## JANUARY 2023 IEHP PROVIDER POLICY AND PROCEDURE MANUAL IEHP Medi-Cal SUMMARY OF EFFECTED CHANGES

## **Revision Status:**

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

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

<u>SUBST</u> = 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	MIN
0.A	Manual Overview	MOD
0.B	IEHP Overview	MIN
0.C	Manual Updates	MIN
1.A	General	MIN
1.B	Joint Powers Agency Governing Board	MIN
1.C	IEHP Committees	MOD
Attachment 1	IEHP Committee Structure Chart	REPLACEMENT
2.A	Public Policy Participation Committee (PPPC)	MIN
2.B	Provider Advisory Committee (PAC)	MIN
2.C	Quality Management Committee	MOD
2.D	Peer Review Subcommittee	MIN
2.E	Persons with Disabilities Workgroup	MIN
2.F	Credentialing Subcommittee	MIN
2.G	Utilization Management (UM) Subcommittee	MIN
2.H	Pharmacy and Therapeutics Subcommittee	MOD
Attachment 2	Persons with Disabilities Workgroup Application	MOD

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
3.A	Enrollment and Eligibility	MIN
3.B	Medi-Cal Enrollment Process	MOD
3.C	Eligible Members	MIN
3.D	IEHP Service Area	MIN
3.E	Primary Care Provider Assignment	MOD
3.F	Member Identification Cards	MIN
3.G	Post Enrollment Kit	MOD
3.H	Primary Care Provider Auto-Assignment Process	SUBST
Attachment 03	BIC Card	REPLACEMENT
Attachment 03	IEHP ID Card - Medi-Cal	REPLACEMENT
4.B.1	Eligibility Verification Methods - Eligibility Files	MIN
4.B.2	Eligibility Verification Methods - Eligibility Verification Options	MOD
4.C	Member Co-Payments	SUBST
Attachment 04	AEVS Alpha Codes	REPLACEMENT
5.A.1	Credentialing Standards - Credentialing Policies	SUBST
5.A.2	Credentialing Standards - Credentialing Committee	MIN
5.A.3	Credentialing Standards - Credentialing Verification	SUBST
5.A.4	Credentialing Standards - Recredentialing Cycle Length	MIN
5.A.5	Credentialing Standards - Ongoing Monitoring and Interventions	MIN
5.A.6	Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	MIN
5.A.7	Credentialing Standards - Assessment of Organizational Providers	MIN
5.A.8	Credentialing Standards - Delegation of Credentialing	SUBST
5.B	Hospital Privileges	MIN

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
Attachment 05	Bariatric Surgeon Case Volume Attestation	MIN
Attachment 05	Credentialing Subcommittee Termination Letter	MIN
Attachment 05	Death Master File Identity Attestation	SUBST
Attachment 05	Hospital Admitting Arrangement Attestation - Admitting Physician	MIN
Attachment 05	Hospital Admitting Arrangement Attestation - Hospitalist	MOD
Attachment 05	Peer Review Termination Letter	MIN
6.A	Facility Site Review and Medical Record Review	SUBST
6.B.	Physical Accessibility Review Survey (PARS)	MOD
6.C	PCP Sites Denied Participation or Removed from the IEHP Network	MOD
6.D	Residency Teaching Clinics	MIN
6.E	Rural Health Clinics	MIN
6.F	Advanced Practice Practitioner Requirements	MIN
6.G	Urgent Care Center Evaluation	MOD
6.H	Interim FSR Monitoring for Primary Care Provider	MIN
6	Facility Site Review Attachment Index	MOD
Attachment 06	Corrective Action Plan Notification Tool	REPLACEMENT
Attachment 06	DHCS MMCD Facility Site Review Standards	RETIRED
Attachment 06	DHCS MMCD Facility Site Review (FSR) Standards	REPLACEMENT
Attachment 06	DHCS MMCD Facility Site Review Tool	RETIRED
Attachment 06	DHCS MMCD Facility Site Review (FSR) Tool	REPLACEMENT
Attachment 06	DHCS MMCD Medical Record Review Standards	RETIRED
Attachment 06	DHCS MMCD Medical Record Review (MSR) Standards	REPLACEMENT
Attachment 06	DHCS MMCD Medical Record Review Tool	RETIRED
Attachment 06	DHCS MMCD Medical Record Review (MSR) Tool	REPLACEMENT
7.A	Provider and IPA Medical Record Requirements	MOD
7.B	Information Disclosure and Confidentiality of Medical Records	MIN
7.C	Informed Consent	MIN

