (D-SNPs) are required to use state-specific integrated model materials that have been approved by CMS, the California Department of Managed Care Healthcare (DMHC) and the DHCS; These integrated materials are intended to include both CMS and State requirements where applicable in lieu of providing D-SNP Members with separate Medi-Cal and Medicare materials (Evidence of Coverage, Summary of Benefits, Directory, Formulary, Member ID Card).

Centers for Medicare and Medicaid Services (CMS) Notice of Non-Compliance – Failure to Meet Calendar Year (CY) 2023 Formulary Requirements

On Wednesday, January 11, 2023, the CMS issued a Notice of Non-Compliance to IEHP for failure to comply with the requirements described in Title 42 of the Code of Federal Regulations (CFR) Part 423, Subpart F.

Remediation Status:

The IEHP Pharmaceutical Services Department conducted an in-depth review of the formulary submission process and determined this notice of non-compliance occurred prior to the revised formulary process that was implemented as a result of previous non-compliance notices issued in the Summer of 2022. The formulary issue was corrected in July of 2022 and no further incidents have occurred.

Background:

The CMS requires sponsors offering Part D drug benefits to submit and receive approval of their formulary during the annual bid submission process. The CMS conducts a review of IEHP's formulary in three (3) stages to identify potential concerns related to formulary design to ensure it is consistent with and based on scientific evidence, standards of practice, including peer reviewed medical literature, well-established clinical practice guidelines, and pharmacoeconomic studies. In each stage of the review, the CMS communicates concerns related to the formulary that require either a resubmission or Plans to provide a clinical justification. During these stage reviews, formulary changes must be limited to those necessary to address review concerns. Additional unsolicited changes may subject a sponsor to a formal compliance action (e.g., notice of non-compliance, warning letter, etc.).

The CMS issues Compliance Letters as part of its past performance review when the CMS learns of a performance problem related to Part C and Part D requirements. These letters are the CMS' formal way of documenting a IEHP's failure to comply with Medicare requirements, as well as provide notice to the Plan to correct the deficiencies or risk further compliance actions. Each Compliance Letter is assigned a weighted value that is used to determine if any one (1) contract in an organization has met the CMS' threshold for failure to comply with Medicare requirements. Plans that meet or exceed 13 points during the 12-month review period

for any one (1) contract may be sanctioned and may be prohibited from entering into any new contract or service area expansion with the CMS.

The CMS Compliance Letter Weight

Compliance Letter Type	Letter Weight	Rationale for Weight
Notice of Non-Compliance (NONC)	1	This letter is the mildest type of letter. There are no specific actions requiring escalation or further consequence should the issue continue.
Warning Letter (WL)	3	This letter is a formal communication describing the consequences of continued noncompliance. This letter is issued when IEHP has either received a NONC, yet the problem persists, or for a first offense for larger or more concerning problems. Unlike a NONC, this letter includes actions the CMS may take should the issue continue.
Warning Letter (WL) with a Business Plan	4	This WL is issued when the matter is serious enough to warrant a written response from IEHP but is not significant enough to warrant a Corrective Action Plan (CAP).
CAP Ad-hoc Compliance Event	6	Ad-hoc CAPs represent the most serious form of compliance notice. This letter carries twice the weight of a warning letter because the issuance of this type of letter indicated continuing and/or severe, systemic problems.

Enforcement Action History:

- **June 30, 2022:** The CMS issued a Notice of Non-Compliance to IEHP (H5355) for failure to add protected class drugs to its formulary. During the May 2022 monthly formulary submission, IEHP failed to include Lamivudine and Tenofovir Disoproxil Fumarate oral tablets in its formulary. IEHP Compliance Audit & Oversight issued an internal Corrective Action Plan request to the Pharmaceutical Services Department on July 13, 2022. The Corrective Action Plan successfully passed validation on November 30, 2022.
- **July 26, 2022:** The CMS issued a Warning Letter to IEHP (H5355) for failure to add protected class drugs to its formulary. During the June 2022 monthly formulary submission, IEHP failed to include Abacavir 60 MG / Dolutegravir 5 MG/ Lamivudine 30 MG (Triumeq) tablet for oral suspension in its formulary. During the resubmission window, IEHP remediated the missing drugs and no further issues of non-compliance for this issue have been identified.

- **October 25, 2022:** The CMS issued a Notice of Non-Compliance to IEHP (H5355) for failure to meet the call center standard interpreter availability measure for the prospective beneficiary customer service line. IEHP's Member Services Department identified an issue with the IVR that was not set to the appropriate hours of operation which led to the call center appearing closed during normal business hours. The IEHP Member Services Department and Community Health Department will continue to work on oversight activities to ensure the issue does not reoccur.
- **January 11, 2023:** The CMS issued a Notice of Non-Compliance to IEHP (H8894) for failure to meet CY 2023 Formulary Requirements. The formulary issue identified was remediated during the 2023 Summer update and no further issues of non-compliance have been identified. Any additional corrective actions regarding this issue are on hold pending the outcome of the assessment conducted by the Health Management Associates (HMA), a consulting firm IEHP engaged to review the IEHP Pharmaceutical Services Department's Formulary processes. The results of the assessment are under leadership review and will be shared with the Compliance Department in the coming weeks.

2022 the California Department of Health Care Services (DHCS) – Current State Government Audit Update

Background:

DHCS audits managed care plans annually. Year 1 of the 3-year cycle is a full medical audit to establish a baseline to assess IEHP. During Years 2 & 3, DHCS reviews IEHP's core operations, any areas of concern and the prior Corrective Action Plans (CAPs). IEHP is in Year 2 of the audit cycle.

Discussion:

On June 30, 2022, IEHP received the DHCS Entrance Letter for the 2022 Medical Audit. The audit scope was August 1, 2021, through July 31, 2022. The audit interviews were conducted in Fall 2022 and closing remarks were provided on September 30, 2022.

DHCS issued the Final Report on February 1, 2023, and IEHP had 4 findings. IEHP responded with a CAP in April and May. The Plan will continue to provide CAP documents on a monthly basis and the audit will be open until the CAP is fully accepted by DHCS.

California Department of Managed Health Care (DMHC) Enforcement Matter 22-246

Background:

In August 2022, IEHP received an investigative Enforcement Matter to determine whether IEHP withheld treatment or services for individuals with Gender Dysphoria in violation of Health & Safety Code. DMHC requested all policies IEHP utilized related to authorizing treatment services for gender dysphoria and the timeline of the policies were provided.

Discussion:

On March 14, 2023, IEHP received an investigative interrogatories and request for related documents requesting full/partial denial and grievance information related to gender dysphoria

treatment services. IEHP provided the requested documents to DMHC and is awaiting for a response from DMHC.

2. Q1 Compliance Program Updates

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. IEHP’s Compliance Audit & Oversight (A&O) Unit has implemented a centralized and formalized process for tracking, investigating, and correcting compliance issues. The purpose of this process is to prevent, detect, and correct any issues.

During Q1 2023, a total of four (4) issues required corrective action.

Issue	Description	Line of Business Impacted	Remediation	Status
CMS Notice of Non-Compliance	The CMS issued a Notice of Non-Compliance to IEHP for failure to meet the percentage of required incoming calls for interpreter services.	Medicare	IEHP will further develop monitoring and provide education to the interpreter services vendor.	Corrective action in progress.
Teletypewriter (TTY) Nurse Advice Line Contact Information	The TTY number included on IEHP’s website, and some printed materials included inaccurate information.	Medicare And Medi-Cal	IEHP website and impacted printed materials were updated to include the correct TTY number. Additionally, monthly monitoring of the TTY Nurse Advice Line was improved to ensure testing is documented and maintained.	Closed.
Dual Special Needs Plan (D-SNP) Enrollment Processing	IEHP experienced a minor delay in processing Member enrollment for the D-SNP product resulting in delayed confirmation of Member enrollment. The issue was identified prior to the enrollment effective date and corrected.	Medicare	IEHP implemented improved processes and conducted training to ensure timely enrollment processing.	Closed.

Issue	Description	Line of Business Impacted	Remediation	Status
Medi-Cal Suspended & Eligible Provider Payments to Non-Contracted Providers	Claims payments issued for services rendered by a physician listed on the Medi-Cal Suspended & Ineligible Provider List.	Medicare and Medi-Cal	IEHP will correct the report generated to conduct exclusion checks to ensure it includes rendering and billing Providers.	Corrective action in progress.

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

During Q1 2023, a total of two hundred and fifty-five (255) individuals were due to complete New Hire Compliance Training. As of March 31, 2023, two hundred and thirty-six (236) individuals completed training. The remaining nineteen (19) individuals were escalated to their leadership teams for resolution. The Compliance Department will continue to monitor completion of training to ensure regulatory required timeframes are met.

Executive Compliance Committee (ECC) Policy and Procedure

The Executive Compliance Committee (ECC) internal policy and procedure outlines the purpose, function, and membership of the ECC. IEHP internal policies are reviewed on at least an annual basis. Interim updates are conducted on an as needed basis to comply with regulatory requirements or procedural changes. Below is a summary of the revisions made to this policy:

- Added Vice Presidents (VPs) to the ECC membership.
- Updated the voting quorum.

3. Q1 Audit Plan Updates

Compliance Audit Plan Updates

The 2022/2023 Audit Plan is in progress, which includes internal risk-based audits and Independent Physicians Association (IPA) Delegation Oversight (DO) Audits. Through Q1 2023, a total of eighteen (18) audits out of twenty-nine (29) total audits on the Audit Plan have been completed. This includes the completion of all IPA DO Audits. The following update was made to the Audit Plan during Q1:

- Removed: Exclusion Screening - Non-Contracted/Non-Credentialed Prepayment
 - The audit was removed due to a current compliance issue that requires a Corrective Action Plan over the area. To give sufficient time for the Corrective Action Plan to be implemented the audit will be removed from this year’s audit plan and added to next year’s.

The following audits are in progress:

- Exclusion Screening – Credentialing
- Regulatory Communications – Medi-Cal
- Open Grievance Process
- Exclusion Screening – Workforce
- Interdisciplinary Care Plan (ICP) & Interdisciplinary Care Team (ICT) Development

- Health Risk Assessment (HRA) Completion Rate

The following audits are scheduled to begin in Q2 of 2023:

- Grievance Identification & Classification
- Regulatory Communications – Medicare
- Member Communication – Threshold Languages
- Member Letters

Please see the attached 2022-2023 Compliance Audit Plan for further details.

2021 California Department of Health Care Services (DHCS) Medical Survey Corrective Action Plans (CAP)

On February 18, 2022, DHCS provided the Final Findings Report for the Medical Survey conducted in 2021. In response, IEHP submitted a Corrective Action Plan (CAP) for each finding on April 8, 2022. During the Q3 2022 Executive Compliance Committee (ECC), a CAP validation approach was presented and approved. Corrective Action Plans (CAPs) and CAP validations were conducted to close the loop for any potential gaps and reinforce IEHP’s action plans submitted to DHCS.

The Compliance Audit & Oversight Unit has completed validation procedures. As a result, six (6) of the eight (8) CAPs validated successfully passed. Those that failed validation have received an internal CAP from the Compliance Audit & Oversight Team, and both CAP responses have been accepted. See results below.

Category	LOB	Finding	Approach	Outcome
1.2 Prior Auth Review Requirements	Medi-Cal	IEHP applied prior authorizations to preventative services.	Action Plan Verification	Pass
1.3 Prior Auth Appeal Review Requirements	Medi-Cal and Medicare	IEHP did not identify the name of the decision maker within the written appeal notification letter.	Validation Audit - Samples	Pass
1.3 Prior Auth Appeal Review Requirements	Medi-Cal and Medicare	IEHP did not document the periodic review/evaluation of their appeals system. IEHP did not have documentation of the review done by the governing body, public policy body and officer/designee.	Action Plan Verification	Pass
3.8 Non-Emergency Medical Transportation (NEMT)/ Non-Medical Transportation (NMT)	Medi-Cal and Medicare	IEHP did not ensure the required Physician Certification Statement (PCS) forms were utilized for transportation services, nor did IEHP ensure PCS forms contained all required components.	Validation Audit - Samples	CAP Requested

Category	LOB	Finding	Approach	Outcome
3.8 NEMT/NMT	Medi-Cal and Medicare	IEHP did not have a process in place to ensure its subcontracted transportation providers were enrolled in the Medi-Cal program.	Validation Audit - Samples	Pass
4.1 Grievance System	Medi-Cal	IEHP did not ensure the corrective actions were enacted when addressing needed improvements to the quality of care delivered by its Providers.	Action Plan Verification	CAP Requested
4.1 Grievance System	Medi-Cal	IEHP did not ensure Member grievances were completely resolved due to a lack of response from its network providers	Included in Open Grievance Audit –In Progress	Transferred to Compliance Audit Plan and added to the scope of the Open Grievance Audit.
4.1 Grievance System	Medicare	IEHP did not maintain adequate balance billing policies and procedures. IEHP did not have a process to protect enrollees from liability payments.	Action Plan Verification	Pass
5.1 Quality Improvement System	Both	IEHP did not maintain adequate oversight of Utilization Management (UM) delegates. IEHP did not require delegates to report UM findings quarterly and did not monitor delegate reporting of underutilization.	Action Plan Verification	Pass

4. Special Investigations Unit (SIU) Updates

Privacy Incidents

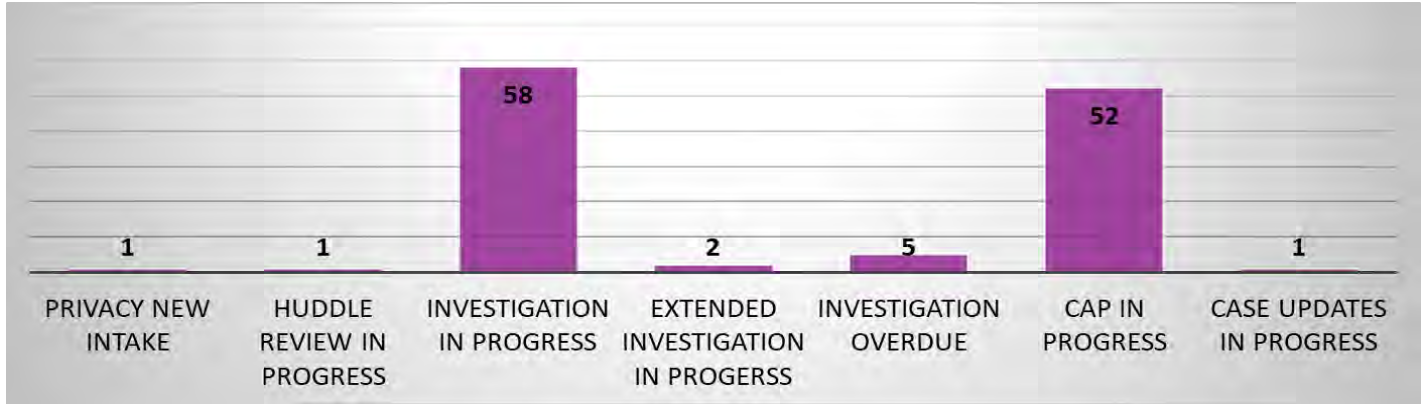
Federal and state laws/regulations require that IEHP ensures that Member health information is properly protected while allowing for the flow of information needed to provide and promote high quality health care. The IEHP Compliance Special Investigations Unit (SIU) conducts intake and investigations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

For Q1 2023, 138 new privacy allegations were received; a decrease of 19% compared to Q4 2022. This quarter, 158 new or previously reported allegations were investigated and closed, including remediation, if needed. Of the 158 closed investigations, 46 incidents were substantiated, with 38 remediated via internal measures and 8 referred to the appropriate regulatory agency as privacy breaches. Only privacy incidents which meet the breach¹ criteria are reported to federal and state agencies. 59% of the substantiated investigations involved

¹ 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.

unauthorized access, use or disclosure via electronic means. Remediation and corrective action were taken, including coaching and education, to help mitigate future occurrences.

The chart below depicts the general privacy incident inventory as of March 31, 2023.



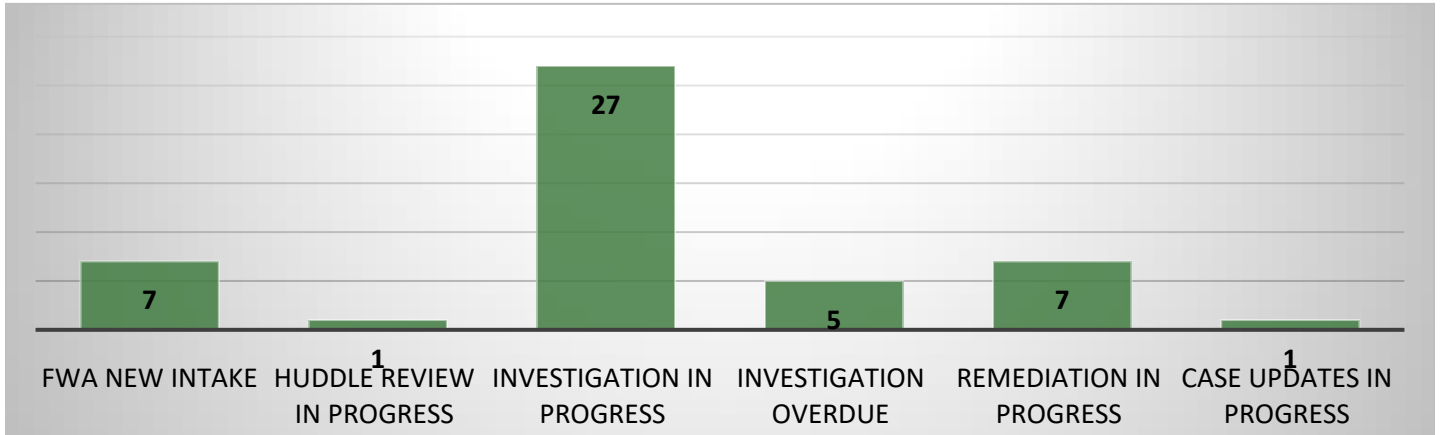
FWA Incidents

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

For Q1 2023, 220 new fraud, waste, and abuse allegations were received; an increase of 30% compared to Q4 2022. For this quarter, 242 new or previously reported allegations were investigated and closed, including remediation, if needed. Of the 242 closed investigations, 39 were substantiated. Based on SIU’s new reporting process, implemented in January 2023, 57 incidents were referred to the California Department of Health Care Services (DHCS) as potential fraud, waste, or abuse. Of the substantiated investigations, 64% involved fraudulent billing, mostly double billing and services not rendered. Appropriate remediation efforts were taken including recovery of funds, cease and desist letters, and/or provider education.

