

---

---

# PROVIDER POLICY AND PROCEDURE MANUAL

## MEDI-CAL

### TABLE OF CONTENTS

---

---

#### INTRODUCTION

- A. Manual Overview
- B. IEHP Overview
- C. Manual Updates
  - 1. Provider 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, Fraud, Waste and Abuse, HIPAA Privacy and Security Training
  - 7. Cultural and Linguistic (C&L) Training
  - 8. Distribution Letter
  - 9. Acknowledgment of Receipt (AOR)
  - 10. IPA Delegation Agreement – Medi-Cal (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. Persons with Disabilities Workgroup
- F. Credentialing Subcommittee
- G. Utilization Management Subcommittee
- H. Pharmacy and Therapeutics Subcommittee
  - Attachments

**3. ENROLLMENT AND ASSIGNMENT**

- A. Enrollment and Eligibility
- B. Medi-Cal Enrollment Process
- C. Eligible Members
- D. IEHP Service Area
- E. Primary Care Provider Assignment
- F. Member Identification Cards
- G. Post Enrollment Kit
- H. Primary Care Provider Auto-Assignment 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 RE-CREDENTIALING**

- 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 Specialists
- 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. Advanced Practice 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

**9. ACCESS STANDARDS**

- A. Access Standards
- B. Missed Appointments
- C. Non-Emergency Medical and Non-Medical Transportation Services
- D. Access to Care for People with Disabilities
  - (1) Members who are Deaf or Hard-of-Hearing
- E. Access to Services with Special Arrangements
- F. Open Access to Obstetrical or Gynecological Services
- G. Cancer Screening and Treatment Services
- H. Cultural and Linguistic Services
  - (1) Foreign Language Capabilities
  - (2) 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 Health Assessment
- B. Adult Preventive Services
- C. Pediatric Preventive Services

---

---

## Table of Contents

---

---

- (1) Well Child Visits
- (2) Immunization Services
- D. Obstetrical Services - PCP Role in Care of Pregnant Members
  - (1) Guidelines for Obstetrical Services
  - (2) Obstetric Care by Certified Nurse Midwives, LM 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. Family Planning Services
- H. Sexually Transmitted Infection Services
- I. HIV Testing and Counseling
- J. Tuberculosis Services
- K. Reporting Communicable Diseases to Public Health Authorities
- L. Vision Examination Level Standards
- M. Mandatory Elder or Dependent Adult Abuse Reporting
- N. Mandatory Child Abuse and Neglect Reporting
- O. Mandatory Domestic Violence Reporting
- P. Total Fracture Care
- Q. Maternal Mental Health Services
  - Attachments

### 11. PHARMACY

- A. Formulary Management
- B. Prior Authorization for Non-Formulary Medications
- C. Medi-Cal Vaccine Coverage
- D. Code 1 Medications
- E. Pharmacy Access During a Federal Disaster or Other Public Health Emergency Declaration
- F. Emergency Department and Hospital Inpatient Discharge Medication Requirement
- G. Pharmacy Credentialing and Re-Credentialing
- H. Claims for Drug Prescribed or Dispensed by Excluded and Sanctioned Providers
- I. Member Request for Pharmacy Reimbursement – Medi-Cal
- J. Notification of Prior Authorization Denial

### 12. COORDINATION OF CARE

- A. Care Management Requirements
  - (1) PCP Role
  - (2) Continuity of Care
- B. California Children's Services

---

---

## Table of Contents

---

---

- C. Early Start Services and Referrals
- D. Early and Periodic Screening, Diagnosis and Treatment
- E. Genetically Handicapped Persons Program
- F. In-Home Supportive Services
- G. Organ Transplant
- H. Community Based Adult Services
- I. Complex Cases Management
- J. Dental Services
- K. Behavioral Health
  - (1) Behavioral Health Services
  - (2) Substance Use Treatment Services
  - (3) Behavioral Health Treatment
- L. Vision Services
  - (1) Vision Exception Request
  - (2) Vision Provider Referrals
- M. Developmental Disabilities
- N. Multipurpose Senior Services Program
- O. Open Access (Foster Care) Program
- P. Home and Community-Based Alternatives Waiver Program
- Q. AIDS Medi-Cal Waiver Program
  - Attachments

