

JANUARY 2022
IEHP PROVIDER POLICY AND PROCEDURE MANUAL – MEDICAL
SUMMARY OF EFFECTED CHANGES

Revision Status:

MIN = Minimal changes that have no impact on the content, scope and operation. Rephrase to clarify content.

MOD = Procedural and/or operational clarifications of existing processes. Content, scope and operational changes.

SUBST = Significant content, scope and operational changes. Major revisions or a complete rewrite of a policy or reflect changes that affect the Provider or PCP operationally, such as a change to a reporting timeframe or standards.

NEW = Addition of a new policy or attachment.

RETIRED = Retirement of a policy or attachment.

REPLACEMENT (attachment only) = Replacement of a new version that cannot be altered or modified.

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
0	Table of Contents	MOD
0.C	Manual Updates	MIN
1.A	General	MOD
1.B	Joint Powers Agency Governing Board	SUBST
1.C	IEHP Committees	MOD
Attachment 1	IEHP Committee Structure Chart	REPLACEMENT
2.A	Public Policy Participation Committee	SUBST
2.C	Quality Management Committee	MIN
2.D	Peer Review Subcommittee	MOD
2.E	Persons with Disabilities Workgroup	MIN
2.F	Credentialing Subcommittee	MIN
2.H	Pharmacy and Therapeutics Subcommittee	SUBST
Attachment 2	Persons with Disabilities Workgroup Application	MIN
3.A	Enrollment and Eligibility	MIN
3.D	IEHP Services Area	SUBST
3.E	Primary Care Provider Assignment	SUBST
3.F	Member Identification Cards	MIN
3.G	Post Enrollment Kit	SUBST

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
3.H	Primary Care Provider Auto-Assignment Process	SUBST
4.A	Eligibility Verification	MOD
4.B.1	Eligibility Verification Methods - Eligibility Files	SUBST
4.B.2	Eligibility Verification Methods - Eligibility Verification Options	MOD
4.C	Member Co-Payments	MIN
Attachment 4	Eligibility Data File Transmission Schedule	RETIRED
Attachment 4	Eligibility Data File Format	RETIRED
5.A.1	Credentialing Standards – Credentialing Policies	MOD
5.A.2	Credentialing Standards – Credentialing Committee	MIN
5.A.3	Credentialing Standards – Credentialing Verification	SUBST
5.A.4	Credentialing Standards – Recredentialing Cycle Length	MOD
5.A.5	Credentialing Standards – Ongoing Monitoring and Interventions	MOD
5.A.6	Credentialing Standards – Notification to Authorities and Practitioner Appeal Rights	MOD
5.A.7	Credentialing Standards – Assessment of Organizational Providers	SUBST
5.A.8	Credentialing Standards – Delegation of Credentialing	MOD
5.B	Hospital Privileges	MOD
Attachment 5	Hospital Admitting Arrangement Attestation - Admitting Physician	REPLACEMENT
Attachment 5	Hospital Admitting Privileges Reference by Specialty	MIN
Attachment 5	IEHP Peer Review Level I and Credentialing Appeal	MIN
Attachment 5	IEHP Peer Review Process and Level II Appeal	MIN
Attachment 5	Work History Form Past Five Years’ Request	NEW
Attachment 5	Provider Privilege Adjustment Request Form	NEW
Attachment 5	Death master File Identity Attestation	NEW
Attachment 5	Prescribing Arrangements for DEA and CDS Eligible Practitioners	NEW

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
Attachment 5	Peer Review Termination Letter	NEW
Attachment 5	Credentialing Subcommittee Termination Letter	NEW
6.A	Facility Site Review and Medical Record Review Survey Requirements and Monitoring	SUBST
6.B	Physician Accessibility Review Survey	MIN
6.C	PCP Sites Denied Participation or Removed from IEHP Network	MIN
6.D	Residency Teaching Clinic	MIN
6.E	Rural Health Clinics	MIN
6.F	Advanced Practice Practitioner Requirements	MOD
6.G	Urgent Care Center Evaluation	MIN
6.H	Interim FSR Monitoring for Primary Care Providers	MOD
Attachment 6	Corrective Action Plan Notification Tool	REPLACEMENT
Attachment 6	Interim Facility Site Review (On-Site) Tool - Medi-Cal	MIN
Attachment 6	Interim Facility Site Review (Assessment) Tool - Medi-Cal	MIN
Attachment 6	Urgent Care CAP Complete tool and Notification Letter	NEW
7.A	Provider and IPA Medical Record Requirements	SUBST
9.A	Access Standards	MOD
9.B	Missed Appointments	MIN
9.C	Non-Emergency Medical and Non-Medical Transportation Services	MOD
9.D	Access to Care for People with Disabilities	MIN
9.D.1	Access to Care for People with Disabilities - Members who are Deaf or Hard-of-Hearing	MIN
9.E	Access to Services with Special Arrangements	MIN
9.F	Open Access to Obstetrical or Gynecological Services	SUBST
9.G	Cancer Screening and Treatment Services	MOD
9.H.1	Cultural and Linguistic Services - Foreign Language Capabilities	MIN
9.H.2	Cultural and Linguistic Services - Language Competency Audits	SUBST