CONSENT AGENDA

The chart below depicts the general fraud, waste, and abuse incident inventory as of March 31, 2023.



Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 5/31/23	L. Nery 6/9/23	S. White 6/12/23

Compliance KPIs

1st Quarter 2023

Regulatory Communications

Special Communications

- Medicare Advantage Value-Based Insurance Design Model Calendar Year 2024 Application Process and Materials
- Public Health Emergency (PHE) 1135 Waivers: Updated Guidance for Providers
- Announcement of Calendar Year (CY) 2024 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies
- DHCS APL 23-005 - Requirements for EPSDT
- DHCS APL 23-006 - Delegation & Subcontractor Network Certification
- DMHC APL 23-005 - Network Service Area Confirmation Process

Compliance Training

Team Member trainings due in Q1 2023



New Hire Training Timeliness

2 weeks **68.4%**
90 Days **92.5%**

Actionable Communications

HPMS Memos **101/129 = 78.3%**
 APLs/DPLs **12/15 = 80%**

State Regulatory Reporting Timeliness

Medicare 100% **Medi-Cal 98.6%**

Inquiries and Investigations

Inquiries Volume

	A&O	9
	SIU	20
	RAU Medi-Cal	34
	RAU Medicare	78

Investigations Volume

	Open	New	Closed
FWA	48	220	242
Privacy	120	138	158
Conduct	2	6	6
Noncompliance	11	10	8



Cases Past Due

Untimely 25
13.8% Open 181

Privacy Incidents YTD

DHCS Reported **14**

OCR Reported **5***

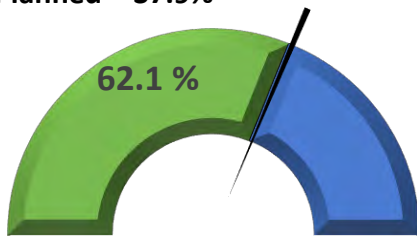
*5 were Reported to OCR by Network Provider

Audits and Oversight

Audits performed by the Compliance Department for FY 2022/2023 Audit Plan

Audit Plan Progress

Audits Completed = **62.1%**
 Audits Planned = **37.9%**



Results of Completed Audits



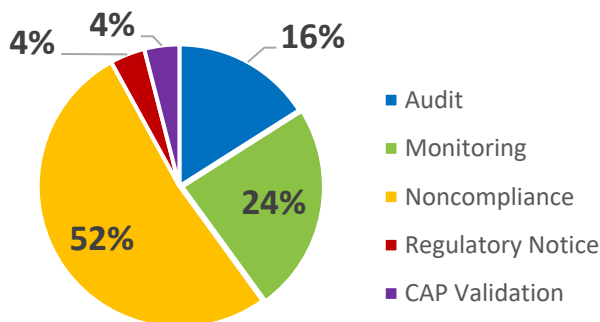
Without Findings **With Findings** **Observations Only**
44.4% **44.4%** **11.2%**

Audit(s) Due to Begin 2nd Quarter 2023

HRA Reassessments and ICP & ICT Development (D-SNP)

Corrective Action Plans (CAPs)**

CAPs issued by the Compliance Department for Rolling CY April 2022 - March 2023

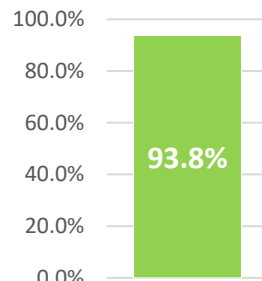


93.8%

CAPs Passed Validation



16 of 131



60.7

Days

Average CAP Implementation



** SIU CAPs not included

Metric	Description
Regulatory Communications	
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. <i>Internal Reference</i>
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. <i>Regulatory and Contractual Requirement: Centers for Medicare & Medicaid Services (CMS); California Department of Health Care Services (DHCS); California Department of Managed Health Care (DMHC)</i>
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. <i>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</i>
Compliance Training	
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. <i>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)</i>
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. <i>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)</i>
Inquiries and Investigations	
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. <i>Internal Policy and Procedure</i>
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. <i>Internal Policy and Procedure</i> <i>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)</i>
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. <i>Internal Policy and Procedure</i> <i>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)</i>
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. <i>Internal Policy and Procedure</i> <i>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)</i>
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. <i>Internal Policy and Procedure</i> <i>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)</i>
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. <i>Regulatory and Contractual Requirement: California Department of Health Care Services (DHCS)</i>

Metric	Description
Audits and Oversight	
% 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. <i>Internal Policy and Procedure</i> <i>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)</i>
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. <i>Internal Policy and Procedure</i> <i>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)</i>
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. <i>Internal Reference</i>
Corrective Action Plans (CAPs)	
% 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. <i>Internal Policy and Procedure</i> <i>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)</i>
% 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. <i>Internal Policy and Procedure</i> <i>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)</i>
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. <i>Internal Policy and Procedure</i> <i>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)</i>

**Compliance Audit Plan
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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	Auditor / Department
Compliance Program Effectiveness	External	Choice Physician Network (CPN)	IPA Compliance Program Effectiveness Validation 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 policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q3	Jessica Lugo, Compliance Auditor I
Compliance Program Effectiveness	External	Horizon Valley Medical Group	IPA Compliance Program Effectiveness Validation 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 policies and procedures and sample evidence.	Medi-Cal	42 C.F.R. § 422.503(b), 423.504(b) and 438.608(a)	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q3	Jose Vega, Compliance Auditor I
HIPAA Privacy	External	Dignity Health Medical Network	IPA HIPAA Privacy Validation 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 policies and potential incidents.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the HIPAA Privacy Program requirements have been implemented and sample selection and testing of potential privacy incidents and/or breaches.	Annually	Audit	2022 Q3	Erin Archibeque, Compliance Auditor I
HIPAA Privacy	External	Dignity Health Medical Network	IPA HIPAA Privacy Validation 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 policies and potential incidents.	Medi-Cal	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the HIPAA Privacy Program requirements have been implemented and sample selection and testing of potential privacy incidents and/or breaches.	Annually	Audit	2022 Q3	Erin Archibeque, Compliance Auditor I
Compliance Program Effectiveness	External	Inland Faculty Medical Group (MSO: MV Medical)	IPA Compliance Program Effectiveness Validation 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 policies and procedures and sample evidence.	Medi-Cal	42 C.F.R. § 422.503(b), 423.504(b) and 438.608(a)	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q3	Jessica Lugo, Compliance Auditor I
HIPAA Privacy	External	PrimeCare Medical Network (MSO: NAMM)	IPA HIPAA Privacy Validation 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 policies and potential incidents.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the HIPAA Privacy Program requirements have been implemented and sample selection and testing of potential privacy incidents and/or breaches.	Annually	Audit	2022 Q3	Jose Vega, Compliance Auditor I
Compliance Program Effectiveness	External	PrimeCare Medical Network (MSO: NAMM)	IPA Compliance Program Effectiveness Validation 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 policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q3	Jose Vega, Compliance Auditor I

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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	Auditor / Department
Compliance Program Effectiveness	External	Physicians Health Network (PHN)	IPA Compliance Program Effectiveness Validation 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 policies and procedures and sample evidence.	Medi-Cal	42 C.F.R. § 422.503(b), 423.504(b) and 438.608(a)	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q3	Jessica Lugo, Compliance Auditor I
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	2023 Q1	Erin Archibeque, Compliance Auditor I
Exclusion Screening	Internal	Procurement	Exclusion Screening - Vendor Delegates	The purpose of this audit is to determine if the plan is conducting regulatory exclusion and sanction screenings in accordance with State and Federal requirements.	Compliance Activity	N/A	The scope of this audit is limited to active vendor contracts within the last 6 months.	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 vendor files during the audit period will be reviewed to determine if exclusion and sanction screenings were conducted according to regulation.	Annually	Audit	2022 Q3	Elizabeth Cisneros, Compliance Analyst II
Open Grievance Process	Internal	Member Services/G&A/Provider Services/UM/BH CM/Pharmacy	Open Grievance Process	The purpose of this audit is to determine if Member calls that contain grievances are processed appropriately by the processing department.	2021/2022 & 2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to potential Member grievances received by the Medi-Cal Member Services Call Center and transferred to another department to process.	Medi-Cal	APL 21-011; DHCS Contract	A sample of cases will be reviewed to determine if Member calls containing potential grievances are classified correctly and processed in accordance with Medi-Cal regulations.	Annually	Audit	2022 Q3	Jose Vega, Compliance Auditor I
Pre-Contractual Assessment of PBM (MedImpact)	External	Pharmacy	Pre-Contractual Assessment of PBM (MedImpact)	The purpose of this audit is to determine if MedImpact has the capacity to perform the delegated functions in accordance with regulatory requirements.	Compliance Activity	N/A	The scope of this audit is limited to the delegated functions of the PBM.	Medicare	Medicare Pharmacy Benefit Manual	BluePeak will review and assess the PBM's policies, procedures, and systems to ensure that they are able to perform the delegated functions in accordance with regulatory requirements.	Annually	Audit	2022 Q3	BluePeak
Exclusion Screening	Internal	Claims System Configuration	Non-Contracted/Non-Credentialed Prepayment Exclusion Screening 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 Non-Contracted/Non-Credentialed Prepayment exclusion screenings.	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) 42 U.S.C. 1320a-7	A sample of Providers (billing Providers and rendering Providers) will be reviewed to determine if exclusion screenings were conducted according to regulation.	Annually	Audit	Remove	Cassie Jordan, Compliance Auditor III
HIPAA Privacy	External	EPIC (MSO: EPIC Health)	IPA HIPAA Privacy Validation 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 policies and potential incidents.	Medicare	45 CFR Part 160 and Subparts A, D & E of Part 164 and IEHP and DHCS Contract Exhibit E-HIPAA	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the HIPAA Privacy Program requirements have been implemented and sample selection and testing of potential privacy incidents and/or breaches.	Annually	Audit	2022 Q4	Jose Vega, Compliance Auditor I

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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	Auditor / Department
Compliance Program Effectiveness	External	EPIC (MSO: EPIC Health)	IPA Compliance Program Effectiveness Validation 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 policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q4	Jose Vega, Compliance Auditor I
Compliance Program Effectiveness	External	Regal Medical Group (MSO: Heritage Provider Network (HPN))	IPA Compliance Program Effectiveness Validation 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 policies and procedures and sample evidence.	Medicare	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q4	Erin Archibeque, Compliance Auditor I
Compliance Program Effectiveness	External	Desert Oasis Healthcare (MSO: Heritage Provider Network (HPN))	IPA Compliance Program Effectiveness Validation 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 policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q4	Erin Archibeque, Compliance Auditor I
Compliance Program Effectiveness	External	Riverside Medical Clinic	IPA Compliance Program Effectiveness Validation 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 policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q4	Jessica Lugo, Compliance Auditor I
Compliance Program Effectiveness	External	Heritage Victor Valley (MSO: Heritage Provider Network (HPN))	IPA Compliance Program Effectiveness Validation 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 policies and procedures and sample evidence.	Medicare	Medicare Managed Care Manual, Chapter 21	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2022 Q4	Erin Archibeque, Compliance Auditor I
Regulatory Communications & Implementation	Internal	Compliance Regulatory Affairs Unit - Medi-Cal	Regulatory Communications	The purpose of this audit is to determine if the coordination of regulatory communications (APLs, and PLS) 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.	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.	Annually	Audit	2022 Q4	Cassie Jordan, Compliance Auditor III
Compliance Program Effectiveness	External	MD Live	IPA Compliance Program Effectiveness Validation 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 policies and procedures and sample evidence.	Medi-Cal	42 C.F.R. § 422.503 (b), 423.504(b) and 438.608(a)	A review of repeat findings will be conducted to validate the issues have been corrected. This may include a review of the delegated entities policies to determine if the elements of an effective Compliance and FWA program have been implemented and sample selection and testing of various Compliance elements.	Annually	Audit	2023 Q1	Erin Archibeque, Compliance Auditor I

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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	Auditor / Department
Exclusion Screening	Internal	Human Resources	Exclusion Screening - Workforce	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	2023 Q1	Cassie Jordan, Compliance Auditor III
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	CCI Three-Way Contract 2.5 & 2.8.3	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 Q2	Jessica Lugo, Compliance Auditor I
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	2023 Q2	Erin Archibeque, Compliance Auditor I
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	CCI Three-Way Contract 2.8.2; DPL 17-001	A sample of HRA Reassessments will be reviewed to determine if they were completed within the required regulatory timeframes.	Annually	Audit	2023 Q2	Jessica Lugo, Compliance Auditor I
Grievance Identification & Classification	Internal	Member Services	Grievance Identification & Classification	The purpose of this audit is to determine if Member call inquiries are identified as grievances appropriately and the potential Member grievances are classified correctly.	Compliance Activity & 2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to potential Member grievances received by the Medi-Cal and Medicare Member Services Call Centers.	All LOB	CCI Three-Way Contract; APL 17-006	A sample of cases will be reviewed to determine if Member call inquiries are identified as grievances appropriately and the potential Member grievances are classified correctly in accordance with Medi-Cal and Medicare regulations.	Annually	Audit	2023 Q2	Erin Archibeque, Compliance Auditor I
Regulatory Communications & Implementation	Internal	Compliance Regulatory Affairs Unit - Medicare	Regulatory Communications	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 Q2	Cassie Jordan, Compliance Auditor III
Member Communication - Threshold Languages	Internal	G&A/UM/Marketing	Member Communication - Threshold Languages	The purpose of this audit is to determine if the Plan is meeting the threshold language requirements found in APL 21-004.	2022/2023 Risk Assessment	Zone 1	The scope of this audit is limited to Member letters within a six month time period.	Medi-Cal	APL 21-004	A sample of Member Letters will be reviewed to ensure that letter threshold requirements were followed.	Annually	Audit	2023 Q2	Jose Vega, Compliance Auditor I

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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	Auditor / Department
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 Q2	Jessica Lugo, Compliance Auditor I
Exclusion Screening	Internal	Provider Contracts	Exclusion Screening - Contracted 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	2022 Q3	Erin Archibeque, Compliance Auditor I

ADMINISTRATION

2. APPROVE THE 2023 IEHP CODE OF BUSINESS CONDUCT AND ETHICS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the 2023 IEHP Code of Business Conduct and Ethics.

Contact:

Jarrod McNaughton, Chief Executive 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) and 423.504(b)(4)(vi). The principles outlined in the regulatory guidelines are applicable to all IEHP relevant decisions, situations, communications, and developments. The Governing Board must exercise reasonable oversight with respect to the implementation and effectiveness of this program.

The IEHP Code of Business Conduct and Ethics (Code of Conduct) state the principles and values by which IEHP operates and communicates that compliance is everyone’s responsibility. The Code of Conduct is the most fundamental statement of IEHP’s governing principles; and for that, the Code of Conduct should be reviewed and approved by the IEHP Governing Board.

Discussion:

The 2023 IEHP Code of Business Conduct and Ethics communicates the expectations that Team Members and business partners are expected to work in an ethical and professional manner that promotes public trust and confidence in the integrity of IEHP. The Code of Conduct includes topics and information intended to assist Team Members and business partners in making the most ethical decisions to preserve IEHP’s workplace culture, IEHP’s culture of compliance, and support IEHP’s core values. The Code of Conduct also provides information on how potential issues and/or violations may be reported. Revisions to the document include, but not limited to:

- New IEHP Logo and Branding

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	L. Romero 6/13/23	I. Napoli 6/13/23

Code of Business Conduct and Ethics



Our shared commitment to honesty,
integrity, transparency and accountability

A message about the IEHP Code of Business Conduct and Ethics

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

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

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

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

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

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



Jarrod McNaughton, MBA, FACHE
Chief Executive Officer

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Introduction to the IEHP Code of Conduct

1.1 Our Commitment

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

1.2 Mission

We heal and inspire the human spirit.

1.3 Vision

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

1.4 Core Values

We do the right thing by:

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

1.5 Focus Areas

Member Experience

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

Network

Provide a network that delivers high-quality and timely care

Team Member

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

Operational Excellence

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

Technology

Deliver innovative & valuable technology solutions

Financial Stewardship

Ensure financial stability of IEHP in support of enterprise goals

2.1 IEHP's Team Culture

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

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

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

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

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



2.2 IEHP's Rules of Conduct

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

2.3 Respect for Our Members

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

2.4 Respect for Our Providers

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

2.5 Respect for Team Members

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

You have joined a winning team!



