

---

---

**PROVIDER POLICY AND PROCEDURE MANUAL**  
**IEHP DUALCHOICE CAL MEDICCONNECT PLAN**  
**(MEDICARE-MEDICAID PLAN)**  
**TABLE OF CONTENTS**

---

---

**INTRODUCTION**

- A. Manual Overview
- B. IEHP Overview
- C. Manual Updates
  - 1. Policy and Procedure Manual
  - 2. EDI Manual
  - 3. Summary of Effected Changes
  - 4. IEHP Code of Business Conduct and Ethics
  - 5. Guidelines for Care Management Training
  - 6. Compliance Program Training (Fraud, Waste, and Abuse (FWA) HIPAA Privacy and Security)
  - 7. Cultural and Linguistic (C&L) Training
  - 8. Distribution Letter
  - 9. Acknowledgment of Receipt (AOR)
  - 10. IPA Delegation Agreement – IEHP DualChoice (IPA only)

**1. ORGANIZATIONAL STRUCTURE**

- A. General
- B. Joint Powers Agency Governing Board
- C. IEHP Committees
  - Attachments

**2. COMMITTEE OVERVIEW**

- A. Public Policy Participation Committee
- B. Provider Advisory Committee
- C. Quality Management Committee
- D. Peer Review Subcommittee
- E. Pharmacy and Therapeutic Subcommittee
- F. Credentialing Subcommittee
- G. Utilization Management Subcommittee
- H. Persons with Disabilities Workgroup

- I. Coordinated Care Initiative Stakeholder Advisory Committee  
Attachment

**3. ENROLLMENT AND ASSIGNMENT**

- A. IEHP Service Area
- B. Primary Care Provider Assignment
- C. Member Identification Cards
- D. Eligible Members
- E. Post Enrollment Kit
- F. Enrollment Process  
Attachments

**4. ELIGIBILITY AND VERIFICATION**

- A. Eligibility Verification
- B. Eligibility Verification Methods
  - (1) Eligibility Files
  - (2) Eligibility Verification Options
- C. Member Co-Payments  
Attachments

**5. CREDENTIALING AND RECREDENTIALING**

- A. Credentialing Standards
  - (1) Credentialing Policies
  - (2) Credentialing Committee
  - (3) Credentialing Verification
  - (4) Recredentialing Cycle Length
  - (5) Ongoing Monitoring and Interventions
  - (6) Notification to Authorities and Practitioner Appeal Rights
  - (7) Assessment of Organizational Providers
  - (8) Delegation of Credentialing
  - (9) Identification of HIV/AIDS Specialist
- B. Hospital Privileges  
Attachments

**6. FACILITY SITE REVIEW**

- A. Facility Site Review and Medical Records Review Survey Requirements and Monitoring
- B. Physical Accessibility Review Survey
- C. PCP Sites Denied Participation or Removed from the IEHP Network

---

---

## Table of Contents

---

---

- D. Residency Teaching Clinics
- E. Rural Health Clinics
- F. Non-Physician Practitioner Requirements
- G. Urgent Care Center Evaluation
- H. Interim FSR Monitoring for Primary Care Physicians  
Attachments

### **7. MEDICAL RECORDS REQUIREMENTS**

- A. Provider and IPA Medical Records Requirements
- B. Information Disclosure and Confidentiality of Medical Records
- C. Informed Consent
- D. Advance Health Care Directive  
Attachments

### **8. INFECTION CONTROL**

- A. Infection Control  
Attachments

### **9. ACCESS STANDARDS**

- A. Access Standards
- B. Missed Appointments
- C. Access to Care for People with Disabilities
  - (1) Members who are Deaf or Hard-of-Hearing
- D. Access to Services with Special Arrangements
- E. Open Access to Obstetrical or Gynecological Services
- F. Cancer Screening and Treatment Services
- G. Non-Emergency Medical and Non-Medical Transportation Services
- H. Cultural and Linguistic Services
  - (1) Foreign Language Capabilities
  - (2) Spanish Language Competency Audits
  - (3) Non-Discrimination
- I. Access to Care During a Federal, State or Public Health Emergency  
Attachments

### **10. MEDICAL CARE STANDARDS**

- A. Initial Preventive Physical Exam
- B. Adult Preventive Services
- C. Initial Health Assessment