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
9.I	Access to Care During a Federal, State or Public Health Emergency	MOD
Attachment 9	California Minor Consent and Confidentiality Laws	REPLACEMENT
Attachment 9	Video Remote Interpretation Approved Devices and Technical Specifications	SUBST
10.A	Initial Health Assessment	MIN
10.B	Adult Preventive Services	SUBST
10.C.1	Pediatric Preventive Services - Well Child Visits	SUBST
10.C.2	Pediatric Preventive Services - Immunization Services	MOD
10.D	Obstetrical Services - PCP Role in Care of Pregnant Members	SUBST
10.D.1	Obstetrical Services - Guidelines for Obstetrical Services	SUBST
10.D.2	Obstetrical Services - Obstetric Care by Certified Nurse Midwives, LM and Alternative Birthing Centers	SUBST
10.D.3	Obstetrical Services - Multi-Disciplinary Perinatal Services	RETIRED
10.D.3	Obstetrical Services - PCP Provision of Obstetric Care	RENUMBERED/ SUBST
10.E	Referrals to the Supplemental Food Program for Women, Infants, and Children	MOD
10.F	Sterilization Services	MIN
10.G	Family Planning Services	SUBST
10.H	Sexually Transmitted Infection Services	MOD
10.I	HIV Testing and Counseling	SUBST
10.J	Tuberculosis Services	SUBST
10.K	Reporting Communicable Diseases to Public Health Authorities	MIN
10.L	Vision Examination Level Standards	MIN
10.M	Mandatory Elder or Dependent Adult Abuse Reporting	MIN
10.O	Mandatory Domestic Violence Reporting	MIN
10.P	Total Fracture Care	MIN
10.Q	Maternal Mental Health Program	SUBST

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
Attachment 10	Authorization for Use and Disclosure of Personal Health Information - English	REPLACEMENT
Attachment 10	Authorization for Use and Disclosure of Personal Health Information – Spanish	REPLACEMENT
11.A	Formulary Management	MOD
11.B	Prior Authorization for Non-Formulary Medications	SUBST
11.C	Medi-Cal Medications	SUBST
11.D	Code 1 Medications	MIN
11.F	Pharmacy Disease Therapy Management Program	RETIRED
11.F	Emergency Department and Hospital Inpatient Discharge Medication Requirement	RENUMBERED/ SUBST
11.G.	Pharmacy Credentialing and Re-Credentialing	RENUMBERED/ MOD
11.H	Insulin Administration Devices and Diabetic Testing Supplies	RETIRED
11.H	Claims for Drug Prescribed or Dispensed by Excluded and Sanctioned Providers	RENUMBERED/ MOD
11.I	Member Request for Pharmacy Reimbursement - Medi-Cal	MOD
11.J	Notification of Prior Authorization Denial	RENUMBERED/ MIN
12.A.1	Care Management Requirements – PCP Role	MOD
12.A.2	Care Management Requirements – Continuity of Care	SUBST
12.B	California Children's Services	SUBST
12.C	Early Start Services and Referrals	SUBST
12.D	Early and Periodic Screening, Diagnosis, and Treatment	SUBST
12.E	Genetically Handicapped Persons Program	MOD
12.F	In-Home Supportive Services	SUBST
12.G	Organ Transplant	MOD
12.H	Community Based Adult Services	SUBST
12.H.1	Community Based Adult Services Unbundled Services	RETIRED