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Making IEHP a Great Place to Work cont'd

2.6 Exemplifying the IEHP Brand

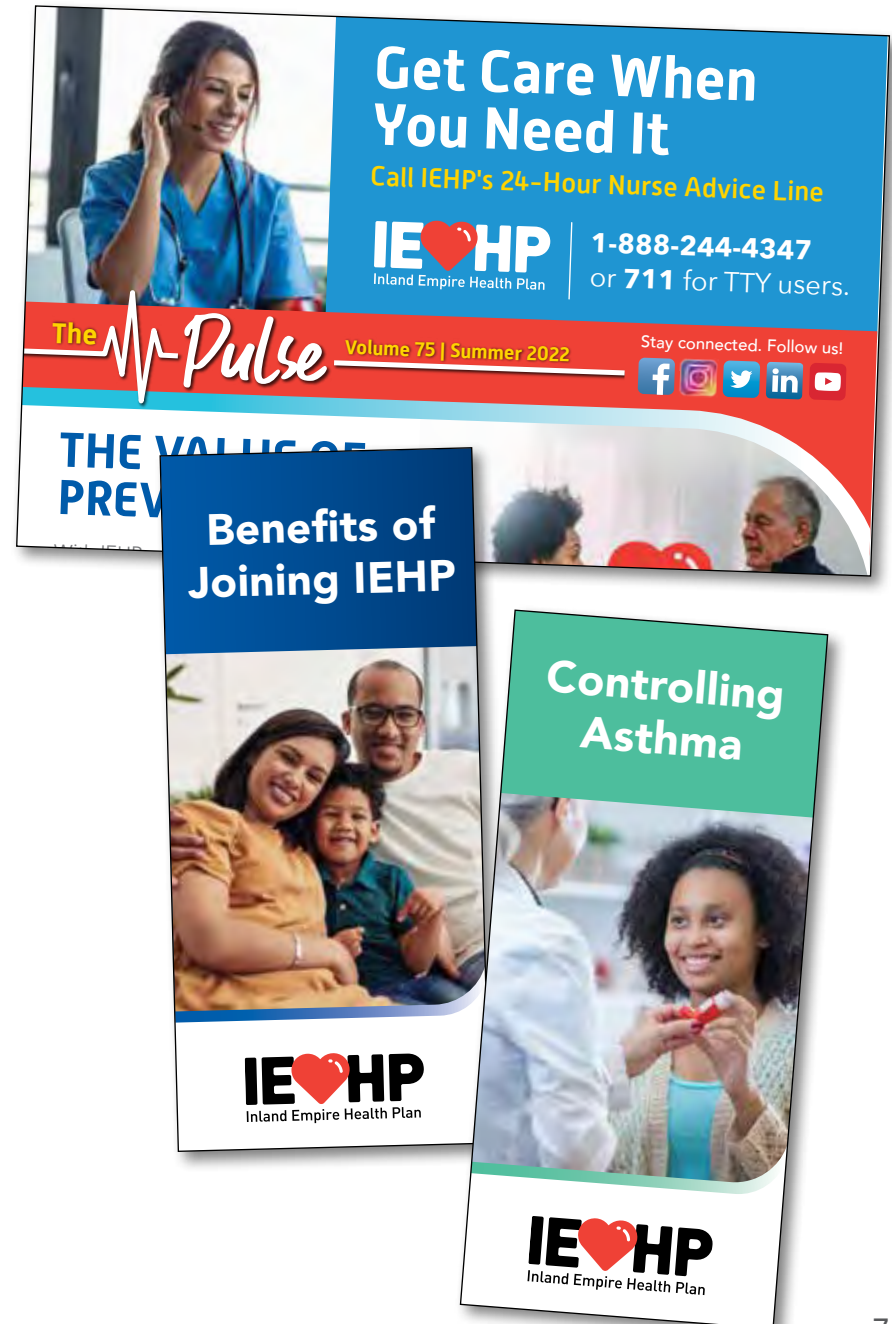
IEHP Branding, Communications and Marketing

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

Here is a quick reference for communicating about IEHP:

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

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



2.7 Zero Tolerance for Retaliation and Intimidation

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

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

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

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

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



3.1 IEHP's Compliance Program

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

Our Compliance Program is designed to:

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

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

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



3.2 Fraud, Waste and Abuse (FWA)

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

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

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

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

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

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



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

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

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

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

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

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



3.3 Member Privacy

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



Demographic Information

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



Financial Information

- Credit Card Numbers
- Bank Account Numbers
- Claims Information



Clinical Information

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

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

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

3.3 Member Privacy cont'd

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

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

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



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Preserving IEHP's Culture of Compliance cont'd

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

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

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

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

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

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

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

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

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

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

3.4 Conflict of Interest (COI) and Gifts and Entertainment

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

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

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

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

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

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

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

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

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

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

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

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



3.5 IEHP Compliance Training Program

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

Compliance Training is mandatory:

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



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

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

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

3.6 Federal and State Regulators

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

The Centers for Medicare & Medicaid Services (CMS)

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

The Department of Health Care Services (DHCS)

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

The Department of Managed Health Care (DMHC)

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



3.7 Interacting with Regulatory Agencies

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

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

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

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

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

3.9 Protecting IEHP's Assets and Information

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

Confidential information includes, but is not limited to:

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

Confidential information may be in the form of:

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

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



3.10 Safeguarding IEHP Systems

The IEHP Rules of Conduct for Computer Systems and Mobile Devices

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

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

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

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

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

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



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

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



Social Media

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

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

Social Media (cont'd)

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

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

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

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

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

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

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

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

Facilities

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

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

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

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



4

Know How to Find Help

4.1 Know How to Speak Up

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

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



Compliance

DOING WHAT'S RIGHT, TOGETHER.

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

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

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

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Know How to Find Help cont'd

4.2 Team Member Resources

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

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

Team member resources include:

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

Thank You!

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

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





We heal and inspire the human spirit.



IE  HP
Inland Empire Health Plan

ADMINISTRATION

3. APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH INNOVATIVE CONNECTIONS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Third Amendment to the Professional Services Agreement (Agreement) with Innovative Connections for Executive Leadership Coaching Services for an additional amount not to exceed \$100,000 through December 31, 2023. The total amount payable under this Agreement shall not exceed \$970,000 through December 31, 2023.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

IEHP requires this service to invest in the development of its leaders and support a consistent leadership development program to build confident and capable leaders. Innovative Connections has been consistently providing its Conscious Leadership Program to IEHP leaders since 2018.

IEHP has contracted with Innovative Connections since 2018 for leadership development services. Innovative Connections was a sole source selection as vendor due to their unique program and experience in working with other healthcare organizations. Their staff is knowledgeable about IEHP’s processes, culture and leadership and can speak to it throughout the program.

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

Date Approved	MO#	Purpose	Term Expiration	Cost
9/14/2020	20-268	PSA	12/31/2022	\$350,000.00
9/13/2021	21-268	1 st Amendment	12/31/2022	\$420,000.00
12/12/2022	22-381	2 nd Amendment	12/31/2023	100,000.00
Total Cost to date:				870,000.00
New Cost				100,000.00
Total Cost				\$970,000.00

Discussion:

Over the last year, IEHP has hired more leaders than originally projected and additional funding is needed to provide Innovation Connections’ Executive Leadership Coaching services to these additional leaders. In addition to the Conscious Leader Program, Innovative Connections provides various leadership development services including customized teambuilding sessions, individual executive coaching, Hogan Personality Assessments, appreciative 360 leadership interview, online executive 360 assessments and leadership circle profile 360 assessments. To date, 386 IEHP Leaders have completed the Conscious Leader Coaching programs.

CONSENT AGENDA

The additional cost of this Amendment shall not exceed \$100,000. The total cost (including this request) of this Agreement shall not exceed \$970,000.00 when contract ends on December 31, 2023.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	D. Ferguson-Henderson 5/5/2023	J. Phay 5/23/23	M. Popka 6/1/2023	M. Palafox 5/4/2023	I. Napoli 5/4/2023

ADMINISTRATION

4. APPROVE THE MEMORANDUM OF UNDERSTANDING WITH THE UNIVERSITY OF ARIZONA GLOBAL CAMPUS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Memorandum of Understanding (MOU) with The University of Arizona Global Campus (UAGC) to provide a 30% reduction in tuition for bachelor’s and master’s degree programs, to Team Members and their immediate family members for a term of three (3) years.

Contact:

Jarrod McNaughton, Chief Executive Officer

Background:

Earlier this year, UAGC offered to partner with IEHP in providing a discount for Team Members interested in continuing their education with the university. UAGC has grown and transformed from a small, traditional college that was founded in 1918 to a national online institution committed to supporting adult learners in realizing their personal and professional goals. UAGC is committed to providing a community of caring and guidance for academic, financial, mental health and career support while providing a path that makes quality college education accessible to adult learners through online, flexible degree and certificate programs.

Discussion:

In addition to a wide range of academic degrees, the University offers general education courses, professional certificates, continuing education courses and life support education. This service will impact IEHP by helping Team Members and their immediate family members (spouses and children) interested in continuing their education to do so at an online university and with a 30% discount. UAGC will now be one of 11 higher education institutions offering IEHP Team Members discounts to pursue their academic goals.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 05/18/2023	M. Palafox 05/26/2023	I. Napoli 05/25/2023

ADMINISTRATION

5. APPROVE THE MEMORANDUM OF UNDERSTANDING WITH UNIVERSITY OF LA VERNE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Memorandum of Understanding (MOU) with the University of La Verne for the provision to launch the IEHP Health Career Academy for an amount not to exceed \$1.5 million for three (3) years, effective July 11, 2023.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

IEHP and the University of La Verne have agreed to partner to address issues of equity and workforce development in the Inland Empire. The expansion and rapid changes in healthcare and public health infrastructure demands, accelerated under the COVID-19 pandemic, have created a unique opportunity for the University of La Verne and IEHP. The critical shortage of frontline healthcare workers, along with limited prospects for future trained quick-response providers, is driving a growth in the need for emerging sub-disciplines of health professionals with technological and interdisciplinary expertise capable of addressing novel challenges at the patient and community levels. In response to this pressing need, the University of La Verne and IEHP are supporting the launch of the IEHP Health Career Academy at the University of La Verne Education and Innovation Corridor. This Corridor focuses on increasing educational attainment and expanding workforce development opportunities to the community and region by creating jobs in markets with projected labor shortages and the emerging workforce for the future of healthcare in California.

The IEHP Health Career Academy will support participants to successfully obtain their certification in a professional medical program for Certified Nursing Assistants, Central Service Technicians, and Medical Assistants. In addition, the IEHP Health Career Academy will also develop participants entrepreneurial skills in the medical industry to support health-related start-up businesses. In doing so, this will increase the number of qualified frontline healthcare workers in high-quality jobs with livable wages, especially for historically underrepresented populations and minorities.

Discussion:

IEHP will provide the University of La Verne with \$1.5 million to fund and launch the IEHP Health Career Academy, to address the critical shortage of frontline healthcare workers throughout the region. This seed-funding will support the creation of a certificate preparation program for critical frontline healthcare workers in three highly sought out fields: (1) Certified Nursing Assistants, (2) Medical Assistants and (3) Central Service Technicians.

CONSENT AGENDA

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	D. Ferguson-Henderson 6/8/2023	N/A	M. Popka 6/12/23	M. Palafox 6/8/2023	I. Napoli 6/8/23

ADMINISTRATION

6. APPROVE THE INCREASE IN SPENDING AUTHORITY WITH RIVERSIDE COUNTY OFFICE OF COUNTY COUNSEL

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve an increase in spending authority with Riverside County Office of County Counsel (“County Counsel”) for the provision of legal services, for an additional amount not to exceed \$75,000, through June 30, 2023. The total amount payable for legal services rendered from July 1, 2022, through June 30, 2023 shall not exceed \$275,000.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

Pursuant to the terms of the Joint Powers Agreements for both IEHP and IEHP Health Access, County provides legal services to the IEHP Governing Board. County Counsel has been providing IEHP with legal services since October 2015.

IEHP and County Counsel entered into a new Legal Services Agreement in May 2022, which was approved by the Governing as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
05/09/2022	22-171	Legal Services Agreement	06/30/2027	\$1,000,000.00
Total Cost to date:				\$1,000,000.00
New Cost				\$75,000.00
Total Cost				\$1,075,000.00

Discussion:

County Counsel continues to be an invaluable resource to IEHP and the IEHP Governing Board, readily available to provide legal advisement on both routine and ad hoc matters. In order to continue utilizing their legal services at the current rate and frequency, the Legal Department is requesting an additional \$75,000 for legal services rendered July 1, 2022 through June 30, 2023, for a total amount of \$275,000 payable for legal services rendered between July 1, 2022 through June 30, 2023. The total not to exceed amount under the Legal Services Agreement with County Counsel shall not exceed \$1,075,000 through June 30, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Select Impact	D. Ferguson 06/26/23	N/A	M. Popka	A. Wang	Make Selection

FINANCE DEPARTMENT

7. APPROVE THE FIRST AMENDMENT TO THE FUNDING AGREEMENT WITH THE IEHP FOUNDATION

Recommended Action:

That the Governing Board of Inland Empire Health Plan (IEHP) approve the First Amendment to the Funding Agreement with IEHP Foundation (the “Foundation”) for the annual endowment funding in the amount of \$61,534,304.17 no later than July 31, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

The Foundation was incorporated in July of 2021 as a California nonprofit public benefit corporation to conduct charitable activities and programs through financial and other forms of support in the Inland Empire and surrounding communities that meet and innovate healthcare needs and ensure the availability of quality healthcare. The Foundation’s objectives focus on community health and clinical excellence, with an emphasis on housing insecurity, mental health, substance abuse, and food insecurity. In partnering with the Foundation, IEHP can grow its investment in the Inland Empire by expanding its reach into underserved communities and build meaningful relationships with community leaders to create a lasting impact in the region.

The Governing Board approved the funding agreement with the Foundation on March 14, 2022, and IEHP provided the Foundation with \$50 million of seed funding in August 2022. The agreement included a provision for IEHP to continue its support of the Foundation by way of an annual endowment in an amount not to exceed 1% of IEHP's annual revenue for the preceding year.

Discussion:

The Foundation Board of Directors is working on completing strategic planning to implement the Mission, Vision and Values and finalizing their funding priorities. The initial funding of \$50 million received from IEHP has been held as restricted endowment funds. In accordance with the funding agreement, IEHP is designating an annual endowment for 2023 in the amount of \$61,534,304.17. Of this amount, \$50 million will be restricted as endowment funds, and the remaining \$11,534,304.17 will be available to use for grants and operating costs. The unrestricted funding enables the Foundation to start disbursing grants this year while allowing the endowment earnings to accumulate for future use.

The amendment also updates the funding agreement to conform with the Uniform Prudent Management of Institutional Funds Act (“UPMIFA”) and adds provisions to ensure stability of the Foundation in the future.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	L. Liu (date)	N/A	S. Oh 06/21/23	A. Wang (date)	K. Freeman (date)

FINANCE DEPARTMENT

8. APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH ABM JANITORIAL SERVICES SOUTHWEST 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 ABM Janitorial Services Southwest Inc. for the provision of Janitorial Services for an additional amount not to exceed \$2,640,000 and extend the term for one (1) additional year through July 23, 2024. The total amount payable under this Agreement shall not exceed \$7,922,859.24 through July 23, 2024.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP continues to require janitorial services at all IEHP owned and leased locations. Such services include day and night janitorial services, interior and exterior cleaning, sanitation, restocking, carpet cleaning, café cleaning, gym cleaning, and other services as requested.

On January 11, 2021, under Minute Order 21-12, in anticipation of the termination of the Management Agreement between IEHP and Trigild for property management services, the Governing Board approved a Delegation of Authority to enter agreements with, or accept an assignment of rights of, Trigild’s vendors, to ensure continuity of services. This resulted in transitioning roughly 135 Trigild vendor contracts to IEHP. Under MO 21-12, an Agreement with ABM was signed into effect on August 23, 2021.

The Governing Board had previously approved the Agreements as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
01/11/21	21-12	Original Agreement	08/22/22	\$2,862,859.24
09/12/22	22-295	First Amendment (3-month extension)	11/23/22	\$660,000.00
12/12/22	22-384	Second Amendment (8-month extension)	07/23/23	\$1,760,000.00
Total Cost to date:				\$5,282,859.24
New Cost				\$2,640,000.00
Total Cost				\$7,922,859.24

Discussion:

ABM will continue to provide janitorial services at all IEHP owned and leased locations with no increase in service price for the additional contract term. IEHP will be extending the Agreement with ABM for one (1) additional year, through July 23, 2024 for an amount not exceed \$2,640,000.

CONSENT AGENDA

The total cost (including this request) of this Agreement shall not exceed \$7,922,859.24 through July 23, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	Shyri McCalley 06/07/2023	Cliff Goss 06/07/23	M. Popka 06/14/23	Richard Fleig 06/02/23	K. Freeman 06/15/823

FINANCE DEPARTMENT

9. APPROVE THE PUBLIC WORKS CONTRACTS FROM REQUEST FOR BID #23-4707 WITH HAL HAYS CONSTRUCTION INC. AND GM BUSINESS INTERIORS FOR THE INTERIOR OFFICE DEMOLITION AND FURNITURE REMOVAL PROJECT AT THE LEARNING AND INNOVATION CENTER LOCATED AT 9500 CLEVELAND AVENUE, RANCH CUCAMONGA

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the Public Works Contracts (Contract) from Request for Bid #23-4707 with Hal Hays Construction Inc. and GM Business Interiors for the Interior Office Demolition and Furniture removal project at the Learning and Innovation Center located at 9500 Cleveland Avenue, Ranch Cucamonga for an amount not to exceed \$659,008.00.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP requires interior office demolition, along with furniture removal and storage services, to the first and third floors of its Learning and Innovation Center. IEHP has 120,239 square feet of available office space recently vacated by Southern California Edison, to rehabilitate to accommodate its continual growth and expansion. The space consists of previous tenant furniture, outdated ceiling tile hardware, a non-compliant fire suppression system, and lighting that is not up to code that will all need to be removed and/or demolished and upgraded to meet IEHP standards and building code.

These tenant improvements will positively impact IEHP by upgrading and building out recently vacant space in the first and third floors of the IEHP Learning and Innovation Center to accommodate IEHP Team Member growth. This project meets IEHP's needs to continue serving Members and Providers by ensuring IEHP has space to accommodate additional Team Members.

The Facilities Department plans to complete the rehabilitation in three (3) phases: the first phase covers interior demolition and furniture removal, the second phase covers architectural services and tenant improvements, and the third phase covers furniture installation.

On April 14, 2023, IEHP issued a Request for Bid (RFB) #23-4707 for phase one, interior office demolition and furniture removal on Bonfire, its public third-party bidding website, and advertised in the local newspapers. As a result, there were 40 bidders who indicated interest in RFB #23-4707 and eight (8) attended the mandatory job walk. Of those eight (8) interested bidders, only two (2) submitted bids for the demolition scope and four (4) submitted bids for the furniture storage scope of RFB #23-4707 with the following results:

Contractor	Demolition 1 st Floor:	Demolition 3 rd Floor:	Total Demo Cost
Hal Hays Construction Inc.	\$57,000.00	\$348,500.00	\$405,500.00
Integrated Demolition Remediation Inc.	\$60,000.00	\$382,500.00	\$442,500.00

On May 5, 2023, Hal Hays Construction Inc. was selected as the lowest, most responsive, and responsible bidder for the demolition services set forth under RFB #23-4707.

Contractor	Furniture Disposal 1 st floor:	Furniture Removal/Storage 3 rd floor:	Total Furniture Cost ONLY:
GM Business Interiors	\$31,703.00	\$106,600.00	\$138,303.00
Hal Hays Construction Inc.	\$58,500.00	No Bid	\$58,500.00
Integrated Demolition Remediation Inc.	\$37,500.00	\$170,000.00	\$207,500.00
Tangram Interiors	\$52,625.00	\$338,270.00	\$390,895.0

On May 5, 2023, GM Business Interiors was selected as the lowest, most responsive, and responsible bidder for the furniture disposal, removal, and storage scope of RFB #23-4707.

Discussion:

Hal Hays Construction Inc. will demo designated areas of the first and third floors, including demolition of the ceiling T-bar, tiles, and light fixtures for a cost not to exceed \$405,500.00. Additionally, IEHP will apply a 25% contingency cost of \$101,375.00 to cover any unforeseen field conditions, change orders, city comments, or permits.

The cost of this Contract with Hal Hays Construction Inc. shall not exceed \$506,875.00.

GM Business Interiors will be dismantling current office furniture on the first and third floor that will either be disposed of due to condition or removed and stored on the second floor in an unoccupied space. The cost shall not to exceed \$138,303.00 with an additional 10% contingency of \$13,830 to cover any unforeseen change orders.