---

---

## Table of Contents

---

---

- D. Obstetrical Services - PCP Role in Care of Pregnant Members
  - (1) Guidelines for Obstetrical Services
  - (2) Obstetric Care by Certified Nurse Midwives, License Midwives and Alternative Birthing Centers
  - (3) PCP Provision of Obstetric Care
- E. Referrals to the Supplemental Food Program for Women, Infants, and Children
- F. Sterilization Services
- G. Sexually Transmitted Infection Services
- H. HIV Testing and Counseling
- I. Tuberculosis Services
- J. Reporting Communicable Diseases to Public Health Authorities
- K. Family Planning Services
- L. Mandatory Elder or Dependent Adult Abuse Reporting
- M. Mandatory Domestic Violence Reporting
- N. Maternal Mental Health Program
- O. Vision Examination Level Standards
  - Attachments

### **11. PHARMACY**

- A. Formulary Management
- B. Coverage Determination
- C. IEHP DualChoice Vaccine Coverage
- D. Claims for Drugs Prescribed or Dispensed by Excluded, Sanctioned and Precluded Providers
- E. Pharmacy Access During Federal Disaster or Other Public Health Emergency Declaration
- F. Coverage Determination – Part B vs D Determination
- G. Coordination of Benefits
- H. Best Available Evidence
- I. Transition Process
- J. Pharmacy Access Standards
- K. Medication Therapy Management Program
- L. Insulin Administration Devices and Diabetes Testing Supplies
- M. Member Request for Pharmacy Reimbursement
- N. Pharmacy Disease Therapy Management Program
- O. Pharmacy Credentialing and Re-Credentialing
  - Attachments

### **12. COORDINATION OF CARE**

- A. Care Management Requirements

---

---

## Table of Contents

---

---

- (1) PCP Role
  - (2) Health Risk Assessment
  - (3) Individual Care Plan
  - (4) Interdisciplinary Care Team
  - (5) Continuity of Care
  - (6) Guidelines for Care Management Training
  - B. Multipurpose Senior Services Program
  - C. Organ Transplant
  - D. Behavioral Health
    - (1) Behavioral Health Services
    - (2) Alcohol and Drug Treatment Services
    - (3) Admission and Concurrent Review – Global and Shared Risk Delegated IPAs
  - E. Care Plan Option Services
  - F. In-Home Supportive Services
  - G. Vision Services
    - (1) Vision Exception Request
    - (2) Vision Provider Referral
    - (3) Developmental Disabilities
  - H. Community Based Adult Services
    - (1) Unbundled Services
- Attachments

### 13. QUALITY MANAGEMENT

- A. Quality Studies Medical Records Access
  - B. QM Program Overview for Members and Providers
  - C. Chaperone Guidance
  - D. Reporting Requirements Related to Provider Preventable Conditions
- Attachments

### 14. UTILIZATION MANAGEMENT

- A. Review Procedures
  - (1) Primary Care Provider Referrals
  - (2) Primary Care Provider Tracking Log
  - (3) Standing Referral/Extended Access to Specialty Care
- B. Second Opinions
- C. Emergency Services
- D. Pre-Service Referral Authorization Process
- E. Referral Procedures for Custom Wheelchair and Powered Mobility Devices
- F. Long Term Care

- (1) Custodial Level
- (2) Skilled Level
- G. Acute Admission and Concurrent Review
- H. Hospice Services
- I. Expedited Initial Organization Determinations  
Attachments

## **15. HEALTH EDUCATION**

- A. Health Education
- B. Weight Management
- C. IEHP Family Asthma Program
- D. IEHP Diabetes Self-Management Program
- E. Perinatal Program
- F. Diabetes Prevention Program
- G. Individual Health Education Behavioral Assessment and Staying Healthy Assessment  
Attachments

## **16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM**

- A. Grievance and Appeal Resolution Process for Members (Standards and Expedited)
  - (1) Appeal Resolution Process for Part C and Part D Members – Urgent (expedited)  
Appeals
  - (2) Standard, Fast (Immediate), and Fast-Track Appeals
- B. Grievance and Appeal Resolution Process for Providers
  - (1) Initial
  - (2) Health Plan
  - (3) UM Decisions
  - (4) Delegated IPA, Hospital and Practitioner
- C. Member Rights and Options  
Attachments

