

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number
21-106 A-1

SAP Number
NON-FINANCIAL

Transitional Assistance Department

Department Contract Representative	<u>Raul Gudino, Contract Analyst</u>
Telephone Number	<u>909-388-0255</u>
Contractor	<u>Inland Empire Health Plan</u>
Contractor Representative	<u>Jarrod McNaughton, MBA, FACHE, Chief Executive Officer</u>
Telephone Number	<u>(909) 890-2000</u>
Contract Term	<u>12/06/20 through 12/05/2025</u>
Original Contract Amount	<u>Non-Financial</u>
Amendment Amount	<u>Non-Financial</u>
Total Contract Amount	<u>Non-Financial</u>
Cost Center	<u>Non-Financial</u>

Briefly describe the general nature of the contract:

Approve Amendment No. 1 to non-financial Contract No. 21-106 (Memorandum of Understanding) with Inland Empire Health Plan for the exchange of information regarding mutual customers to promote retention and successful renewals for Medi-Cal coverage, updating language to report County file exchanges for disenrolled/discontinued members, with no change to the contract term of December 6, 2020, through December 5, 2025.

FOR COUNTY USE ONLY

Approved as to Legal Form by: Adam Ebright, Deputy County Counsel Date <u>8/30/2023</u>	Reviewed for Contract Compliance by: Patty Steven, Contract Manager Date <u>8/31/2023</u>	Reviewed/Approved by Department Gilbert Ramos, Director Date <u>8/31/2023</u>
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**AMENDMENT NO. 1 TO THE
MEMORANDUM OF UNDERSTANDING
Between
COUNTY OF SAN BERNARDINO (COUNTY)
HUMAN SERVICES
TRANSITIONAL ASSISTANCE DEPARTMENT
and
INLAND EMPIRE HEALTH PLAN (IEHP)
for
DATA SHARING**

September 12, 2023

The MEMORANDUM OF UNDERSTANDING (MOU) entered in December 6, 2020, by and between the **Transitional Assistance Department**, therein referred to as “TAD,” and the **Inland Empire Health Plan**, therein referred to as “IEHP,” is hereby amended effective September 12, 2023, in the following manner:

II. IEHP SERVICE RESPONSIBILITIES

IEHP shall:

- A. Provide the County with a complete list of IEHP Members from San Bernardino County every month, in a report sixty (60) days prior to the redetermination due date, via Secure File Transfer Protocol (SFTP). The County may also choose to access IEHP’s eligibility data via IEHP’s web-based Application Program Interface (API) upon mutual agreement of the parties. Other requested reports or report modifications will be discussed and agreed upon by both IEHP and the County as needed.

IV. TAD RESPONSIBILITIES

TAD shall:

- A. Provide IEHP with the following reports. Other requested reports or report modifications will be discussed and agreed upon by both IEHP and the County as needed:
1. Weekly lists of IEHP Members whose cases require an Annual Redetermination in the current three (3) month cycle, which includes Client Index Number (CIN), date of birth, date of renewal or disenrollment, and all telephone numbers. The file layout to be used is as follows:

Field Name	Description	Data Format
Last_ Name	Member Last Name	Character
First_ Name	Member First Name	Character
Middle_ Name	Member Middle Name	Character
DOB	Member Date of Birth	MM/DD/YYYY
SSN	Member Social Security Number	Character
Case_ Number	Member Case Number	Character
CIN	Client Index Number	Character
RE Due Month	Month the RE is Due	MM/YYYY
County	Member County	Character
RE Packet Status	Status of the Member’s RE Packet	Character
Mailing Address Zip Code	Zip Code of Mailing Address	Character
Telephone	Member’s Telephone Number	Character

2. Monthly, by the fifth (5th) business day, report of IEHP Members that were discontinued the previous month as matched to the IEHP member file. The file layout to be used is as follows:

Field Name	Description	Data Format
Last_Name	Member Last Name	Character
First_Name	Member First Name	Character
Middle_Name	Member Middle Name	Character
Zip	Member Zip Code of Residence	Character
DOB	Member Date of Birth	MM/DD/YYYY
SSN	Member Social Security Number	Character
Case_Number	Member Case Number	Character
CIN	Client Index Number	Character
County	Member County	Character
Telephone_Number	Member Telephone Number	Character
Discontinuance_Month	Discontinuance Month	Character
Discontinuance_Reason	Discontinuance Reason	Character
Discontinuance_Reason_Code	Discontinuance Reason Code	Character
RE_Due_Month	Recertification Due Month	Character
Gets_CalWORKs	Member discontinued due to approval of CalWORKs	Character

3. Provide IEHP with monthly lists of IEHP Members whose cases are set to disenroll within ten (10) business days as matched to the IEHP member file. The file layout to be used is as follows:

Field Name	Description	Data Format
Last_Name	Member Last Name	Character
First_Name	Member First Name	Character
Middle_Name	Member Middle Name	Character
Zip	Member Zip Code of Residence	Character
DOB	Member Date of Birth	MM/DD/YYYY
SSN	Member Social Security Number	Character
Case_Number	Member Case Number	Character
CIN	Client Index Number	Character
County	Member County	Character
Telephone_Number	Member Telephone Number	Character
Discontinuance_Month	Discontinuance Month	Character
Discontinuance_Reason	Discontinuance Reason	Character
Discontinuance_Reason_Code	Discontinuance Reason Code	Character
RE_Due_Month	Recertification Due Month	Character
Gets_CalWORKs	Member discontinued due to approval of CalWORKs	Character

All other terms and conditions of CON No. 21-106 shall remain in full force and effect.

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

IN WITNESS WHEREOF, the parties have executed this MOU Amendment as set forth above.

▶
SAN BERNARDINO COUNTY

Dawn Rowe

Dawn Rowe, Chair, Board of Supervisors

SEP 12 2023

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____



Deputy

INLAND EMPIRE HEALTH PLAN

DocuSigned by:

Keenan Freeman

By: _____

Keenan Freeman
Chief Financial Officer

Date: 8/28/2023