### **13. QUALITY MANAGEMENT**

- A. Quality Studies Medical Records Access
- B. Quality Management 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) Standing Referral/Extended Access to Specialty Care
  - (3) Other Health Coverage
- B. Second Opinions
- C. Emergency Services
- D. Pre-Service Referral Authorization Process
- E. Referral Procedures for Custom Wheelchairs and Powered Mobility Devices
- F. Long Term Care

---

---

Table of Contents

---

---

- (1) Custodial Level
- (2) Skilled Level
- G. Acute Admission and Concurrent Review
- H. Hospice Services
- I. My Path Palliative Care Program
  - 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. Individual Health Education Behavioral Assessment (IHEBA) and Staying Healthy Assessment (SHA)
- G. Pediatric Health and Wellness
- H. Diabetes Prevention Program
  - Attachments

**16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM**

- A. Member Grievance Resolution Process
- B. Member Appeal Resolution Process
- C. Dispute and Appeal Resolution Process for Providers
  - (1) Initial
  - (2) Health Plan
- D. IPA, Hospital, and Practitioner Grievance and Appeal Resolution Process
  - Attachments

**17. MEMBER TRANSFERS AND DISENROLLMENT**

- A. Primary Care Providers Transfers
  - (1) Voluntary
  - (2) Involuntary
- B. Disenrollment from IEHP
  - (1) Voluntary
  - (2) Involuntary Member Status Changes
- C. Loss of Medi-Cal Eligibility - PCP Responsibilities
- D. Episode of Care – Inpatient

**18. PROVIDER NETWORK**

---

---

Table of Contents

---

---

- 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. 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) eConsult ServicesAttachments

**19. FINANCE AND REIMBURSEMENT**

- A. IPA Financial Viability
    - (1) IPA
    - (2) Hospital
  - B. Pay For Performance Program
  - C. Third-Party Liability
  - D. IPA Financial Supervision
- Attachments

**20. CLAIMS PROCESSING**

- A. Claims Processing
  - (1) Provider Dispute Resolution Process – Initial Claims Disputes
  - (2) Health Plan Claims Appeals

---

---

Table of Contents

---

---

- B. Billing of IEHP Members
- C. Claims Deduction from Capitation - 7-Day Letter
- D. Claims and Compliance Audits
- E. Disputes Between Contracted Relationships
- F. Coordination of Benefits
- G. Claims and Provider Dispute Reporting  
    Attachments

**21. ENCOUNTER DATA REPORTING**

- A. Encounter Data Submission Requirements
- B. 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. Non-Monetary Member Incentive – The California Department of Health Care
- 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
- F. Health Homes Program Description

**25. DELEGATION AND OVERSIGHT**

- A. Delegation Oversight
  - (1) Delegated Activities
  - (2) Audit
  - (3) IPA Performance Evaluation
  - (4) Corrective Action Plan Requirements
- B. Credentialing Standards
  - (1) Credentialing Policies



---

---

Table of Contents

---

---

- (2) Credentialing Quality Oversight of Delegates
  - (3) Credentialing Committee
  - (4) Credentialing Verification
  - (5) Recredentialing Cycle Length
  - (6) Ongoing Monitoring and Interventions
  - (7) Notification to Authorities and Practitioner Appeal Rights
  - (8) Assessment of Organization Providers
  - (9) Delegation of Credentialing
  - (10) Identification of HIV/AIDS Specialists
  - C. Care Management
    - (1) IEHP Monitoring and Oversight
    - (2) Reporting Requirements
  - D. Quality Management
    - (1) Quality Management Reporting Requirements
    - (2) Quality Management Program Structure Requirements
  - E. Utilization Management
    - (1) Delegation and Monitoring
    - (2) Reporting Requirements
    - (3) Referral and Denial Audits
- Attachments

## 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 State link to the Benefit Manual is included in the annual mailing and electronic mailing to IEHP's Contracted Entities. The State 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>	September 1, 1996
<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 Care 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>	September 1, 1996
<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 no less than once a year. IEHP maintains manuals that are available publicly and can be accessed at [www.iehp.org](http://www.iehp.org) by 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 [http://files.medi-cal.ca.gov/pubsdoco/Manuals\\_menu.asp](http://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp)
- 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, 2022