## **17. MEMBER TRANSFERS AND DISENROLLMENT**

- A. Primary Care Provider Transfers
  - (1) Voluntary
  - (2) Involuntary
- B. Disenrollment from IEHP
  - (1) Voluntary
  - (2) Involuntary Member Behavior
  - (3) Involuntary Member Status Changes

- C. Episode of Care – Inpatient

## **18. PROVIDER NETWORK**

- A. Primary Care Provider
  - (1) IPA and Hospital Affiliation
  - (2) Enrollment Capacity
- B. Provider Directory
- C. PCP, Vision and Behavioral Health Provider Network Changes
- D. Delegated IPA Reported Provider Changes
  - (1) PCP Termination
  - (2) Specialty Provider Termination
- E. Management Services Organization Changes
- F. Specialty Network Requirements
- G. Provider Resources
- H. Hospital Affiliations
- I. Leave of Absence
- J. IEHP Termination of PCPs, Specialists, Vision, and Behavioral Health Providers
- K. Hospital Network Participation Standards
- L. Providers Charging Members
- M. Outsourcing Standards and Requirements
- N. IPA Medical Director Responsibilities
- O. Provider Disruptive Behavior
- P. Virtual Care
  - (1) Virtual Care – eConsult ServicesAttachments

## **19. FINANCE AND REIMBURSEMENT**

- A. Financial Viability
  - (1) IPA
  - (2) Hospital
- B. Medicare Capitation
  - (1) IPA
  - (2) IEHP Direct Providers
- C. Pay For Performance Program
- D. IPA Financial Supervision
  - Attachments

## **20. CLAIMS PROCESSING**

- A. Claims Processing
  - (1) Claims Appeals – Denied Claims
  - (2) Provider Payment Dispute Resolution
- B. Billing of IEHP Members
- C. Claims Deduction from Capitation - 7-Day Letter
- D. Claims and Compliance Audits
- E. Coordination of Benefits
- F. Claims and Payment Appeal Reporting
- G. Third Party Liability
  - Attachments

## **21. ENCOUNTER DATA REPORTING**

- A. Encounter Data Submission Requirements
- B. Medicare Risk Adjustment and Hierarchical Condition Categories
- C. Encounter Data Submission Requirements for Directly Contracted Capitated Providers
  - Attachments

## **22. RIGHTS AND RESPONSIBILITIES**

- A. Members' Rights and Responsibilities
- B. Providers' Rights and Responsibilities

## **23. COMPLIANCE**

- A. Monitoring of First Tier, Downstream and Related Entities
- B. HIPAA Privacy and Security
- C. Health Care Professional Advice to Members
  - Attachments

## **24. PROGRAM DESCRIPTIONS**

- A. Disability Program Description
- B. Cultural & Linguistic Services Program Description
- C. Quality Management and Quality Improvement Program Description
- D. Fraud, Waste and Abuse Program Description
- E. Compliance Program Description

## **25. DELEGATION AND OVERSIGHT**

- A. Delegation Oversight
  - (1) Delegated Activities
  - (2) Audit
  - (3) Corrective Action Plan Requirements

---

---

Table of Contents

---

---

- B. Credentialing Standards
  - (1) Credentialing Policies
  - (2) Credentialing Committee
  - (3) Credentialing Verification
  - (4) Recredentialing Cycle Length
  - (5) Ongoing Monitoring and Interventions
  - (6) Notification to Authorities and Practitioner Appeal Rights
  - (7) Assessment of Organization Providers
  - (8) Delegation of Credentialing
  - (9) Identification of HIV/AIDS Specialists
  - (10) Credentialing Quality Oversight of Delegates
    - (1) Care Management IEHP Monitoring and Oversight
    - (2) Delegated IPA Responsibilities
    - (3) Reporting Requirements
- C. Care Management
  - (1) Quality Management Reporting Requirements
  - (2) Quality Management Program Structure Requirements
- D. Quality Management
  - (1) Quality Management Reporting Requirements
  - (2) Quality Management Program Structure
- E. Utilization Management
  - (1) Delegation and Monitoring
  - (2) Reporting Requirements
  - (3) Referral and Denial Audits
- F. Encounter Data Reporting
  - (1) Medicare MMP Reporting Requirements – IEHP DualChoice
  - (2) Medicare DualChoice Data Sharing Program

**26. QUICK REFERENCE**

- A. Quick Reference Guide
- B. Glossary
- C. Index

---

# INTRODUCTION

## A. Manual Overview

---

The Inland Empire Health Plan (IEHP) Provider Policy and Procedure Manual is designed to help IEHP's Contracted Entities (Providers) understand how IEHP functions and understand the rules and regulations IEHP must comply with, as governed by the California Department of Health Care Services (DHCS), California Department of Managed Health Care (DMHC), the Centers for Medicare and Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA). The provisions of this Manual must be adhered to by all IEHP's Providers.