The cost of the Contract with GM Business Interiors shall not exceed \$152,133.00.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	S. McCalley 6/7/2023	C. Goss 6/6/2023	M. Popka 6/12/23	R. Fleig 6/5/2023	K. Freeman 6/15/23

HEALTH SERVICES DEPARTMENT

10. APPROVE THE SEVENTH AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH FREED ASSOCIATES

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Seventh Amendment to the Professional Services Agreement (Agreement) with Freed Associates (Freed) for the provision of program management support of the California Advancing and Innovating Medi-Cal (CalAIM) program for an additional amount not to exceed \$708,552 and extend the term through July 31, 2024. The total amount payable under this Agreement shall not exceed \$4,074,715 through July 31, 2024.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

In an effort to improve health state-wide, the California Department of Healthcare Services (DHCS) is requiring that applicable Medi-Cal managed care health plans (MCPs) such as IEHP to implement specific programs that are considered critical to achieving the State’s designated health and wellness objectives. These program outcomes are to be achieved through execution of what are referred to as CalAIM initiatives. Within CalAIM, DHCS required changes for Dual Eligible Special Needs Plans (D-SNP) through the state-wide transition and integrated care expansion of Cal MediConnect (CMC) and the Coordinated Care Initiative (CCI) to an aligned Managed Long-Term Services and Supports (MLTSS) and D-SNP structure. The transition intends to achieve statewide goals of improved care integration and person-centered care.

Based upon the elevated program support requirements affiliated with these initiatives, IEHP entered into an Agreement with Freed on July 3, 2021, for six (6) weeks of cumulative project management support services hours for CalAIM program initiative planning.

The Governing Board had previously approved the Agreement and Amendments as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
July 3, 2021	16-64	PSA – Project management support services for CalAIM initiative planning	July 31, 2022	\$199,600
September 13, 2021	21-274	First Amendment for additional funds	March 31, 2022	\$954,000
March 14, 2022	22-051	Second Amendment to extend support services for CalAIM	June 30, 2022	\$505,437

Date Approved	MO#	Purpose	Term Expiration	Cost
June 13, 2022	22-236	Third Amendment for additional funds for CalAIM and DSNP program management support	January 31, 2023	\$1,156,484
August 29, 2022	22-236	Fourth Amendment for updated hourly rate reduction and updated not to exceed amount	January 31, 2023	-\$23,869
January 30, 2023	23-017	Fifth Amendment for program management support of CalAIM (through July 31, 2023) and DSNP program initiatives (through March 31, 2023)	July 31, 2023	\$574,511
April 10, 2023	23-079	Sixth Amendment for term extension for program management support of DSNP program initiative	April 30, 2023	\$0
Total Cost to date:				\$3,366,163
New Cost				\$708,552
Total Cost				\$4,074,715

Discussion:

Under this Seventh Amendment, Freed will continue their program management support of the critical regulatory initiative required by the State of California, CalAIM for an additional one (1) year term. Freed will continue to provide best practices and tools for IEHP to perform this role post go-live.

The cost associated with this Seventh Amendment includes:

Consultant	Role	Hourly Rate	Estimated Hours/Week
TBD	Engagement Manager	\$300	4
Rob Klusman	Program Manager DHCS CalAIM Focus	\$266 (2023) \$271 (2024)	40
Shanti Wilson	Client Executive	\$300	.5

CONSENT AGENDA

Activity	Professional Fees
DHCS CalAIM Program Support August 2023 – July 2024	\$632,636
Travel Fees (12%)	\$75,916
Total:	\$708,552

The additional cost of this Seventh Amendment shall not exceed \$708,552. The total cost (including this request) of this Agreement shall not exceed \$4,074,715 through July 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	R. Mok 6/02/2023	H. Clear 5/03/2023	M. Popka 6/07/2023	S. LaMaster 5/30/2023	T. Wada 6/09/2023

HEALTH SERVICES DEPARTMENT

11. APPROVE THE FIRST AMENDMENT TO THE MEMORANDUM OF UNDERSTANDING WITH HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the First Amendment to the Memorandum of Understanding (MOU) with the Housing Authority of the County of San Bernardino (HACSB) for the provision of housing subsidies and community-based services to Mainstream Voucher Program participants for a term extension through August 31, 2026.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

HACSB provides housing subsidies to individuals and families with a household member who is a non-elderly person with disabilities through the Mainstream Voucher Program (“Program”). In September 2020, IEHP and HACSB entered an MOU under which HACSB partners with IEHP to identify eligible individuals and families. IEHP Care Teams refer IEHP members in eligible households for housing subsidies when the HACSB waiting list is open. HACSB administers the housing subsidies and corresponding family obligation requirements, while IEHP will provide health and wellness services to individuals and families enrolled in IEHP.

Discussion:

The First Amendment to the MOU for the Mainstream Voucher Program will allow for continued collaboration with efforts to increase the housing subsidies that HACSB is providing for IEHP Members. This collaboration between IEHP and HACSB will assist with increasing members currently or at risk of homelessness by helping transition members experiencing homelessness into permanent supportive housing, IEHP has currently enrolled/referred 117 members.

The First Amendment will extend and continue in effect through August 31, 2026. There is no cost associated with this MOU.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 06/15/23	A. Holmes 5/31/2023	T. Wada 6/08/2023

INFORMATION TECHNOLOGY DEPARTMENT

12. DELEGATION OF AUTHORITY TO APPROVE THE MASTER SERVICES AGREEMENT, STATEMENT OF WORK, AND SUBSEQUENT DOCUMENTS, AMENDMENTS, STATEMENTS OF WORK, ORDERS, AND REQUISITIONS RELATED HERETO WITH BEME HEALTH INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Master Services Agreement (Agreement), Statement of Work, and any subsequent documents, amendments, statements of work, orders, and requisitions with BeMe Health Inc. (BeMe) related hereto for the provision of the BeMe App, a teen focused electronic platform providing tools and on demand crisis support, science-based content and real-time mental health coaching services. The total amount payable under this Agreement shall not exceed \$617,100 for an initial term of 12 months.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

According to the World Health Organization, half of all mental health conditions start by 14 years of age. Many of these cases are undetected or untreated leading to the current crisis experienced by our youth today. More recently, the US Surgeon General issued an Advisory on Social media and Youth mental Health stating, “*With adolescence and childhood representing a critical stage in brain development that can make young people more vulnerable to harms from social media, the Surgeon General is issuing a call for urgent action by policymakers, technology companies, researchers, families, and young people alike to gain a better understanding of the full impact of social media use, maximize the benefits and minimize the harms of social media platforms, and create safer, healthier online environments to protect children.*”. For those reasons and in aligning with IEHP’s Vibrant Health vision and commitment to the community, IEHP is requesting to engage with BeMe Health Inc.

BeMe. is a digital behavioral health company delivering mental health interventions designed specifically for teens. In alignment with the statewide initiative, the Student Behavioral Health Incentive Program (SBHIP) which is a focused program under the Children and Youth Behavioral Health Initiative, BeMe is to support Local Educational Agencies (LEAs) by providing access to behavioral health interventions and services. BeMe’s partnership with IEHP provides an adjacent and complementary service that will provide each student (approximately 54,000 IEHP members ages 13+) in LEAs partnering with SBHIP (Ontario-Montclair Unified School District, Provisional Accelerated Learning Academy, Rialto Unified School District, San Bernardino City Unified School District, Victor Valley Union High School District, Riverside County Office of Education Alternative Education., Hemet Unified School District, Nuvview Unified School District, Leadership Military Academy, Palm Springs Unified School District) access to BeMe’s mental health coaching and 24/7 crisis support, through a mobile application. In addition, engaging with BeMe will be in alignment with Molina Health Plan of California’s initiative to

provide a digital mental health platform for all teens in the Inland Empire. The California Health Care Foundation (CHCF), in partnership with third party researchers, is poised to assess the impact of BeMe in a population of teens covered by Medi-Cal. IEHP is invited to be a partner in this study.

Discussion:

An estimated 54,000 students within the 10 previously identified LEAs are IEHP members. Students may seek participation in the application by downloading on their mobile phones (Apple iOS and Google Android) and registering for an account. During registration, students will be required to enter first and last name, zip code and date of birth. On a monthly basis, IEHP will securely provide (i.e. SFTP) BeMe a member eligibility file to identify LEA users as IEHP members. Additionally, BeMe will work with each LEA to customize a teen-centric implementation plan and conduct outreach efforts to inform students, educators, and families about the available services. BeMe will offer the following interventions to students in each LEA:

- **Coaching** – BeMe provides real-time, text-based coaching, delivering supportive skills and culturally-responsive connections with teens. Coaches provide education, support, app navigation, and science-backed strategies that encourage healthy problem-solving behaviors and goal-setting to foster improved functioning in teens’ everyday lives.
- **Content** – BeMe content engages teens, provides psychoeducation, and helps teens build resilience and coping skills. For those teens who select that Spanish is their language of choice, they receive BeMe-created content en Espanol, with Spanish-language and cultural relevance designed for the LatinX community.
- **Care Activities** – BeMe’s unique care activities support self-reflection, teach emotion regulation, and solidify coping skills through mood recordings, mood boosters, self-assessments and interactive modules. Activities are clinically-informed and self-guided, supporting teens’ desire for on-demand support, ongoing self-knowledge and practice of coping skills to address emotional challenges when they arise.
- **Clinical screening** – BeMe incorporates screens for depression and anxiety into the app experience via assessments such as PHQ-8, GAD-7, PSS-4 and WHO-5 Wellbeing Index, as well as proprietary BeMe assessments. Based on assessment scores, teens are triaged to the interventions most appropriate for them, including clinical services or crisis support, where needed.
- **Clinical linkage** – BeMe links teens to clinical support as needed. Clinical services are fulfilled by the LEA/district services or by IEHPs clinical network, and BeMe will partner with the respective partner on the linkage protocol and in-app flow.

- **Crisis** – BeMe prioritizes safety and knows that some teens may seek immediate support. All app users have 24/7 access to multiple crisis supports that are responsive to the real-time needs of teens directly from the BeMe app including:
 - Self-serve safety planning
 - BeMe’s Telephone Crisis Hotline
 - Crisis Text Line
 - The Trevor Project
- **Note: BeMe can also incorporate Crisis Support tools and referrals to IEHP networks as requested by IEHP.

On a monthly basis, BeMe will provide IEHP aggregate data on the following metrics:

Access & Engagement	Impact: Clinically valid assessments
<ul style="list-style-type: none"> ● Enrollment: Download + registered ● Engagement: Usage of BeMe’s core interventions 	<ul style="list-style-type: none"> ● Clinical depression symptoms (PHQ-8) ● Clinical anxiety symptoms (GAD-7) ● Wellbeing index (WHO-5) ● Perceived stress (PSS-4)
Satisfaction	Impact: Psychological targets
<ul style="list-style-type: none"> ● Perceived helpfulness of BeMe and its interventions ● Intention to use skills learned through BeMe 	<ul style="list-style-type: none"> ● Hope ● Self-esteem ● Self-efficacy ● Self-awareness ● Coping skills ● Social connection

IEHP procured this service through a single source process to align with the regional initiative already implemented by Molina Healthcare of California, as well as the CHCF impact study BeMe is anticipating conducting in the Inland Empire. A breakdown of costs associated with BeMe’s Statement of Work include:

Month	Eligible Members	PMPM	Total
July 2023 – Pro-rated for July 17 (go-live) through July 31	54,000	\$0.75	\$19,596.77
August 2023	54,000	\$0.75	\$40,500.00
September 2023	54,000	\$0.75	\$40,500.00
October 2023	54,000	\$0.75	\$40,500.00
November 2023	54,000	\$0.75	\$40,500.00
December 2023	54,000	\$0.75	\$40,500.00

Month	Eligible Members	PMPM	Total
January 2024	54,000	\$0.75	\$40,500.00
February 2024	54,000	\$0.75	\$40,500.00
March 2024	54,000	\$0.75	\$40,500.00
April 2024	54,000	\$0.75	\$40,500.00
May 2024	54,000	\$0.75	\$40,500.00
June 2024	54,000	\$0.75	\$40,500.00
July 2024 – Pro-rated for July 1 through July 16	54,000	\$0.75	\$20,903.23
Cost for 12-Month Term:			\$486,000

Additionally, applicable Outcome Measure Incentives range from \$0 and do not exceed \$75,000. These incentives will be paid out after targets are reached as denoted by the table below:

Performance Category	Metric	Target
Teen Adoption	Percent of “Covered Population” that are “Verified Enrolled Members”	15% (within 12 months)
Meaningful Engagement	Percent of “Verified Enrolled Members” that are “Engaged Members”	25% (monthly average of months 3-12)
Impact	Percent of all impact micro poll responses that are “positive impact”	70% (monthly average of months 1-12)
Total Outcome Measure Incentive Cost:		\$75,000

The combined total costs are summarized as follows:

Description	Cost
BeMe Service Cost (12 months)	\$486,000
Implementation Fee*	\$0
Outcome Measure Incentive Cost	\$75,000
Sub-total Cost	561,000
10% Contingency Cost	\$56,100
Total Not-to-Exceed Cost	\$617,100

**\$50,000 Implementation Fee waived by BeMe*

Therefore, IEHP is requesting Delegation of Authority to authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Master Service Agreement, Statement of Work, and any subsequent documents, amendments, statements of work, orders, and

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requisitions with BeMe Health Inc. The Master Services Agreement is a no cost agreement. The total cost of the Statement of Work shall not to exceed \$617,100 for an initial term of 12 months.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	Key Tsui 6/8/2022	S. Cox 06/09/2023	S. Hussain M. Popka 06/15/23	Jane Maass 6/15/2023	V. Devabhaktuni 6/16/2023

INFORMATION TECHNOLOGY DEPARTMENT

13. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-04597 AND DELEGATION OF AUTHORITY TO APPROVE AN AGREEMENT WITH ASTRATA, INC

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal #23-04597 (RFP #23-04597) to, and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign an Agreement with, Astrata, Inc., (Astrata) for the provision of a Natural Language Processing (NLP) solution for an amount not to exceed \$385,550 for an initial term of nine (9) months.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP seeks to pilot an NLP solution to conduct prospective medical chart and clinical data review capable of improving select HEDIS and MCAS measure scores by 5-10%. NLP is a specialized branch of artificial intelligence that enables computers to understand and interpret written information found in handwritten clinical notes, lab results and images, to identify care gap closures and other actionable insights. Currently, medical charts, notes, and other member clinical data are manually reviewed by a team of nurses, resulting in a manual process that may delay care gap closure.

By leveraging NLP technology, IEHP will benefit from the following:

1. **HEDIS and MCAS Improvement** – NLP can quickly scan medical records, files, and images to find evidence of care gap closures not previously identified by nurses to improve HEDIS and MCAS measure scores;
2. **Improve Operational Efficiency** – NLP can rapidly analyze volumes of clinical data and prioritize clinical records for IEHP nurses to review for care gap closure; and
3. **Reduce Administrative Burden** – NLP combines information from multiple sources, reducing the need for additional time and labor-intensive information requests from IEHP staff to Providers.

On March 14, 2023, IEHP issued RFP #23-04597 on Bonfire, its public third-party bidding website. The purpose of the RFP was to source a vendor for the provision of an NLP solution to conduct prospective medical chart and clinical data review to improve select HEDIS and MCAS measure scores and operational efficiency.

Five (5) bidders indicated interest with four (4) vendors, Astrata, Cozeva, Optum, and Reveleer, submitting proposals with the following results:

Round 1:

TECHNICAL PROPOSAL SCORES (out of 70)	
Astrata, Inc.	51.27
Applied Research Works (COZEVA)	48.34
Reveleer, LLC	46.54
Optum	44.53
PRICING SCORES (out of 30)	
Astrata, Inc.	30
Optum	18.57
Reveleer, LLC	9.85
Applied Research Works (COZEVA)	5.98

Round 2:

TECHNICAL PROPOSAL SCORES (out of 70)	
Astrata, Inc.	51.27
Reveleer, LLC	46.54
DEMONSTRATION SCORES (out of 10)	
Astrata, Inc.	7.74
Reveleer, LLC	5.6
PRICING SCORES (out of 30)	
Reveleer, LLC	30
Astrata, Inc.	29.2

Round 3:

TECHNICAL PROPOSAL SCORES (out of 70)	
Astrata, Inc.	51.27
Reveleer, LLC	46.54
DEMONSTRATION SCORES (out of 10)	
Astrata, Inc.	7.74
Reveleer, LLC	5.6
PRICING SCORES* (out of 30)	
Reveleer, LLC	30
Astrata, Inc.	18

**pilot pricing used*

After thorough evaluation, the Evaluation Committee recommended an award for RFP #23-04597 be made to Astrata. Astrata was selected as the most responsive and responsible bidder due to the

quality and precision demonstrated in their proposal and demonstration. The Evaluation Committee found Astrata to be the only bidder who demonstrated a clear understanding of IEHP’s specific requirements and needs for care gap closure due to the following reasons:

1. Astrata provided a clear description of its product’s framework and successfully addressed all aspects of IEHP’s demonstration script with robust responses and examples relevant to IEHP when compared to other bidders; and
2. Astrata’s responses to IEHP’s request for clarification were complete and thorough when compared to other bidders.

Furthermore, IEHP Team Members find that Astrata's NLP solution offers an intuitive user experience, which may facilitate swift adoption and seamless utilization.

Discussion:

IEHP and Astrata have successfully crafted a preliminary Scope of Work that clearly delineates the essential deliverables and significant milestones pertinent to the NLP pilot program including: (1) clinical data processing and insights generation; (2) system implementation; (3) training/tuning of measures on IEHP data; (4) end user training; and (4) post-implementation support. IEHP and Astrata will continue to collaborate closely together and upon mutual agreement finalize a Scope of Work that effectively caters to the needs of IEHP and accommodates the dynamic nature of the pilot program.

The table below denotes the Best and Final Offer pricing for the NLP pilot program with Astrata. The total not to exceed cost for this Agreement is \$385,550 which is inclusive of a 10% contingency cost for any additional costs incurred during the initial nine (9) month term of the Agreement.