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
12.I	Home and Community Based Services for the Developmentally Disabled	RETIRED
12.I	Complex Case Management	RENUMBERED/ MIN
12.J	Dental Services	MIN
12.K.1	Behavioral Health – Behavioral Health Services	SUBST
12.K.2	Behavioral Health – Substance Use Treatment Services	SUBST
12.K.3	Behavioral Health – Behavioral Health Treatment	SUBST
12.L	Vision Services	MIN
12.M	Developmental Disabilities	SUBST
12.N	Multipurpose Senior Services Program	MOD
12.O	Open Access (Foster Care) Program	MOD
12.Q	AIDS Medi-Cal Waiver Program	MOD
Attachment 12	AIDS Medi-Cal Waiver Program Enrollment Form – Medi-Cal	RETIRED
Attachment 12	BHT Social Skills Template	REPLACEMENT
Attachment 12	Desert AIDS Project Enrollment Form	NEW
13.B	QM Program Overview for Members and Providers	MOD
13.C	Chaperone Guidance	MIN
13.D	Reporting Requirements Related to Provider Preventable Conditions	MIN
Attachment 13	Provider Preventable Conditions	MOD
14.A.1	Review Procedures - Primary Care Provider Referrals	MOD
14.A.2	Review Procedures – Standing Referral/Extended Access to Specialty Care	MOD
14.A.3	Review Procedures – Other Health Coverage	MIN
14.B	Second Opinions	MIN
14.C	Emergency Services	MIN
14.D	Pre-Service Referral Authorization Process	MOD
14.E	Referral Procedures for Custom Wheelchairs and Powered Mobility Devices	MOD
14.F.1	Long Term Care – Custodial Level	SUBST

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
14.F.2	Long Term Care- Skilled Level	SUBST
14.G	Acute Admission and Concurrent Review	MOD
14.I	My Path Palliative Care Program	MOD
Attachment 14	Referral Audit Corrective Action Plan Tool	REPLACEMENT
Attachment 14	Referral Audit CAP Notification Letter	REPLACEMENT
Attachment 14	Specialty Office Service Auth Sets Grid	MOD
15.A	Health Education	SUBST
15.B	Weight Management	MOD
15.C	IEHP Family Asthma Program	MIN
15.D	IEHP Diabetes Self-Management Program	MIN
15.E	Perinatal Program	MIN
15.F	Individual Health Education Behavioral Assessment (IHEBA) and Staying Healthy Assessment (SHA)	MOD
15.G	Pediatric Health and Wellness	MIN
15.H	Diabetes Prevention Program	SUBST
16.A	Member Grievance Resolution Process	SUBST
16.A.1	Grievance Resolutions Process - Member Rights and Options	RETIRED
16.A.2	Grievance Resolutions Process – Member Urgent Medical Grievance	RETIRED
16.B	Member Appeal Resolution Process	NEW
16.B.3	Dispute and Appeal Resolution Process for Providers – UM Decisions	RETIRED
16.C.1	Dispute and Appeal Resolution Process for Providers - Initial	RENUMBERED/ MIN
16.C.2	Dispute and Appeal Resolution Process for Providers - Health Plan	RENUMBERED/ MOD
16.D	IPA, Hospital and Practitioner Grievance and Appeal Resolution Process	RENUMBERED/ MOD
Attachment 16	Provider Grievance Acknowledgement Letter	MIN
Attachment 16	Provider Grievance Resolution Letter	MIN
17.A.1	Primary Care Provider Transfers - Voluntary	SUBST

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
17.A.2	Primary Care Provider Transfers - Involuntary	MIN
17.B.1	Disenrollment from IEHP – Voluntary	MOD
17.B.2	Disenrollment from IEHP – Involuntary Member Status Changes	SUBST
17.C	Loss of Medi-Cal Eligibility - PCP Responsibilities	MIN
17.D	Episode of Care – Inpatient	SUBST
18.A.1	Primary Care Provider – IPA and Hospital Affiliation	MIN
18.A.2	Primary Care Provider - Enrollment Capacity	MIN
18.B	Provider Directory	SUBST
18.C	PCP, Vision, and Behavioral Health Provider Network Changes	SUBST
18.F	Specialty Network Requirements	MOD
18.G	Provider Resources	SUBST
18.I	Leave of Absence	MIN
18.K	Hospital Network Participation Standards	SUBST
18.P.1	Virtual Care - eConsult Services	SUBST
Attachment 18	California Health and Safe Code 123110	REPLACEMENT
Attachment 18	Hospital Geographic Services Area	MOD
Attachment 18	Peer Review Termination Letter	MOVED to Section 5
Attachment 18	Specialty Network Review	NEW
Attachment 18	Specialty Panel Worksheet	RETIRED
19.A	IPA Financial Viability	RENUMBERED
19.A.2	Financial Viability - Hospital	RETIRED
19.B	Medi-Cal Capitation - IPA	RETIRED
19.B	Third-Party Liability	RENUMBERED
19.E	IPA Financial Supervision	MIN
Attachment 19	Capitation Data File Format	SUBST
20.A.1	Claims Processing - Provider Dispute Resolution Process - Initial Claims Disputes	MIN
20.D	Claims and Compliance Audits	SUBST