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
7.D	Advance Health Care Directive	MIN
8.A	Infection Control	MIN
9.B	Missed Appointments	MOD
9.D	Access to Care for Members with Access and	MOD
9.F	Open Access to Obstetrical or Gynecological	MIN
9.H.1	Cultural and Linguistic Services - Language Assistance Capabilities	MIN
9.H.2	Cultural and Linguistic Services - Language Competency Study	SUBST
Attachment 09	Video Remote Interpretation Approved Devices and Technical Specifications.	MOD
9	Access Standards Attachment Index	MIN
10.A	Initial Health Assessment	MIN
10.B	Adult Preventive Services	MIN
10.C.1	Pediatric Preventive Services - Well Child Visits	MOD
10.D	Obstetrical Services - PCP Role in Care of Pregnant Members	MIN
10.D.1	Obstetrical Services - Guidelines for Obstetrical Services	MOD
10.E	Referrals to the Supplemental Food Program for Women, Infants, and Children	MIN
10.F	Sterilization Services	MIN
10.G	Family Planning Services	MIN
10.H	Sexually Transmitted Infection Services	MIN
10.I	HIV Testing and Counseling	MIN
10.J	Tuberculosis Services	MIN
10.K	Reporting Communicable Diseases to Public Health	MIN
10.M	Mandatory Elder or Dependent Adult Abuse Reporting	MOD
10.P	Total Fracture Care	MIN
10	Medical Care Standards Attachment Index	MIN
Attachment 10	Contraceptive Informed Choice Form - English	MIN
Attachment 10	Contraceptive Informed Choice Form - Spanish	MIN

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
Attachment 10	Developmental Screening Tests at Discounted Rates	RETIRED
Attachment 10	Recommended and Catch-Up Childhood Imms Schedules	REPLACEMENT
11.A	Pharmacy Benefits and Services	MOD
12.A.2.	Care Management Requirements - Continuity of Care	MOD
12.A.3	Care Management Requirements - Health Risk	NEW
12.A.4	Care Management Requirements - Individualized Care Plan	NEW
12.A.5	Care Management Requirements - Interdisciplinary	NEW
12.B	California Children's Services	MOD
12.C	Early Start Services and Referrals	MOD
12.D	Early and Periodic Screening, Diagnosis and Treatment	MIN
12.E	Genetically Handicapped Persons Program	MOD
12.I	Complex Case Management	SUBST
12.K.1	Behavioral Health - Behavioral Health Services	MIN
12.K.3	Behavioral Health - Behavioral Health Treatment	MOD
12.L	Vision Services	MOD
12.M	Developmental Disabilities	MIN
12.O	Open Access (Foster Care) Program	MOD
12.Q	AIDS Medi-Cal Waiver Program	MIN
12	Coordination of Care Attachment Index	MOD
Attachment 12	AUDIT-C	RETIRED
Attachment 12	Brief Addiction Monitor (BAM) With Scoring & Clinical Guidelines	RETIRED
Attachment 12	Early Start Program Referral Form	RETIRED
Attachment 12	GHPP Application to Determine Eligibility	NEW
Attachment 12	Non Covered Services Waiver Form - Spanish	RETIRED
Attachment 12	Non Covered Services Waiver Form - English	RETIRED
Attachment 12	Ophthalmologist Referral Form	MIN
13.A	Quality Studies Medical Records Access	MIN
13.B	QM Program Overview for Members and Providers	MIN

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
13.D	Reporting Requirements Related to Provider Preventable Conditions	MIN
14.A.1	Review Procedures - Primary Care Provider Referrals	MOD
14.A.2	Review Procedures - Standing Referral/Extended Access to Specialty Care	MIN
14.B	Second Opinions	MIN
14.C	Emergency Services	MIN
14.D	Pre-Service Referral Authorization Process	MOD
14.E	Referral Procedures for Powered Mobility Devices	MOD
14.F.1	Long Term Care (LTC) - Custodial Level	MIN
14.F.2	Long Term Care (LTC) - Skilled Level	MIN
14.G	Acute Inpatient Admission and Concurrent Review	MIN
14.H	Hospice Services	MIN
14.I	My Path Palliative Care Program	MIN
15.A	Health Education	MIN
15.B	Weight Management	MIN
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	MOD
15.G	Pediatric Health and Wellness	SUBST
15.H	Diabetes Prevention Program	MIN
15	Health Education Attachment Index	SUBST
Attachment 15	SHA Form - Adult - Chinese	NEW
Attachment 15	SHA Form - Adult - Vietnamese	NEW
Attachment 15	SHA Form - Children 0-6 months - Chinese	NEW
Attachment 15	SHA Form - Children 0-6 months - Vietnamese	NEW
Attachment 15	SHA Form - Children 1-2 years - Chinese	NEW
Attachment 15	SHA Form - Children 1-2 years - Vietnamese	NEW
Attachment 15	SHA Form - Children 12-17 years - Chinese	NEW
Attachment 15	SHA Form - Children 12-17 years - Vietnamese	NEW