Pilot Cost		
Activity	Milestone	Cost
Contract Execution		
Contract and negotiation	Contract Executed	\$13,125
Project Initiation & Kickoff		
Discovery/requirements	Design & Requirements signed off	\$87,500
System set up	System set up completed	\$30,625
NLP tuning	NLP tuning completed	\$109,375
System configuration	Final system configuration completed	\$109,875
End User Prep and System Training		
System training	End user training completed	Included
System go-live	System go-live	Included
Data exchange (IEHP will facilitate the retrieval of medical records)		
Data processing	Data received by IEHP	Included

Pilot Cost		
Activity	Milestone	Cost
Product Support		Included
Total Contract Value**		\$350,500
10% Contingency Cost*		\$35,050
Total Not to Exceed Cost		\$385,550

IEHP seeks approval of the IEHP Governing Board to award RFP# 23-04597 to Astrata and approve the Delegation of Authority to authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign an Agreement with Astrata for the provision a Natural Language Processing (NLP) solution for an amount not to exceed \$385,550 for an initial term of nine (9) months.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Tsui 6/13/2023	S. Cox 6/13/2023	M. Popka 06/16/2023	J. Maass 6/13/2023	V. Devabhaktuni 06/16/23

INFORMATION TECHNOLOGY DEPARTMENT

14. APPROVE PURCHASE REQUISITION FOR THE ADOBE MARKETO ENGAGE SOFTWARE APPLICATION WITH CDW GOVERNMENT, LLC

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the purchase requisition for the Adobe Marketo software application for an amount not to exceed \$49,105.07 for a one (1) year term through July 14, 2024, with CDW Government, LLC (CDW-G).

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP has contracted with CDW-G since April 11, 2022, for the procurement of hardware, IT software solutions, and skilled technical professional resources through competitively priced cooperative agreements in support of the following IEHP IT projects:

- Standardization of deployed technology to create seamless interoperability and improved security for onsite and offsite accessibility of Team Members. CDW-G provided equipment and resources to effectuate this implementation.
- IT infrastructure improvement. CDW-G provided skilled resources to implement, maintain and support Telecom and VOIP Systems, manage information security vulnerabilities, and to monitor, maintain and troubleshoot the IT Services application landscape, including but not limited to SIP, Cisco Unified Call Manager (PCCE) Cisco Call Manager, Cisco Unity, IPCC, UCCX, UCCEW, CUCI, CAD and Finesse, and associated technologies.
- Digital technology modernization to improve key areas such as Member and Provider Portals, Community services and Health Services, and provide technology features that enable engagement and experience. IEHP purchased the Adobe Experience Cloud Solution through CDW-G.

The following agreements were previously approved as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
April 11, 2022	22-146	Funding for Procurement and Issuance of New Laptop Equipment through Co-Op Sourcewell CDWG Tech Catalog 081419-CDW	N/A	\$7,126,860.00
October 11, 2022	22-331	SOW 04128 for a Mid-Level Network Engineer Resource through Co-Op Sourcewell IT Managed Services and Staff	April 12, 2023	\$156,000.00

Date Approved	MO#	Purpose	Term Expiration	Cost
		Augmentation Solutions Contract #071321-CDW		
October 11, 2022	22-331	SOW 04267 for a Senior Project Manager through Co-Op Sourcewell IT Managed Services and Staff Augmentation Solutions Contract #071321-CDW	April 12, 2023	\$156,000.00
October 11, 2022	22-331	Delegation of Authority to approve additional Statements of Work for professional resources up to \$1M	December 31, 2023	\$0
November 14, 2022	Under 22-331	SOW 04300 for Info Security Analyst and System Administrator Resources through Co-Op Sourcewell IT Managed Services and Staff Augmentation Solutions Contract #071321-CDW	May 13, 2023	\$275,600.00
November 14, 2022	22-368	Adobe Experience Cloud software application through Sourcewell Co-Op 081419-CDW	November 13, 2025	\$850,000.00
April 10, 2023	Under 22-331	First Amendment to SOW 04300 for professional resources term extension and funding through Co-Op Sourcewell IT Managed Services and Staff Augmentation Solutions Contract #071321-CDW	December 31, 2023	\$291,000.00
June 5, 2023	23-137	Purchase of the Abnormal Security software application through Sourcewell Co-Op 081419-CDW	June 14, 2026	\$201,320.00
Total Cost to date:				\$9,056,780.00
New Cost:				\$49,105.07
Remaining Funds Available of Delegation of Authority for Professional Resources of \$1,000,000:				\$433,200.00
Total Not to Exceed Vendor Cost:				\$9,539,085.07

Discussion:

IEHP is seeking to purchase the Adobe Marketo Engage software application through CDWG. The application is a marketing suite power email distribution solution that works together with the previously purchased Adobe Experience Cloud application to integrate customer data, content, automation, and analytics with the goal of delivering IEHP members with a more personalized and enhanced customer experience. This purchase and implementation are part of the expansion of IEHP’s digital presence and digital transformation projects to build and evolve digital capabilities over the next three (3) years.

As a result of implementing Marketo Engage, the application tool will provide the IEHP Marketing Team with the following advantages:



CDW-G was selected as the vendor to provide the Adobe Marketo Engage application for IEHP through the Sourcewell Co-Op #081419-CDW.

IEHP requests approval to purchase the Adobe Marketo Engage software application with CDW-G, which will enable IEHP to expand its digital presence and capabilities in the areas of marketing communication, engagement and analytics, for an amount not to exceed \$49,105.07 for a one (1) year term through July 14, 2024

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	K. Tsui 6/9/2023	L. Rivera 6/12/2023	M. Popka 6/15/23	J. Maass 6/8/2023	V. Devabhaktuni 6/16/2023

INFORMATION TECHNOLOGY DEPARTMENT

15. APPROVE THE SERVICE ORDER TO THE CUSTOMER RELATIONSHIP AGREEMENT WITH SECUREWORKS FOR CYBERSECURITY MONITORING SERVICES

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Service Order Number Q682676.1 to the Customer Relationship Agreement (Agreement) with SecureWorks, Inc. (SecureWorks) for the provision of cyber security software and monitoring services for an amount not to exceed \$189,075.30 for a six (6) month term effective July 31, 2023, through January 29, 2024. The total amount payable under this Agreement shall not exceed \$1,137,615.30 through January 29, 2024.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP requires cybersecurity managed detection and response services due to the breadth and scale of operational reliance on a secure information technology infrastructure and use of virtual connections for remote workforce operations. This service benefits IEHP by providing 24 hour a day, seven (7) days a week cyber monitoring service which defends against advanced cybersecurity threats and maximizes IEHP resources through the use of technology and resources to actively monitor, detect, validate and provide first response actions for security incidents lowering the risk of a privacy breach.

IEHP has contracted with SecureWorks since August 10, 2020, for services. With the continued growth of IEHP and reliance on technology, in mid-2020 IEHP began to research vendors that could provide expanded cybersecurity services and reduce reliance on IEHP team members availability for monitoring and response. SecureWorks Managed Detection and Response (MDR) services was selected as single source following an evaluation of competing services provided by AT&T, Alien Vault and SecureWorks. It was determined that SecureWorks was the most qualified vendor in providing the breadth and scale of security monitoring and response services needed. The purchase was expedited due to the accelerated nature of COVID-19 response requirements and expansion of remote work models.

The following agreements were previously approved as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
8/10/2020	20-254	Customer Relationship Agreement and Sales order Q-00021 for cybersecurity managed detection and response services	08/15/2021	\$303,000.00

Date Approved	MO#	Purpose	Term Expiration	Cost
7/12/2021	21-212	Sales order Q-00541 for Cybersecurity Managed Detection and Response (MDR) services annual renewal	7/30/2022	\$318,000.00
7/11/2022	22-261	Sales order Q-00630 for Cybersecurity Managed Detection and Response (MDR) services annual renewal	7/30/2023	\$327,540.00
Total Cost to date:				\$948,540.00
New Cost				\$189,075.30
Total Cost				\$1,137,615.30

Discussion:

IEHP is an organization that continues to grow and adapt to new technologies and modes of operation. With ever increasing demands for cybersecurity protection and the advancement of technology and threat protection, IEHP continues to remain diligent in reviewing the needs and availability of diverse and robust security monitoring tools as well as supplementary monitoring assistance. As such, IEHP is in the process of conducting RFP #23-04612 for managed security services, with the goal of identifying a vendor to support IEHP in their pursuit of best-in-class cybersecurity protection services. Accordingly, due to the integral role of these services in assuring Plan stability and reduction of the risk of privacy breaches, IEHP is requesting approval to enter into Service Order Number Q682676.1 for a six-(6) month renewal of the existing services to allow for the continuation of cybersecurity services, including, twenty-four hour a day, seven day a week cyber security services that actively monitor, detect, validate, and provide first response actions for security incidents.

The cost of Service Order Number Q682676.1 shall not exceed \$189,075.30 effective July 31, 2023. The total cost (including this request) under the Agreement with SecureWorks shall not exceed \$1,137,615.30 through January 29, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2023 Budget	S. Chiu 6/12/2023	W. Yanes 6/12/2023	M. Popka 6/14/2023	J. Maass 6/10/2023	V. Devabhaktuni 6/15/2023

QUALITY DEPARTMENT

16. 2022 ANNUAL QUALITY MANAGEMENT ANNUAL EVALUATION REVIEW

Recommended Action:

Review and File

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

Each year, IEHP's Quality Management Committee (QMC) prepares and approves an Annual Evaluation Report assessing IEHP's Quality Improvement Programs, Activities and Structure. The Annual Evaluation Report reviews impact of planned activities on Healthcare Effectiveness Data and Information Set (HEDIS[®]), Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]), and the National Committee for Quality Assurance (NCQA) accreditation outcomes, which are vital components of the Quality Management Program.

The purpose of the 2022 Quality Management Annual Evaluation is to assess IEHP's Quality Improvement (QI) Program. This includes a review of the quality and overall effectiveness of the program, as determined by reviewing all quality improvement studies performed and implemented across IEHP, with a focus in areas of success and areas needing improvement. This review also assesses the current structure and process of the QI program to inform possible changes needed in the subsequent year. Primary data sources used in this review include quality management committee and subcommittee structures, adequacy of resources, minutes and reports submitted both internally and externally, practitioner participation and leadership involvement in the program and data related to program outcomes.

The design of IEHP's Quality Management Program is aligned to support IEHP's Mission, Vision and Values (MVV) as it aims to improve the quality of care, access to care, patient safety, and quality of services delivered to IEHP Members.

Mission: We heal and inspire the human spirit.

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

Values: We do the right thing by:

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

Discussion:

The QM Committee directs quality improvement work and assigns them to participating groups, Physicians, Subcommittees, and internal IEHP departments. The QM Committee meets at least quarterly to review findings, review actions and consider/offer recommendations, and oversees the QM Subcommittees activities and functions. Below is a list of the Subcommittees that were monitored by the Quality Management Committee in 2022:

- Quality Improvement Subcommittee: Reviews quality studies, reports and quality projects in accordance with the QI Subcommittee work plan; monitors interventions; provides oversight of all quality activities related to NCQA, the Department of Managed Health Care (DMHC) and the Department of Healthcare Services (DHCS) requirements.
- Peer Review Subcommittee: Reviews Provider, Member, or Practitioner escalated grievances and appeals, reviews Practitioner related quality issues and other peer review matters.
- Credentialing Subcommittee: Provides oversight of Practitioners who directly contract with IEHP to deny or approve their participation in the IEHP network, including a review of grievance trends and other quality related issues at the Practitioner level.
- Pharmacy and Therapeutics Subcommittee: Reviews IEHP's medication formulary; monitoring of medication prescribing practices of IEHP Practitioners; monitor under- and over-utilization of medications; reviews patient safety reports related to medication.
- Utilization Management Subcommittee: Reviews UM & BH criteria and clinical practice guidelines; responsible for reviewing and updating UM & BH criteria and preventive care guidelines that are not primarily medication related; monitor under-and-over utilization of services; directs the continuous monitoring of all aspects of UM and Behavioral Health.

Quality Improvement Performance:

- HEDIS[®], is one component of the NCQA accreditation scoring process and is used by more than 90 percent of health plans in the United States to assess the quality of care and services provided by Managed Care Organizations. In 2022, IEHP reported the HEDIS[®] 2022 measure set that evaluates quality performance of measurement year 2021. IEHP sets the HEDIS[®] 2022 Medi-Cal goals as the NCQA 90th percentile. Among the 2022 HEDIS[®] measures, IEHP saw more improvements in national performance benchmarks than declines in performance.
- For Medi-Cal, IEHP reported HEDIS[®] measures and sub-measures that are a part of the NCQA Health Plan Ratings and the DHCS Managed Care Accountability Set (MCAS). All required measures were submitted timely, passing all independent audit validation requirements to DHCS and NCQA for Medi-Cal performance with measurement year 2021 (HEDIS[®] 2022). Using benchmarks based on the 2022 NCQA Health Plan Ratings Percentiles and the 2022 NCQA Quality Compass National Benchmarks for Medicaid, IEHP's performance were in the following ratings categories:
 - Four (4) measures demonstrated a rating in the 90th percentile
 - Three (3) measures demonstrated a rating in the 75th percentile
 - Twelve (12) measures demonstrated a rating in the 66th percentile

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- Three (3) measures demonstrated a rating in the 50th percentile
 - Twelve (12) measures demonstrated a rating in the 33rd percentile
 - Five (5) measures demonstrated a rating in the 25th percentile
 - Nineteen (19) measures demonstrated a rating in the 10th percentile
 - Six (6) measures demonstrated a rating <10th percentile
 - Four (4) measure have no rating (NA) due to significant changes in measure specifications for the 2021 MY
- For the Cal MediConnect line of business, IEHP reported HEDIS[®] measures and submeasures that are a part of the NCQA Health Plan Ratings IEHP's Health Plan Ratings performance were in the following ratings categories listed below. All benchmarks noted are based on the 2022 NCQA Health Plan Ratings percentiles and the 2021 NCQA Quality Compass National Benchmarks for Medicare.
 - One (1) measure demonstrated a rating in the 90th percentile
 - Five (5) measures demonstrated a rating in the 75th percentile
 - Five (5) measures demonstrated a rating in the 66th percentile
 - Six (6) measures demonstrated a rating in the 50th percentile
 - Thirteen (13) measures demonstrated a rating in the 33rd percentile
 - Fifteen (15) measures demonstrated a rating in the 10th percentile
 - Eleven (11) measures demonstrated a rating in the <10th percentile
 - One (1) measure has no rating (NA) due to significant changes in measure specifications for the 2021 MY

Quality Improvement Activities:

IEHP implemented three (3) Performance Improvement Projects (PIPs) identified as areas for improvement. The first PIP, focused on controlling high blood pressure for Members identified as Black assigned to an IPA partner. Through analysis of the Medi-Cal Controlling High Blood Pressure measure, IEHP identified a health disparity for Members identified as Black and partnered with an IPA to deliver focused interventions to this group. IEHP's Pharmacy team issued Targeted Medication Review blast faxes to assigned Providers encouraging them to review their Members' medication regimen and to leverage 90-day supplies of medication. Additionally, the Pharmacy team conducted Member outreach to provide education on the availability and benefit of a 90-day medication supply.

The second PIP focused on Child/Adolescent Health as directed by DHCS. In analyzing IEHP's Well Care Visit measure, IEHP identified that Members 18-21 years of age demonstrated the lowest well care visit rates. IEHP partnered with a Provider clinic to complete Member outreach through phone and text, including an option to self-schedule an appointment, to encourage Members to complete their visit.

The third PIP focused on Diabetes Care as directed by DHCS. IEHP identified an opportunity to improve HbA1c testing rates among Members with diabetes ages 18-40. Through partnerships with Provider sites that had high volumes of diabetic Members assigned, IEHP distributed monthly lists of Members newly diagnosed with diabetes for referral consideration to IEHP's Diabetes Self-Management Program via the secure IEHP Provider Portal.

Access to Care:

With the continued growth in IEHP's membership, access to care is an area of focus for the plan and where IEHP has dedicated intentional resources to measure, evaluate and improve. IEHP maintains access standards applicable to all Providers and facilities contracted with IEHP, and as required by IEHP's regulatory agencies. The following are key areas reviewed by the QM Program in 2022.

- **Availability of Practitioners:** IEHP assesses the network availability for Provider to Member ratio and Time/distance standards. For the Primary Care Provider time/distance results, over 91% of Members are within the standard. The results for the Specialty Provider, including high volume/high impact, Core Specialties, and Mental Health Specialties, reveal that over 91% of Members are within the standard. Furthermore, results for Facilities reveal that 91% of Members fall within the access standard with all provider types, with the exception of CBAS facilities. The results of the Provider to Member ratio studies reveal that all regulatory standards for PCPs, Specialists, and Behavioral Health Specialties were met.
- **Appointment Access:** IEHP assesses PCPs, Specialists, and BH Providers against timely access standards for routine and urgent visits. PCPs did not meet the standard for routine appointment availability or urgent visit availability. All other Providers also failed to meet the compliance standard for both visit types. Monitoring and corrective actions were put in place for all areas where deficiencies were noted. This is an area that requires continued quality improvement focus.
- **After-Hours Access to Care:** IEHP monitors after-hours access to Providers to ensure that Members have appropriate telephone access to their Provider outside of regular business hours. Out of the Providers assessed (PCPs, Specialists, and BH) neither PCPs nor BH Providers met the 90% compliance rate. Monitoring and corrective actions were put in place for all areas where deficiencies were noted. This is an area that requires continued quality improvement focus.
- **After Hours Nurse Advice Line:** IEHP contracts with an after-hours nurse advice line to ensure members can access a licensed professional, after hours, thus potentially reducing emergency department utilization. The assessment revealed that IEHP did not meet the goal of < 30 seconds for average speed of answer time but did meet the goal of < 5.0% for call abandonment rate.
- **Availability of Providers by Language:** IEHP assesses the availability of Spanish speaking staff at Provider Offices. Results show that all surveyed Providers except for Vision Provider Offices are meeting the compliance goal, providing appropriate language support to Members in need of Spanish speaking Providers and Office Staff.
- **Addressing Cultural, Ethnic, Racial and Linguistics needs of Members:** IEHP assesses the cultural, ethnic, racial and linguistics needs of Members. The assessment shows that IEHP meets the language distribution for English and Spanish PCPs to Member ratio. For Race/Ethnicity distribution, IEHP continues to fall below the goal of 1.0 PCPs per 2,000 Members for all race/ethnic groups. A noted barrier for not meeting the goal is due to Race/Ethnicity questions being noted as optional fields on the Bi-annual Provider Directory Verification form and on the IEHP Provider Contracting application. Many providers chose not to report their Ethnicity; therefore, this may not provide an accurate depiction of IEHP's

PCP to Member ratios by race/ethnic categories. This is an area that requires continued quality improvement focus. To improve the data capture of Provider race and ethnicity information, this was added as a new measure to IEHP's 2023 Global Quality Pay for Performance (GQP4P) PCP Program.