This Manual is intended to incorporate the statutory, regulatory and contractual requirements imposed by DHCS, DMHC, CMS, NCQA and other agencies such as medical professional licensing boards. It is not intended to replace or exclude any statutory, regulatory or contractual requirement not stated herein.

In addition to the Provider Policy and Procedure Manual, a Federal link to the Benefit Manual is included in the annual mailing and electronic mailing to IEHP's Contracted Entities. The Federal Benefit Manual is offered as a guideline to determine benefit eligibility and is not intended to be construed as or to serve as a standard of medical care, or as a contractual agreement for payment.

The Delegate or Provider has the responsibility of ensuring the appropriate people in their organization review and understand the information contained in this Manual. Additionally, periodic updates are sent to keep the Manual current and our Providers informed of any policy changes.

IEHP holds training sessions for its Providers to assist in learning IEHP policies and procedures as outlined in this Manual.

INLAND EMPIRE HEALTH PLAN		
<b>Chief Approval:</b> <i>Signature on file</i>	<b>Original Effective Date:</b>	January 1, 2007
<b>Chief Title:</b> Chief Operating Officer	<b>Revision Date:</b>	January 1, 2021

---

# INTRODUCTION

## B. IEHP Overview

---

Inland Empire Health Plan (IEHP) is a not for profit public entity that is a Health Maintenance Organization (HMO) serving Medi-Cal and IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) beneficiaries residing in Riverside and San Bernardino Counties.

IEHP is a Knox-Keene licensed Health Plan and is regulated by the California Department of Managed Health Care (DMHC), the California Department of Health Services (DHCS), and the federal government’s Centers for Medicare and Medicaid Services (CMS).

IEHP was formed on July 26, 1994 as a Joint Powers Agency (JPA) created by the two (2) counties to administer the Two-Plan Model as the Local Initiative Medi-Cal Managed Health Care Plan. IEHP commenced operations on September 1, 1996.

### **Mission, Vision and Values**

- A. Mission: We heal and inspire the human spirit.
- B. Vision: We will not rest until our communities enjoy optimal care and vibrant health.
- C. Values: We do the right thing by:
  - 1. Placing our Members at the center of our universe.
  - 2. Unleashing our creativity and courage to improve health & well-being.
  - 3. Bringing focus and accountability to our work.
  - 4. Never wavering in our commitment to our Members, Providers, Partners, and each other.

INLAND EMPIRE HEALTH PLAN		
<b>Chief Approval:</b> <i>Signature on file</i>	<b>Original Effective Date:</b>	January 1, 2007
<b>Chief Title:</b> Chief Operating Officer	<b>Revision Date:</b>	January 1, 2021

---

# INTRODUCTION

## C. Manual Updates

---

The Inland Empire Health Plan (IEHP) Provider Policy and Procedure Manual (Provider Manual) is reviewed and updated in its entirety at least once a year. IEHP maintains manuals that are available and can be accessed at [www.iehp.org](http://www.iehp.org) to contracting entities in accordance with contractual and regulatory requirements.

The Provider Manual annual update includes the following:

A. Policy and Procedure Manual

1. Medi-Cal
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

B. EDI Manual (Delegates only)

C. Benefit Manual

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>

D. Summary of Effected Changes

E. IEHP Code of Business Conduct and Ethics

F. IEHP Guidelines for Care Management

G. General Compliance, Fraud, Waste and Abuse (FWA) and Health Insurance Portability and Accountability Act (HIPPA) Privacy and Security Training

H. Cultural and Linguistic (C&L) Training

I. Distribution Letter

J. Acknowledgment of Receipt (AOR)

INLAND EMPIRE HEALTH PLAN		
<b>Chief Approval:</b> <i>Signature on file</i>	<b>Original Effective Date:</b>	July 1, 2014
<b>Chief Title:</b> Chief Operating Officer	<b>Revision Date:</b>	January 1, 2021