



A Public Entity

Inland Empire Health Plan



**To:** Medicare IPAs  
**From:** IEHP – Provider Relations  
**Date:** August 2, 2018  
**Subject:** **Coordinating Care for IEHP DualChoice Members Receiving Specialty Mental Health Services through the County Mental Health Plans**

---

---

The Centers for Medicare and Medicaid Services (CMS) is requiring IEHP and its IPAs to document and report the efforts made to coordinate the care of IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) Members receiving specialty mental health services through the County Mental Health Plans.<sup>1</sup>

IEHP hosted IPAs and County Mental Health (MH) Clinics last May 29, 2018 to provide training on this reporting measure. **As of June 1, 2018**, IEHP has put policies and procedures in place to comply with these process and reporting requirements:

1. On the first (1<sup>st</sup>) of each month, IEHP will provide IPAs and County MH Clinics a list of IEHP DualChoice Members known to be receiving specialty mental health services through the County MH Plans.
2. IPAs are expected to outreach to these Members and their County MH Clinic Provider, as well as, document their outreach attempts and outcomes as outlined in Policy 12A2, “Care Management Requirements – IPA Responsibilities.”
3. IPAs are required to provide data elements specific to this measure, as outlined in Policy 21F, “Medicare MMP Reporting Requirements – IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) and Attachment, “Medicare Provider Reporting Requirements Schedule” in Section 21.
4. IEHP, through its Delegation Oversight process, will monitor the IPAs’ compliance with documentation and reporting requirements, as outlined in Policy 13G, “Delegation Oversight Audit.”

### **Training Material**

Please take a moment to review the PowerPoint presentation shown at the IPA/County MH Clinic training at the following address: <https://ww3.iehp.org/en/Providers/Educational-Opportunities/Specialty-Mental-Health-Care-Coordination>

---

<sup>1</sup> Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: California-Specific Reporting Requirements, eff 10/01/2016, issued 04/13/2017.

## **Provider Manual Updates**

The following Medicare Provider policies and attachments have also been updated to reflect these regulatory changes:

- MA\_12A1, “Care Management Requirements – IEHP Monitoring and Oversight”
- MA\_12A2, “Care Management Requirements – IPA Responsibilities”
- MA\_13G, “Delegation Oversight Audit”
- MA\_21F, “Medicare MMP Reporting Requirements”
- Section 21 Attachment, “Medicare Provider Reporting Requirements Schedule”

As a reminder, all communications sent by IEHP can also be found on our Provider portal at the following address: <https://ww3.iehp.org/en/providers/correspondence/>.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.