Member and Provider Experience:

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures how well IEHP is meeting Members' service expectations, determines areas of service that have the greatest effect on Members' overall satisfaction, and identifies areas of opportunity to improve the quality of service. For Adults, areas of strength were identified as questions that fell in the 66th percentile nationally or higher. Those measures include Rating of Health Care, Rating of Health Plan, Rating of Specialist, and Customer Service. Areas requiring improvement include How Well Doctors Communicate, Getting Needed Care, and Getting Care Quickly.
- The annual Provider Experience study assesses the satisfaction of IEHP's Provider network in the following functional areas: Overall Satisfaction, Finance Issues, Utilization and Quality Management Network, Coordination of Care, Pharmacy, Health Plan Call Center Service Staff, and Provider Relations. IEHP scored at the 88th percentile or higher in all composite areas assessed. This continues to be noted as an area of strength.
- Grievance and Appeals: IEHP monitors grievance case volume and rates to identify trends and areas of opportunity to improve overall Member satisfaction. In 2022, the grievance category with the highest volume of grievances was the Attitude and Service category. Within that category, the top subcategories were 'IEHP Member Services', 'Transportation Provider', and 'IEHP'. Quality improvement activities to address high grievance category trends was noted as an area of focus.
- IEHP's Member Portal: Annually, IEHP conducts a quality & accuracy assessment of Member information and functionality available on IEHP's Member Portal. Testing conducted by IEHP's Quality Assurance team includes both positive and negative scenarios for Member ID cards and Member PCP changes. All tests produced the expected results, meeting the overall goal of 100% in all accuracy and quality test scenarios.
- Behavioral Health Treatment (BHT) Member Satisfaction Survey: Annually, IEHP assesses Member experience with IEHP's BHT services. BHT services, including Applied Behavior Analysis (ABA) and other evidence-based interventions are based on reliable evidence-based treatments that develop or restore, to the maximum extent practicable, the functioning of an individual. The results of the survey revealed that overall Members were satisfied with services provided by the BHT providers and the BHT team at IEHP.

Patient Safety:

- IEHP recognizes that patient safety is a key component of delivering quality health care and focuses on promoting best practices that are aimed at improving patient outcomes. IEHP engages both Members and Providers to promote safety practices. IEHP also focuses on reducing the risk of adverse events that can occur while providing medical care in different delivery settings. Below are IEHP's safety initiatives and studies monitored in 2022:

- Potential Quality Incident Reports
- Management of Inpatient Discharge Transitions Study
- Reducing Hospital Readmissions
- Provider Preventable Conditions Study
- Annual Physical Accessibility Review Survey (PARS) Study
- Physician Narcotic Summary Report
- Quarterly Patient Safety Reports – Opioid Overutilization

Population Health Management (PHM) Strategy Effectiveness:

- Annually, IEHP outlines its PHM Strategy for meeting the care needs of Members and designs a cohesive plan of action to address those needs. This study assesses the impact of the PHM strategy using clinical, utilization and Member experience measures and identifies opportunities for improvement. In 2022, the PHM Effectiveness study assessed the following Programs: Health Homes (HHP), My Path Palliative Program, IEHP’s Housing Initiative, and IEHP’s Complex Case Management (CCM) Program.

These programs aim to support Members with emerging risk, outcomes across settings, and Members with multiple chronic illnesses. Overall, the results from these population health programs were favorable, with the majority of outcome, utilization, process, and satisfaction measures successfully met. Overall, the IEHP population health management strategy is effective, but has an opportunity to expand in scope. As accurate, timely, integrated, and actionable data is foundational for any population health management program, IEHP will work on improving its ability to capture and share data across systems. Going forward, IEHP plans to continue to improve documentation and reporting of the Advanced Care Planning, Medication Review, Functional Status Assessment, and Pain assessment measures for the My Path Program and improve PCP visits and readmission rates and reduce ED visits for Members enrolled in the Housing, My Path, and CCM Programs.

IEHP Value Based Payment Arrangements:

- Annually, IEHP assesses the percentage of dollars spent in Value Based Payment arrangements compared to total medical cost. IEHP’s income statement for calendar year 2022 for the Medi-Cal line of business was used in this analysis. The Value-Based Payment programs included in the report were Capitation, Pay-for-Performance and Shared Savings and meet NCQA definition of value-based payment arrangements. IEHP’s Value-Based Payments for Medi-Cal reported for calendar year 2022 represent 23% of IEHP’s Medi-Cal medical expenditures. Of those, Capitation accounts for 84% and Pay for Performance accounts for 16% of IEHP’s total value-based payments. IEHP’s goal is to continue to grow the value-based payment arrangements to help further drive IEHP’s quality goals with our Provider network.

Delegation Oversight:

- The Annual Delegation Oversight Audit (DOA) is conducted by IEHP Health Services, Quality, and Provider Services department staff using audit tools that are based on NCQA, DMHC, DHCS and CMS standards. In 2022, IEHP performed the DOA for all 11 Medi-Cal IPAs. When comparing the 2021-2022 Delegation Oversight Audit Results to the 2020-2021 Delegation Oversight Audit, there is an overall improvement in scores in the areas of CM

Policy Review, Credentialing Policy & Procedures, Waiver Program File Audit for all focus areas of the audit. As a result of the 2021-2022 DOA conducted, IEHP will continue to stringently monitor each of the areas within the Delegation Oversight audit tool and provide on-going training as necessary and/or as requested by our IPA partners.

QM Program Process Improvements:

In March 2022, IEHP conducted a Quality Systems Value Stream Analysis (VSA), *Improving IEHP's Quality Management Program*, in an effort to improve the quality of care provided to our members, ensuring safe, effective, culturally appropriate and coordinated care. This event included leaders from throughout the organization. The aim of the VSA was to effectively detect poor quality, effectively remediate issues identified, effectively track and monitor progress of quality improvement work, effectively engage participants and key stakeholders in the process and be well coordinated and transparent. As a result of this VSA, the QI program was restructured in certain areas to ensure adequate resources and overall compliance with both regulatory and accreditation policies and standards. Process improvement events that occurred in 2022 are noted below.

- Provider Detection System Rapid Improvement Event (RIE)
- Problem Solvers Task Force RIE
- Redesign Quality Improvement Subcommittee RIE
- Redesign Subcommittee RIE
- Redesign Quality Management Committee RIE
- Subcommittee Charter Template Just Do It (JDI)
- Subcommittee Standard Report Format JDI
- Redesign QM Workplan Project
- Subcommittee Minutes Project

Major accomplishments in 2022 include the introduction of an IEHP Problem Solvers Task Force that focused on PCP Referral Timeliness. Updates were made to the Provider Portal referral submission page for better data capture of time between “referral need” and “submission of referral”. The Subcommittee Redesign event resulted in new Subcommittees being formed during 2022 and continuing throughout 2023. New Subcommittees that were formed include Provider Network Access, D-SNP Model of Care Monitoring and Oversight, Population Health Management, Member Experience and Patient Safety.

Lastly, a new Quality Improvement Council (QIC) was formed. The QIC was developed for addressing system-level quality gaps identified at IEHP Subcommittees. The purpose of the QIC is to eliminate barriers and secure resources to drive system-level quality improvement solution efforts. Furthermore, the QIC provides a structure to guide solution efforts and maintain oversight of improvement efforts tied to these issues. Council Members and supporting representatives include leaders from various subcommittees across the organization with supporting representatives being invited on an ad hoc basis for presentation or discussion of topics related to their respective subcommittees or departments. The QIC provides information to IEHP's Quality Management Committee on progress towards the maintenance of health plan accreditation and regulatory compliance with improvements and opportunities being addressed. The QIC will meet monthly and began in January 2023.

CONSENT AGENDA

Key priority areas of improvement for 2023 include: Preventive Care; Chronic Care; Access to Care; Provider Customer Service; and Coordination of Care.

IEHP will focus on meeting the 2023 Program goals and completing all initiatives as outlined in the 2023 QM/QI Work Plan.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 6/13/23	G. Fick 6/9/2023	E. Juhn 6/15/23

QUALITY DEPARTMENT

17. APPROVE THE FIFTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH SYMPHONY PERFORMANCE HEALTH DBA SPH ANALYTICS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fifth Amendment to the Professional Services Agreement (Agreement) with Symphony Performance Health dba SPH Analytics for the provision of conducting Member and Provider Surveys for an additional term through February 28, 2024. There is no cost associated with this Amendment and the total amount payable remains unchanged for an amount not to exceed \$4,842,000 through February 28, 2024.

Contact:

Edward Juhn, Chief Quality Officer

Background:

Beginning in 2013 SPH Analytics, formerly Patient Satisfaction Plus, LLC dba The Myers Group, has fielded the following surveys for IEHP:

- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Health Outcomes Survey (HOS)
- Provider Satisfaction Survey
- Monthly Member Satisfaction Survey
- Behavioral Health Member Satisfaction Survey
- Pharmacy Satisfaction Survey
- MyPath Member Satisfaction Survey

The Governing Board had previously approved the Agreement as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
07/09/2018	18-208	RFP Award #18-001	11/15/2023	\$970,000
01/13/2020	20-03	Public Needs Assessment Added	11/15/2023	\$20,000
09/14/2020	20-270	Remove Provider Access Survey and Add Public Needs Assessment for 2023	11/15/2023	\$0
09/13/2021	16-64	Remote Access Call Center Services	11/15/2023	\$0
11/14/2022	22-372	Post Discharge Member Engagement Survey Added	11/15/2023	\$398,300
Total Cost to date:				\$3,430,004
New Cost				\$0
Total Cost				\$4,842,000

Discussion:

This Fifth Amendment extends the term through February 28, 2024, to continue fielding and reporting for all surveys in 2023. The total compensation for this Agreement remains unchanged for a total amount not to exceed \$4,842,000.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	Jordan Haines, 6/8/2023	Holli Clear, Mgr., Dir, 6/6/2023	M. Popka 06/15/23	J. Diekmann 6/1/2023	E. Juhn 6/15/2023

PROVIDER NETWORK DEPARTMENT

18. RATIFY AND APPROVE THE SIXTH AMENDMENT TO THE LETTER OF UNDERSTANDING 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 Sixth Amendment to the Letter of Understanding with Children’s Hospital Los Angeles, effective May 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Children’s Hospital Los Angeles is currently a participating Hospital

Discussion:

The Amendment is to extend the term through July 31, 2023. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

19. RATIFY AND APPROVE THE TWENTY-FIFTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH CHILDREN’S HOSPITAL AT MISSION – MISSION VIEJO

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Twenty-Fifth Amendment to the Hospital Per Diem Agreement with Children’s Hospital at Mission, effective July 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Children’s Hospital at Mission is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment is to extend the term through June 30, 2024. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

20. RATIFY AND APPROVE THE TWENTY-FIFTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH CHILDREN’S HOSPITAL OF ORANGE COUNTY – ORANGE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Twenty-Fifth Amendment to the Hospital Per Diem Agreement with Children’s Hospital of Orange County, effective July 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Children’s Hospital of Orange County is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment is to extend the term through June 30, 2024. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

21. RATIFY AND APPROVE THE ELEVENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH VERITAS HEALTH SERVICES, INC. DBA CHINO VALLEY MEDICAL CENTER – CHINO

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Eleventh Amendment to the Hospital Per Diem Agreement with Veritas Health Services, Inc. dba Chino Valley Medical Center, effective June 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Veritas Health Services, Inc. dba Chino Valley Medical Center is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment is to extend the term through July 31, 2023. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

22. RATIFY AND APPROVE THE EIGHTH AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH OPTUM CARE NETWORK – INLAND FACULTY MG - COLTON

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Seventh Amendment to the Capitated IPA Agreement with Optum Care Network – Inland Faculty MG - Colton, effective January 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Optum Care Network – Inland Faculty MG is currently a contracted IPA in the IEHP Network.

Discussion:

The Amendment is to replace the Schedule B1 of Attachment B (Medi-Cal) Division of Financial Responsibility.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

23. RATIFY AND APPROVE THE SEVENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT FOR BEHAVIORAL HEALTH SERVICES WITH VISTA BEHAVIORAL HOSPITAL LLC DBA PACIFIC GROVE HOSPITAL - RIVERSIDE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Seventh Amendment to the Hospital Per Diem Agreement for Behavioral Health Services with Vista Behavioral Hospital LLC dba Pacific Grove Hospital, effective March 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Vista Behavioral Hospital LLC dba Pacific Grove Hospital is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment is to extend the term through June 30, 2023, and replace the Hospital Services and Compensation Attachments. All other items and conditions of the Agreement remain in full force and effect.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

24. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR RIDGECREST REGIONAL HOSPITAL – RIDGECREST

Recommended Action:

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

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Ridgecrest Regional Hospital would like to participate as a contracted Hospital in the IEHP Network with the Medi-Cal lines of business.

Discussion:

The Hospital Per Diem Agreement will be effective beginning January 1, 2023, through December 31, 2027.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

25. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT WITH VICTOR VALLEY HOSPITAL ACQUISITION, INC. DBA VICTOR VALLEY GLOBAL MEDICAL CENTER – VICTORVILLE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Hospital Per Diem Agreement with Victor Valley Hospital Acquisition, Inc. dba Victor Valley Global Medical Center, effective June 1, 2023.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Victor Valley Hospital Acquisition, Inc. dba Victor Valley Global Medical Center is currently a contracted Hospital in the IEHP Network.

Discussion:

The renewal Hospital Per Diem Agreement will be effective beginning June 1, 2023 through May 31, 2024 and the term shall renew automatically for successive one-year periods for up to two (2) years, terminating on May 31, 2026.

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

26. APPROVAL OF THE STANDARD TEMPLATES

Recommended Action:

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

Contact:

Keenan Freeman, Chief Financial Officer

Background:

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

Discussion:

The following standard templates are being presented to the Governing Board for ratified approval:

- 1) Master Community Support Services Attachment B – Personal Care and Homemaker Services
- 2) Master Community Support Services Attachment B – Day Habilitation Programs
- 3) Master Community Support Services Attachment B – Respite Services
- 4) Master Provider Agreement – All Lines of Business & Covered California

Fiscal Impact:

None

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER NETWORK DEPARTMENT

27. APPROVAL OF THE EVERGREEN CONTRACTS

Recommended Action:

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

Contact:

Keenan Freeman, Chief Financial Officer

Background:

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

Discussion:

Renewal under the Evergreen Clause of the following Agreements effective, July 1, 2023:

Additional Two (2) year term:

- 1) Hosea E Brown MD Inc - Specialist Participating Provider Agreement – *Hemet*

Additional five (5) year term:

- 2) Memory Check Psychological Services a Professional Corporation - Skilled Nursing Facility Attending Physician Agreement - Behavioral Health – *San Jose*

Renewal under the Evergreen Clause of the following Agreements effective, August 1, 2023:

Additional one (1) year term:

- 3) American Specialty Health Plans of California Inc -Ancillary Agreement – *San Diego*
- 4) Maria Puraci dba Holy Hill Home Care - Residential Care for the Elderly – *Yucaipa*
- 5) Nick Puraci dba Holy Hill Home Care East - Residential Care for the Elderly – *Yucaipa*

Additional three (3) year term:

- 6) Country Villa Claremont Healthcare Center Inc dba Country Villa Claremont Healthcare Center - Skilled Nursing Facility Provider Agreement - *Claremont*
- 7) Vista Pacifica Enterprises Inc dba Vista Pacifica Enterprises Inc - Skilled Nursing Facility Provider Agreement – *Riverside*
- 8) Joseph Lin dba Joseph L Lin MD Inc - Specialist Participating Provider Agreement – *West Covina*

Additional five (5) year term:

- 9) Catherine M Hynes - Behavioral Health Participating Provider Agreement – *Upland*
- 10) Clinicas de Salud del Pueblo Inc dba Innercare - Behavioral Health Participating Provider Agreement – *Hemet*
- 11) Desert Marriage and Family Counseling Inc - Behavioral Health Participating Provider Agreement – *Palm Desert*

CONSENT AGENDA

- 12) Esther Arredondo LMF dba Esther Arredondo LMFT - Behavioral Health Participating Provider Agreement – *Redlands*
- 13) Michele Cyr dba Michele Cyr LCSW - Behavioral Health Participating Provider Agreement – *Riverside*
- 14) Tonsinetta D Green dba U Can Feel Better - Behavioral Health Participating Provider Agreement – *Corona*
- 15) Tyra Marie Smith - Behavioral Health Participating Provider Agreement – *Norco*
- 16) William Andrew Boyer - Behavioral Health Participating Provider Agreement – *Corona*
- 17) Inpatient Specialists of California PC dba Sound Physicians of California IV - Hospitalist Agreement – *San Bernardino*
- 18) Sunil H Patel DO dba Advanced Primary Care of High Desert - Capitated Primary Care Provider Agreement - *Apple Valley*
- 19) McGinness Latiffah Abdullah dba McGinness Latiffah A MD - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Lake Elsinore*
- 20) Pediatric Medical Group of Riverside - Capitated Primary Care Provider Agreement (Excluding Medicare) – *Riverside*
- 21) Anthony Shin MD - Skilled Nursing Facility Attending Physician Agreement - Behavioral Health – *Loma Linda*
- 22) HealthCare Physical Therapy Inc - Specialist Participating Provider Agreement – *Chino*
- 23) Whole Child Therapy Inc - Specialist Participating Provider Agreement - *Claremont*

Fiscal Impact:

Included in CY2023 Budget

Financial Review:

N/A

Reviewed by Counsel:

N/A

ADMINISTRATION

28. CHIEF EXECUTIVE OFFICER UPDATE

Recommended Action:

Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

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

Governing Board Meeting



CEO BOARD REPORT

July 10, 2023



MISSION MOMENT

- Visited Citrus Hills High School in Mead Valley to experience Red Zone Sports Camp.
- IEHP began supporting this awesome program back in 2018. Today, the camp has grown into 10 sites with over 1,500 children.



IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
May 2023	1,659,064	1,682,947	23,883	8,667
June 2023	1,668,626	1,691,033	22,407	8,086
July 2023	1,660,278	1,686,784	26,506	(4,249)



COVERED CALIFORNIA UPDATE

- Covered California Negotiations meeting held June 19 in Sacramento.
- Covered California team was very impressed with our presentation, commenting they'd never had a health plan place such a tremendous amount of emphasis on Quality, and it was "so refreshing to hear IEHP do the right thing by setting the bar for the state."
- Await final approval from DMHC to officially join the exchange for 2024.



IEHP WELCOMES NEW CHIEF PEOPLE OFFICER

- Welcome Supriya Sood, MBA!
- Joining IEHP in August from Alignment Healthcare.
- Previously she worked at Elevance Health (Formerly Anthem, Inc.).
- Supriya has a strong connection to mission-driven work and brings more than 25 years of experience in the human resources field.