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
Attachment 15	SHA Form - Children 3-4 years - Chinese	NEW
Attachment 15	SHA Form - Children 3-4 years - Vietnamese	NEW
Attachment 15	SHA Form - Children 5-8 years - Chinese	NEW
Attachment 15	SHA Form - Children 5-8 years - Vietnamese	NEW
Attachment 15	SHA Form - Children 7-12 moths - Chinese	NEW
Attachment 15	SHA Form - Children 7-12 moths - Vietnamese	NEW
Attachment 15	SHA Form - Children 9-11 years - Chinese	NEW
Attachment 15	SHA Form - Children 9-11 years - Vietnamese	NEW
Attachment 15	SHA Form - Senior - Chinese	NEW
Attachment 15	SHA Form - Senior - Vietnamese	NEW
16	Grievance Resolution System Attachment Index	MIN
16.A	Member Grievance Resolution Process	MIN
16.C.1	Dispute and Appeal Resolution Process for Providers - Initial	MIN
16.C.2	Dispute and Appeal Resolution Process for Providers - Health Plan	MIN
16.D	IPA, Hospital and Practitioner Grievance and Appeal Resolution Process	MIN
Attachment 16	Member Complaint Form - Medi-Cal - Chinese	NEW
Attachment 16	Member Complaint Form - Medi-Cal - Vietnamese	NEW
17.B.1	Disenrollment from IEHP - Voluntary	MIN
17.B.2	Involuntary Disenrollment From IEHP - Member Status Changes	MOD
18.A.1	Primary Care Provider - IPA and Hospital	MIN
18.A.2	Primary Care Provider - Enrollment Capacity	SUBST
18.B	Provider Directory	MIN
18.C	PCP, Vision and Behavioral Health Provider	MIN
18.D.2	IPA Reported Changes - Specialty and Ancillary	MOD
18.F	Specialty Network Requirements	SUBST
18.G	Provider Resources	MIN
18.I	Leave of Absence	MIN
18.K	Hospital Network Participation Standards	SUBST
18.L	Providers Charging Members	MIN

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
18.M	Outsourcing Standards and Requirements	MIN
18	Provider Network Attachment Index	MIN
Attachment 18	Hospital Geographic Service Areas	MOD
Attachment 18	California Health and Safety Code 123110	RETIRED
19.A	IPA Financial Viability	MIN
19.B	IPA Financial Supervision	MIN
19.C	Pay for Performance (P4P)	SUBST
19.D	Third-Party Liability	MIN
19	Finance and Reimbursement Attachment Index	SUBST
Attachment 19	Capitation Data File Format	MOD
Attachment 19	Hospital Directed Payment Dispute Form	NEW
Attachment 19	Payment Attestation	NEW
Attachment 19	Manifest Report	NEW
20.A	Claims Processing	MOD
20.A.1	Claims Processing - Provider Dispute Resolution Process - Initial Claims Disputes	MIN
20.A.2	Claims Processing - Health Plan Claim Appeals	MOD
20.C	Claims Deduction From Capitation - 7-Day Letter	MIN
20.D	Claims and Compliance Audits	MOD
20.F	Coordination of Benefits	MOD
20.G	Claims and Provider Dispute Reporting	MIN
20	Claims Processing Attachment Index	MIN
Attachment 20	Capitation Payment Deduction	REPLACEMENT
Attachment 20	Determination Letter	MIN
Attachment 20	Medi-Cal Universe Layout Instructions	REPLACEMENT
21.A	Encounter Data Submission Requirements	MIN
21.B	Encounter Data Submission Requirements for	MIN
21	Encounter Data Reporting Attachment Index	MIN
Attachment 21	Encounter Data Submission Schedule	RETIRED
22.A	Members' Rights and Responsibilities	MOD
23.A	Non-Monetary member Incentive - The California Department of Health Care Services	MIN
23.B	HIPAA Privacy and Security	SUBST

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
23	Compliance Attachment Index	MOD
Attachment 23	Member Incentive (MI) Program - Annual Update and End of Program Evaluation Form	REPLACEMENT
Attachment 23	Member Incentive (MI) Program - FGI Request for Approval Form	REPLACEMENT
Attachment 23	Member Incentive (MI) Program - Request for Approval Form	REPLACEMENT
Attachment 23	Member Incentive (MI) Program - Survey Incentive (SI) Evaluation Form	REPLACEMENT
Attachment 23	Member Incentive (MI) Program - Survey Incentive (SI) Request for Approval Form	REPLACEMENT
Attachment 23	Member Incentive (MI) Program - Focus Group Incentive (FGI) Evaluation Form	REPLACEMENT
24.A	Disability Program Description	MOD
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	MIN
24.F	Health Homes Program Description	RETIRED
24.F	Enhanced Care Management Program Description	NEW
25.A.1	Delegation Oversight - Delegated Activities	MOD
25.A.2	Delegation Oversight - Audit	SUBST
25.A.4	Delegation Oversight - Corrective Action Plan Requirements	SUBST
25.B.1	Credentialing Standards - Credentialing Policies	SUBST
25.B.2	Credentialing Standards - Credentialing Committee	MIN
25.B.3	Credentialing Standards - Credentialing	SUBST
25.B.4	Credentialing Standards - Recredentialing Cycle Length	MIN
25.B.5	Credentialing Standards - Ongoing Monitoring and Interventions	MIN

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

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
	Precontractual Audit Preparation Instruction - Medi-Cal	MIN
Attachment 25	Compliance and FWA Delegation Oversight Audit Tool - Medi-Cal	RETIRED
Attachment 25	HIPAA Privacy Delegation Oversight Annual Audit Tool	RETIRED
26.B	Glossary	MOD