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
20.E	Disputes Between Contracted Relationships	MIN
20.G	Claims and Provider Dispute Reporting	SUBST
Attachment 20	Capitation Payment Deduction	REPLACEMENT
Attachment 20	Medi-Cal Universe Layout Instructions	REPLACEMENT
Attachment 20	Notice of CAP Deductions	REPLACEMENT
Attachment 20	Demand for Payment Letter	REPLACEMENT
Attachment 20	Cease and Desist Letter	REPLACEMENT
Attachment 20	Acknowledgement Letter	REPLACEMENT
21.A	Encounter Data Submission Requirements	MOD
21.B	Encounter Data Submission Requirements for Directly Contracted Capitated Providers	MIN
Attachment 21	Encounter Data Submission Schedule	SUBST
22.A	Members' Rights and Responsibilities	MOD
Attachment 23	Notice of Privacy Practices	MIN
24.A	Disability Program Description	MIN
24.B	Cultural & Linguistic Services Program Description	MOD
24.C	Quality Management and Quality Improvement Program Description	SUBST
24.D	Fraud, Waste and Abuse Program Description	MIN
24.E	Compliance Program Description	MOD
24.F	Health Homes Program Description	MIN
25.A.1	Delegation Oversight - Delegated Activities	MIN
25.A.2	Delegation Oversight - Audit	SUBST
25.A.4	Delegation Oversight - Corrective Action Plan Requirements	MIN
25.B.1	Credentialing Standards - Credentialing Policies	SUBST
25.B.2	Credentialing Standards – Credentialing Committee	SUBST
25.B.3	Credentialing Standards - Credentialing Verification	SUBST
25.B.4	Credentialing Standards - Recredentialing Cycle Length	SUBST
25.B.5	Credentialing Standards - Ongoing Monitoring and Interventions	SUBST

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
25.B.6	Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	MOD
25.B.7	Credentialing Standards - Assessment of Organizational Providers	SUBST
25.B.8	Credentialing Standards - Delegation of Credentialing	SUBST
25.B.9	Credentialing Standards - Identification of HIV/AIDS Specialists	MOD
25.B.10	Credentialing Standards - Credentialing Quality Oversight of Delegates	SUBST
25.C.1	Care Management - IEHP Monitoring and Oversight	SUBST
25.C.2	Care Management - Reporting Requirements	MOD
25.D.1	Quality Management - Quality Management Reporting Requirements	MIN
25.D.2	Quality Management - Quality Management Program Structure Requirements	MIN
25.E.3	Utilization Management - Referral and Denial Audits	MOD
Attachment 25	CPE Delegation Oversight Annual Audit Tool – Medi-Cal	NEW
Attachment 25	Credentialing and Recredentialing Report	REPLACEMENT
Attachment 25	Credentialing DOA Audit Tool	REPLACEMENT
Attachment 25	Delegation Oversight Audit Preparation Instructions - Medi-Cal	SUBST
Attachment 25	Delegation Oversight Audit Preparation Instructions - Medi-Cal (NCQA Certified)	SUBST
Attachment 25	Delegation Oversight Audit Preparation Instructions – ASH NCQA	NEW
Attachment 25	DOA CAP Response Form	REPLACEMENT
Attachment 25	IPA Biographical Information Sheet	MIN
Attachment 25	IPA Delegation Agreement - Medi-Cal	REPLACEMENT
Attachment 25	IPA Performance Evaluation Tool	REPLACEMENT
Attachment 25	IPA Reporting Requirements Schedule - Medi-Cal	SUBST

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
Attachment 25	Response to Request for UM Criteria Letter	MIN
Attachment 25	QI NET ME PHM UM MED CM DOA Audit Tool	REPLACEMENT
Attachment 25	HIPAA Privacy Delegation Oversight Annual Audit Tool	NEW
Attachment 25	Practitioner Profile Template	NEW
Attachment 25	Precontractual Audit Preparation Instruction - Medi-Cal	MOD
Attachment 25	Credentialing and Recredentialing Report for Delegated Networks	NEW
Attachment 25	Compliance and FWA Delegation Oversight Audit Tool – Medi-Cal	NEW
26.A	Quick Reference Guide	MOD
26.B	Glossary	MOD
26.C	Index	MOD