LEGISLATIVE MEETINGS RECAP

Met with the following Legislators and/or their staffs April through June:



Assemblymember Tom Lackey and Jarrod in Trona

April

Assemblymember Juan Carrillo (Assembly District 39)

May

Assemblymember Kate Sanchez (Assembly District 71)

Assemblymember Bill Essayli (Assembly District 63)

Senator Kelly Seyarto (Senate District 32)

June

Assemblymember Tom Lackey (Assembly District 34)

Assemblymember Freddie Rodriguez (Assembly District 53)

Assemblymember Corey Jackson (Assembly District 60)

Assemblymember Majority Leader Eloise Gomez Reyes (Assembly District 50)

Assemblymember Eduardo Garcia (Assembly District 36)

Assemblymember Greg Wallis (Assembly District 47)

Senator Rosilicie Ochoa Bogh (Senate District 23)

Senator Shannon Grove (Senate District 12)



ECM CONFERENCE AT IEHP

- Inaugural in-person Enhanced Care Management (ECM) Collaborative Conference was held June 6-7 at IEHP.
- More than 450 attendees spread across the two-day event.
- Conference celebrated the amazing work and great accomplishments of our ECM teams and featured keynote speakers, team-building activities, patient stories, and vital information about the future developments of ECM.
- Huge thanks to IEHP's own ECM team for their hard work and efforts in planning this important conference!



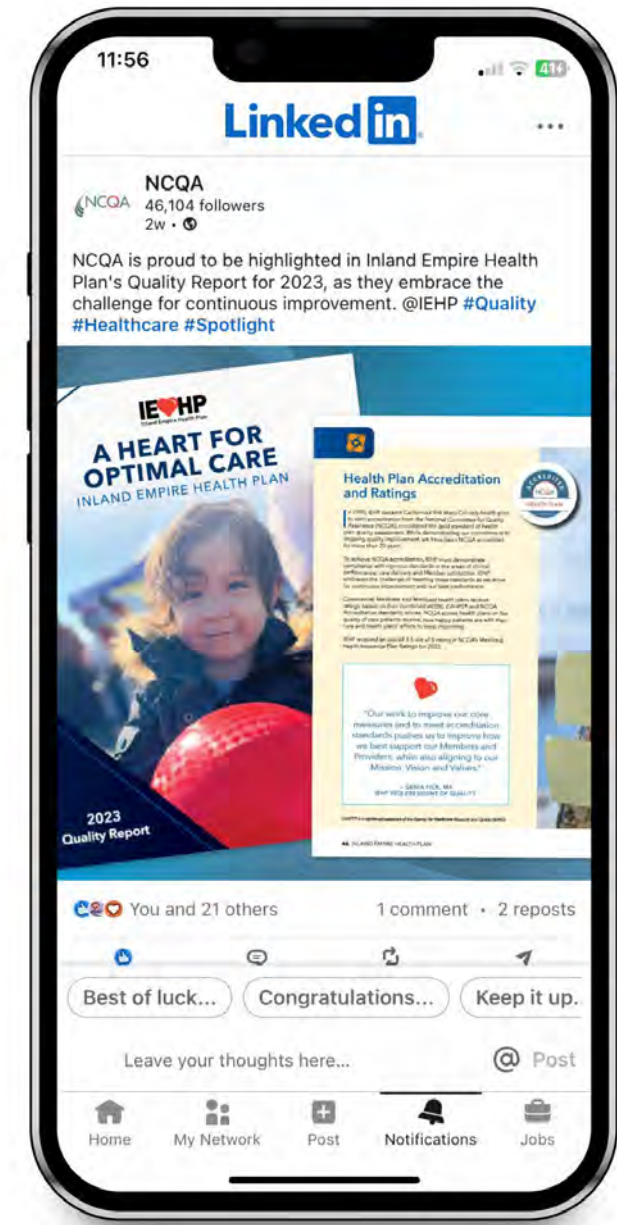
PROVIDER DINNER SERIES

- 12 PCPs and OB/GYNs from the Corona, Hemet and Temecula region attended the June 21 dinner at the Temecula Creek Inn.
- Discussion topics included the Network Expansion Fund and the Healthcare Scholarship Fund program.
- The group also learned about Medi-Cal Redetermination and the great impact it will have this year.
- This prompted physicians to provide their direct e-mail information to receive notices about Medi-Cal Redetermination if they haven't been receiving them.
- Next month's dinner will be held on July 25 at Avila's Historic 1929 in Riverside.



QUALITY REPORT HIGHLIGHTED

- IEHP's 2023 Quality Report received a nice shout out on NCQA's LinkedIn page in May.
- The annual report has also received recognition through several industry awards -- including a Silver Aster Award, Hermes Gold Award and a Marcom Gold Award.



MCO TAX LETTER

- Joint letter sent in May to Dr. Mark Ghaly, secretary of the California Health & Human Services Agency.
- Letter expressed support for securing and directing the Managed Care Organization (MCO) tax revenue to areas that will have the most impact.
- Letter signed by leaders of the “Inland Empire Alliance,” representing IEHP, San Bernardino County Medical Society, Riverside University Health System, Riverside County Medical Association, Arrowhead Regional Medical Center and Loma Linda University Health.



TRONA SENIOR CENTER DONATION

- IEHP donated \$75,000 to the non-profit Trona Senior Center during a special visit on June 23.
- The Senior Center is the gathering place for the region and in dire need of repairs and upgrades.
- Special thanks to California State Assemblymember Tom Lackey for joining the visit.
- Huge thanks to our friends in San Bernardino County for their continued partnership and support.



June 2023
Visit to Trona



LEADERSHIP PRESENTATIONS

- **Chief Medical Officer Dr. Takashi Wada** participated in the following conferences:
 - National WIC Conference (May 8) – Panelist for “Harnessing the Power of WIC, Advancing California’s Health System Reforms” which focused on IEHP’s partnership with RUHS.
 - National Innovative Communities Conference (June 13) - Panelist for “Community Health Workers: Bridging Gaps in Equity in the Inland Empire” which focused on integrating Community Health Workers within health plans.
- **Clinical Director of Hospital Quality Improvement Nikole DeVries, MBA, MSN, RN, CPHQ** was a featured instructor on June 15 for the National Association for Healthcare Quality (NAHQ) Learning Lab on “Administrative Foundations of Practitioner Peer Review.”



Register Now
NAHQ Learning Lab

**Administrative Foundations of
Practitioner Peer Review**



Thursday, June 15
12 p.m. CT

NAHQ

Nikole DeVries, MBA, MSN, RN, CPHQ
Clinical Director // Engagement Enthusiast // Speaker



IEHP PARTNERS WITH CALL THE CAR

- Recently launched a vendor partnership with Call the Car, a Pasadena-based, non-emergency medical transportation company.
- Call the Car provides services without limits from health care transportation to case management coordination and community-based partnerships.
- Vehicles can accommodate wheelchair and gurney needs, and drivers are trained to adapt to what every trip and passenger needs.
- June 8 event at IEHP featured safety demonstrations and the fleet of newly wrapped vehicles.
- Proud IEHP can offer transportation services 24/7 so that our members never have to worry about missing their doctor appointments or treatments.



Governing Board Meeting

THANK YOU!

FINANCE DEPARTMENT

29. REVIEW OF THE MONTHLY FINANCIALS

Recommended Action:

Review and File

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Discussion:

Monthly Financials for Period Ending May 31, 2023.

FINANCE DIVISION

May 2023

MONTHLY FINANCIALS

Presented July 10, 2023



Actual vs Budget - Consolidated

	May Month-to-Date			May Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 645,180,042	\$ 611,610,073	\$ 33,569,969	\$ 2,949,762,041	\$ 2,908,665,812	\$ 41,096,229
Total Medical Costs	\$ 575,834,573	\$ 566,976,697	\$ (8,857,876)	\$ 2,593,572,433	\$ 2,647,932,590	\$ 54,360,157
Total Operating Expenses	\$ 35,692,640	\$ 41,504,151	\$ 5,811,511	\$ 164,322,308	\$ 185,737,355	\$ 21,415,047
Total Non Operating Income (Expense)	\$ 6,783,353	\$ 3,322,863	\$ 3,460,490	\$ 33,415,008	\$ 16,814,663	\$ 16,600,345
Non-Medi-Cal/Medicare Expenses	\$ 760,156	\$ 666,667	\$ (93,489)	\$ 3,777,090	\$ 3,333,333	\$ (443,757)
Net Surplus (Deficit)	\$ 39,676,025	\$ 5,785,421	\$ 33,890,605	\$ 221,505,217	\$ 88,477,197	\$ 133,028,021

Highlights for the Month:

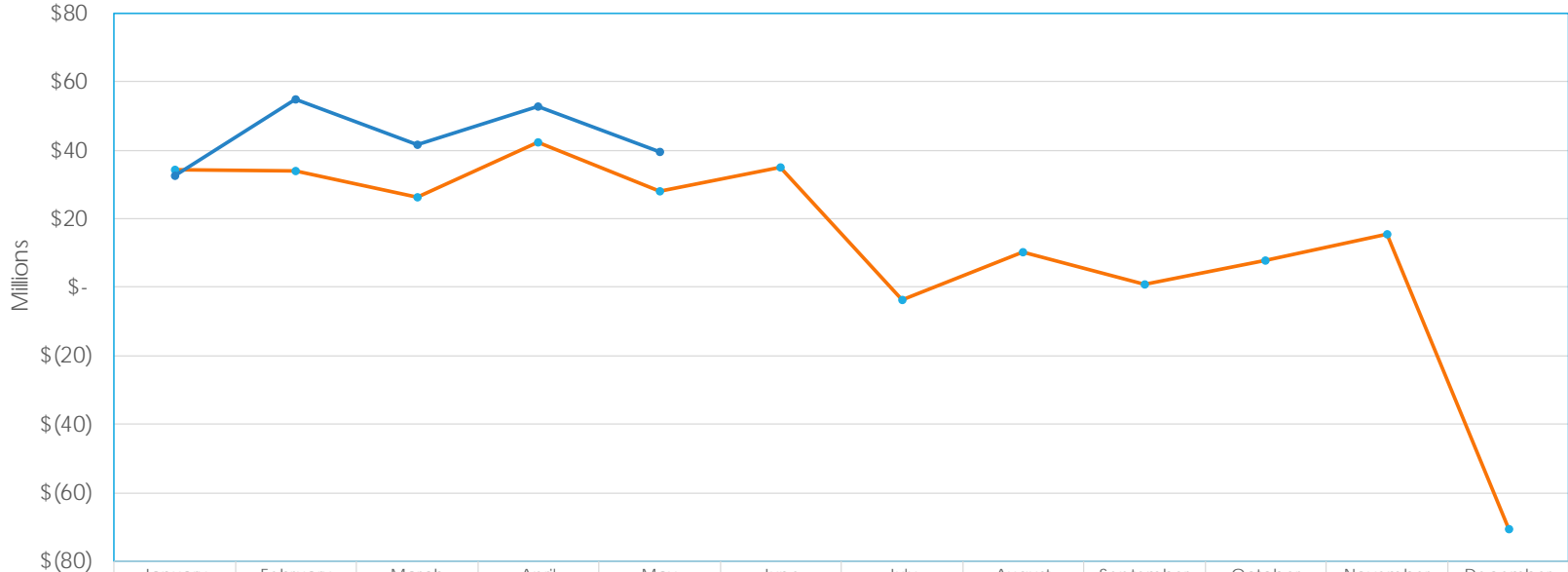
- The favorable revenue variance compared to budget is primarily due to favorable CalAIM Incentives revenue and higher-than-expected SPD Full Dual, MCE Non Dual, and other member months partially offset by unfavorable HHIP revenue due to unattained measures, lower-than-expected maternity revenue and Adult member months, and unbudgeted ECM risk corridor reserve.
- The unfavorable medical cost variance compared to budget is primarily due to unfavorable CalAIM Incentives and BHT claims expenses partially offset by favorable HHIP and capitation expenses, and lower-than-expected medical G&A.
- The favorable operating expense variance compared to budget is primarily due to delays in IT projects and underutilized expenses.
- The favorable non-operating income (expense) variance compared to budget is primarily due to higher-than-expected interest income.

There is Other Income/Expenses that are not attributed to a specific line of business, but included on a consolidated basis (e.g. Interest Income, Investment Income (Expense), Leased Asset Revenue, Non-Medi-Cal/Medicare Expenses, etc.)



Net Surplus Year-Over-Year - Consolidated

Consolidated
Net Surplus by Month (Actuals)



	January	February	March	April	May	June	July	August	September	October	November	December
CY 2022	34,514,158	34,071,643	26,205,224	42,547,572	27,986,001	35,108,715	(3,784,423)	10,139,343	870,424	7,744,485	15,524,213	(70,757,110)
CY 2023	32,473,283	54,889,579	41,558,775	52,907,554	39,676,025							



Actual vs Budget – Medi-Cal

	May Month-to-Date			May Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 586,109,556	\$ 553,992,585	\$ 32,116,971	\$ 2,649,172,916	\$ 2,618,657,501	\$ 30,515,415
Total Medical Costs	\$ 521,328,439	\$ 515,606,747	\$ (5,721,692)	\$ 2,329,023,248	\$ 2,393,716,197	\$ 64,692,949
Total Operating Expenses	\$ 31,235,127	\$ 36,232,273	\$ 4,997,146	\$ 143,555,370	\$ 162,864,089	\$ 19,308,719
Total Non Operating Income (Expense)	\$ 2,932,756	\$ 2,883,863	\$ 48,893	\$ 14,392,483	\$ 14,267,373	\$ 125,110
Net Surplus (Deficit)	\$ 36,478,746	\$ 5,037,427	\$ 31,441,319	\$ 190,986,781	\$ 76,344,589	\$ 114,642,192

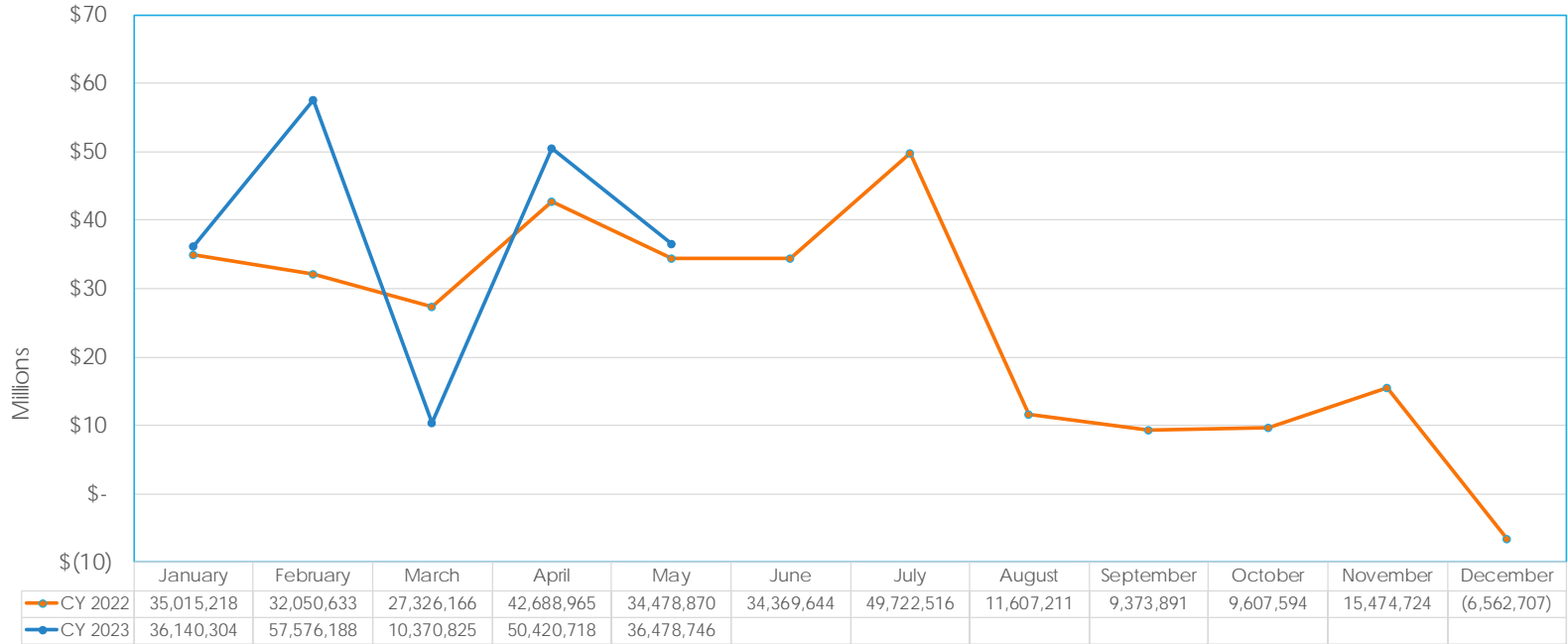
Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to favorable CalAIM Incentives revenue and higher-than-expected SPD Full Dual, MCE Non Dual, and other member months partially offset by unfavorable HHIP revenue due to unattained measures, lower-than-expected maternity revenue and Adult member months, and unbudgeted ECM risk corridor reserve.
- The unfavorable medical cost variance compared to budget is primarily due to unfavorable CalAIM Incentives and BHT claims expenses partially offset by favorable HHIP and capitation expenses, and lower-than-expected medical G&A.
- The favorable operating expense variance compared to budget is primarily due to delays in IT projects and underutilized expenses.



Net Surplus Year-Over-Year – Medi-Cal

Medi-Cal
Net Surplus by Month (Actuals)



Actual vs Budget - DSNP

	May Month-to-Date			May Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 58,877,863	\$ 57,617,488	\$ 1,260,375	\$ 293,621,578	\$ 290,008,311	\$ 3,613,267
Total Medical Costs	\$ 54,862,297	\$ 51,369,950	\$ (3,492,347)	\$ 269,210,839	\$ 254,216,393	\$ (14,994,446)
Total Operating Expenses	\$ 4,457,513	\$ 5,271,878	\$ 814,365	\$ 20,766,938	\$ 22,873,267	\$ 2,106,329
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ (441,947)	\$ 975,660	\$ (1,417,607)	\$ 3,643,801	\$ 12,918,652	\$ (9,274,851)

Highlights for the Month:

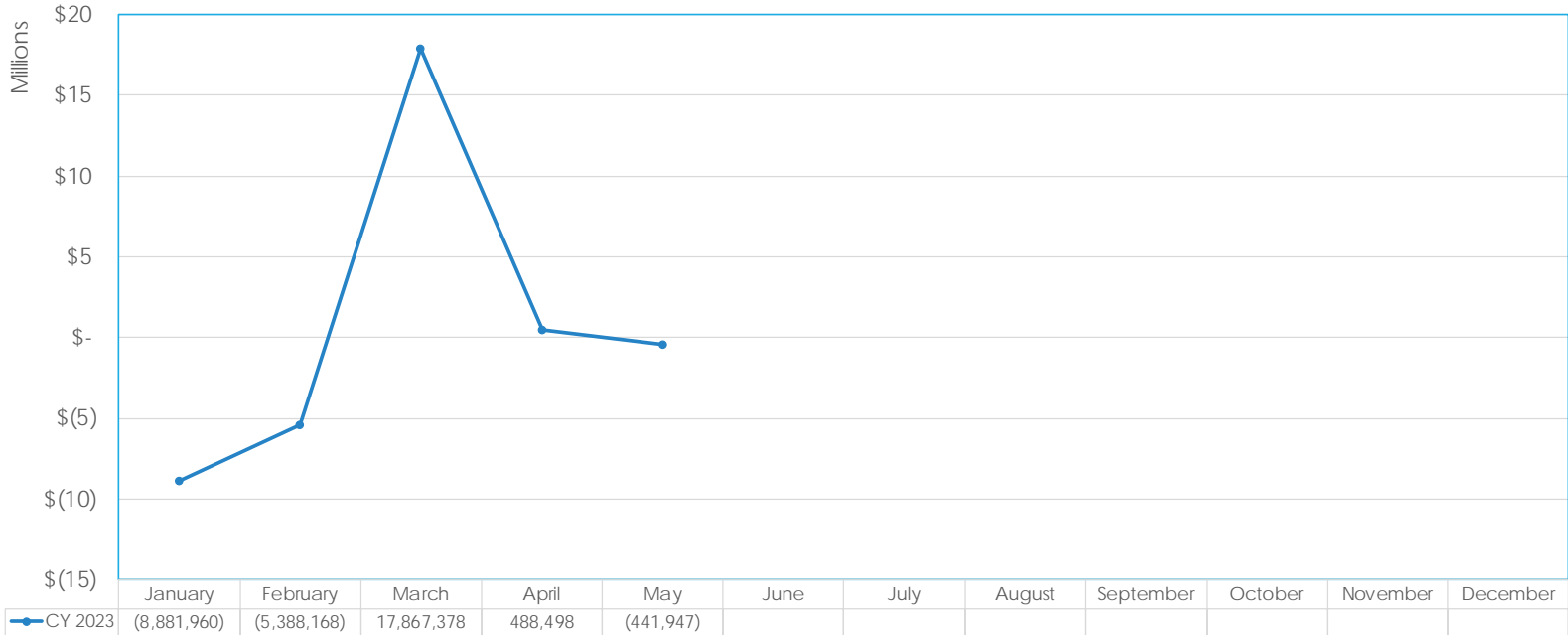
- The favorable revenue variance compared to budget is primarily due to higher-than-expected member months.
- The unfavorable medical cost variance compared to budget is primarily due to higher-than-expected facility and specialist claims primarily due to claims costs and IBNR restatements.



Net Surplus Year-Over-Year - DSNP

DSNP

Net Surplus by Month (Actuals)



Actual vs Budget - CMC

	May Month-to-Date			May Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 192,623	\$ -	\$ 192,623	\$ 6,967,547	\$ -	\$ 6,967,547
Total Medical Costs	\$ (356,162)	\$ -	\$ 356,162	\$ (4,661,654)	\$ -	\$ 4,661,654
Total Operating Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ 548,785	\$ -	\$ 548,785	\$ 11,629,201	\$ -	\$ 11,629,201

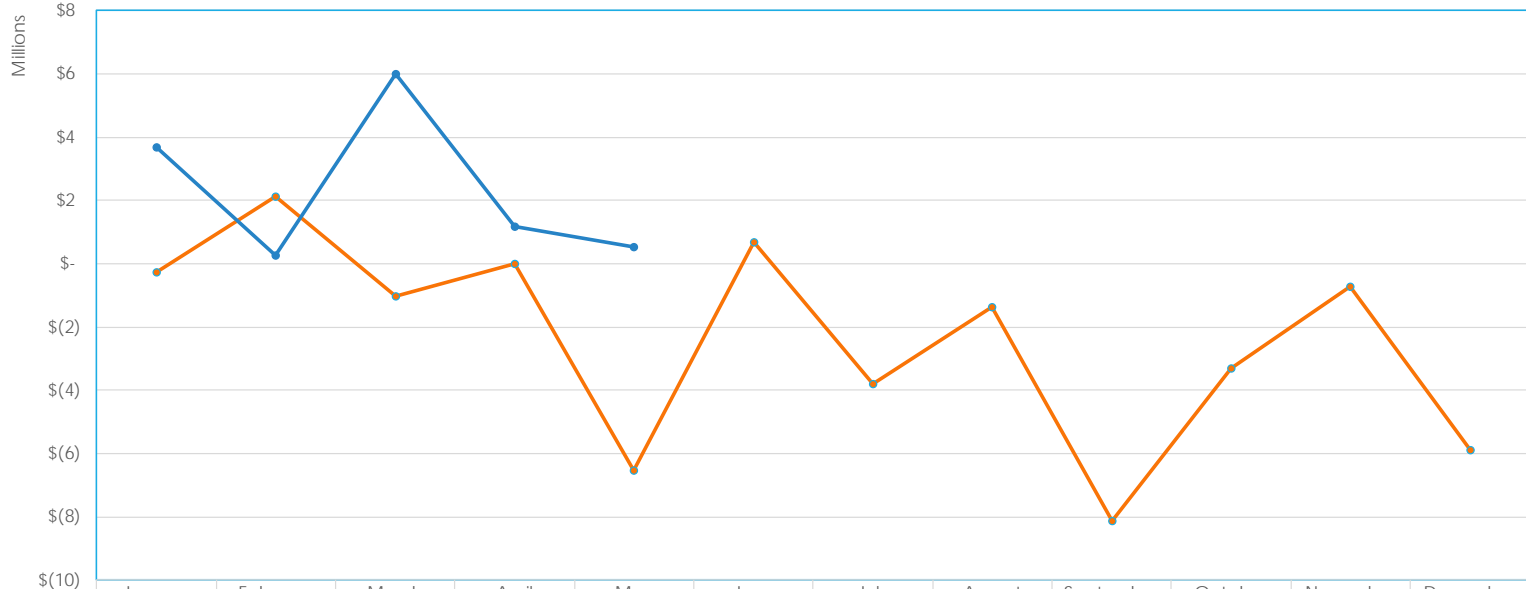
Highlights for the Month:

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							



Balance Sheet – Current Month vs Prior Month

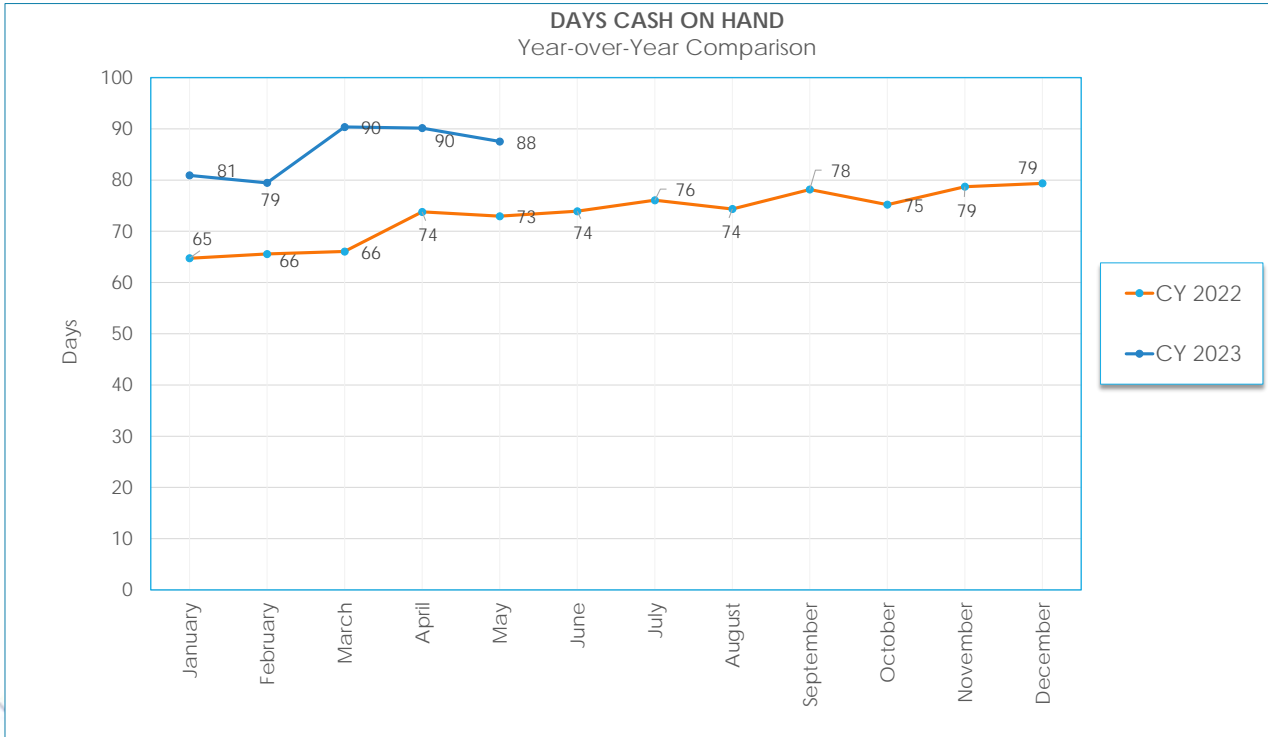
	May-23	Apr-23	Variance
<u>Assets and Deferred Outflows</u>			
Current Assets	\$ 2,361,820,015	\$ 2,366,409,550	\$ (4,589,534)
Long Term Receivables	\$ 59,986	\$ 62,859	\$ (2,872)
Capital Assets	\$ 233,918,863	\$ 234,544,580	\$ (625,717)
Deferred Outflows of Resources	\$ 70,903,506	\$ 70,903,506	\$ -
Net Other Assets	\$ -	\$ -	\$ -
Total Assets and Deferred Outflows	\$ 2,666,702,370	\$ 2,671,920,495	\$ (5,218,124)
<u>Liabilities, Deferred Inflows, and Net Position</u>			
Current Liabilities	\$ 1,085,787,896	\$ 1,130,756,874	\$ (44,968,977)
Long-Term Liabilities	\$ 47,115,242	\$ 47,037,492	\$ 77,750
Deferred Inflows	\$ 582,751	\$ 585,673	\$ (2,922)
Net Position	\$ 1,533,216,481	\$ 1,493,540,455	\$ 39,676,025
Total Liabilities, Deferred Inflows, and Net Position	\$ 2,666,702,370	\$ 2,671,920,495	\$ (5,218,124)

Highlights for the Month:

- Decrease in Current Assets is primarily due to Cash resulting from higher claims, P4P Hospital Quality, SBHIP, and Provider Capital Fund payments partially offset by DSNP April payment received in March, HHIP adjustment, and other activities.
- Decrease in Current Liabilities is primarily due to Accrued Medical Expenses for P4P Hospital Quality and Provider Capital Fund payments, IBNR adjustment, and previously unearned CalAIM Incentives revenue earned and recognized in the current month partially offset by HHIP adjustment, and other activities.



Days Cash on Hand



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
- CalAIM – California Advancing and Innovating Medi-Cal
- CMC – Cal MediConnect (part of the Duals Demo Pilot)
- CMS – Centers for Medicare & Medicaid Services
- CY– Calendar Year
- DHCS – Department of Health Care Services
- DSNP – Dual Eligible Special Needs Plan (Medicare and Medi-Cal)
- ECM – Enhanced Care Management
- FTEs – Full Time Employees
- G&A – General & Administrative
- 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
- SBHIP – Student Behavioral Health Incentive Program
- SPD – Seniors and Persons with Disabilities



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

Inland Empire Health Plan
Dr. Bradley P Gilbert Center for
Learning and Innovation – Board Room
9500 Cleveland Avenue
Rancho Cucamonga, CA 91730

DRAFT - MINUTES OF THE JUNE 5, 2023, REGULAR MEETING

Governing Board Members Present:

Supervisor Curt Hagman
Supervisor Yxstian Gutierrez
Supervisor Dawn Rowe

Dan Anderson
Drew Williams
Eileen Zorn

Governing Board Members Absent:

Supervisor Karen Spiegel

Governing Board Member Vacancy:

None

Inland Empire Health Plan Employees and Legal Counsel Present:

Jarrold McNaughton, Chief Executive Officer
Keenan Freeman, Chief Financial Officer
Edward Juhn, Chief Quality Officer
Michelle Rai, Chief Communications &
Marketing Officer
Takashi Wada, Interim Chief Medical Officer

Raymond Mistica, Esq. Deputy County Counsel
Anna Wang, Esq., General Counsel
Victoria Ostermann, Director of Government
Affairs
Annette Taylor, Secretary to the Governing Board
Stefanie Stubblefield, Board Specialist
Mandi Popka, Manager, Paralegal

IEHP Staff Absent: Vinil Devabhaktuni, Chief Digital and Information Officer; Susie White, Chief Operations Officer

Guests: Moss Adams: Aparna Vankateswaran, Engagement Reviewer & Ashley Merda, Audit Manager

-
- I. Call to Order:
Vice-Chair Hagman called the June 5, 2023, regular meeting of the Inland Empire Health Plan and the IEHP Health Access Governing Board to order at 9:00 a.m.
 - II. Pledge of Allegiance
 - III. Roll Call
 - IV. Agenda Changes: None
 - V. Public Comment: None
 - VI. Conflict of Interest Disclosure: None

**Vice-Chair Hagman combined the vote of the May 8, 2023, IEHP and IEHP Health Access Meeting Minutes and May 8, 2023, IEHP Consent Items 1 – 28.*

- VII. Adopt and Approve the Meeting Minutes from May 8, 2023, Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access.

Action: On motion of Member Gutierrez and seconded by Member Williams, the Meeting Minutes from May 8, 2023, Regular Meetings of the Governing Board of the Inland Empire Health Plan and IEHP Health Access were approved as presented. (Gutierrez/Williams; Spiegel absent)

VIII. IEHP:

Consent Agenda:

Action: On motion of Member Gutierrez and seconded by Member Williams, Items 1 - 28 on the IEHP Consent Agenda were approved as presented. (Gutierrez/Williams; Spiegel absent)

Policy Agenda and Status Report on Agency Operations (Board Report #338)

ADMINISTRATION:

Jarrold McNaughton, Chief Executive Officer, presented the following Administrative section of the Status Report:

Item 29: Chief Executive Officer Update

Mr. McNaughton presented the CEO Update for June 2023.

**Member Hagman commented on update*

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

FINANCE DEPARTMENT (Keenan Freeman):

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

Item 30: Review of the Audited Financial Statements for Calendar Year 2022

Mr. Freeman introduced Moss Adams representatives Aparna Vankateswaran, Engagement Reviewer & Ashley Merda, Audit Manager who presented the 2022 Audit findings.

**Members Hagman and Anderson commented on presentation*

Item 31: Review of the Monthly Finances

Mr. Freeman presented the Monthly Financials for the period ending April 30, 2023

Item 32: Approve the Leadership Retirement Retention Program:

Mr. Freeman presented the proposed Leadership Retirement Retention Program for approval.

**Members Zorn, Hagman and Gutierrez commented on program*

Action: On motion of Member Gutierrez and seconded by Member Anderson, Item 32 on the Policy Agenda was approved as presented. (Gutierrez/Anderson; Spiegel absent)

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

QUALITY DEPARTMENT (Edward Juhn, M.D.),

Dr. Juhn Chief Quality Officer, presented the following Health Services Department section of the Status Report:

Item 33: Approve the Funding for the 2023-24 Leadership Quality Achievement Program for IEHP Leaders:

Dr. Juhn presented the proposed Leadership Quality Achievement Program for approval.

**Members Hagman and Zorn commented on program*

Action: On motion of Member Anderson and seconded by Member Zorn, Item 33 on the Policy Agenda was approved as presented. (Anderson/Zorn; Spiegel absent)

All Status Report items for the Health Services 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: *No Comments*

XII. Closed Session: *No Business*

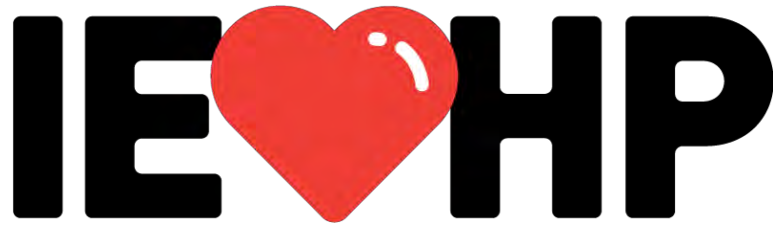
XIII. Adjournment

Vice Chair Hagman adjourned the June 5, 2023, IEHP and IEHP Health Access Governing Board meeting at 9:52 a.m.

The Approved Governing Board Minutes for June 5, 2023, will have a copy of the IEHP Board Report #338 attached

These Meeting Minutes were duly adopted and approved on July 10, 2023.

Annette M. 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**

July 10, 2023

Governing Board Meeting



*Under \$200k Summary Report
as of July 10, 2023*

	Vendor	Purpose	Contract Amount	Budget	Effective Date	Department
1	Catherine Ann Garcia	PSA for a Mosaic Tree Artist	\$65,000	Included in CY2023	06/23/23	Administration
2	DS Services Fourth Amendment	PSA to provide water filtration services and bottled water delivery to IEHP Headquarters and all Community Resource Centers	\$60,000	Included in CY2023	06/06/23	Finance
3	Focus Language International Inc. First Amendment	PSA for Member Notice Translation to Threshold Language Services	\$100,000	Included in CY2023	07/02/23	Operations
4	Fusion Risk Management Third Amendment	PSA for Business Continuity Software Solution	\$13,429	Included in CY2023	06/27/23	Operations
5	Gomez Research Inc. dba Public Values Research	PSA for Marketing Research Services	\$199,999	Included in CY2023	06/23/23	Marketing
6	High Desert Second Chance Second Amendment	PSA for High Desert Food and Hygiene Products Delivery Services	\$0	None	07/01/23	Health Services
7	Susan De Cuba Second Amendment	PSA for Hospice Consultant	\$99,998	Included in CY2023	06/01/23	Operations



*Tangible Goods Summary Report
as of July 10, 2023*

No Items to Report