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To:	IEHP DualChoice IPAs
From:	IEHP – Delegation Oversight
Date:	February 19, 2026
Subject:	**2026 IEHP DualChoice Care Management File Review Enhancements**

Inland Empire Health Plan (IEHP) has updated the **"IEHP DualChoice Care Management File Review Tool and Data Dictionary"** Template on the IEHP provider website. As of this year, the IEHP DualChoice Care Management File Review Tool and Data Dictionary Template was revised to integrate critical clinical and operational "business requirements" directly into the formal audit process.

Beginning with the **March 2026** review month, these updated audit elements will replace the standalone "Best Practice Quality of Care Review", which will formally conclude at the end of the 2025 service review audit cycle.

The IEHP DualChoice Care Management File Review template can be found at the following location:

> www.providerservices.iehp.org > Resources > Resources for Providers > Forms > Delegation Oversight Audit Resources or click here.

Please note that these additional **requirements are mandatory for all 2026 Medicare audits**. IPAs are encouraged to review the listed methodologies in the table below, the Model of Care, and provider policies to ensure internal processes are aligned. These updates reflect IEHP's commitment to ensuring high-quality, clinical oversight and improved outcomes for our Medicare members.

Item	Category	Methodology
Element #1	Care Gap Alerts Addressed	**Updates/Changes:** • Review of clinical documentation that demonstrates IPA reviewed and discussed all open Care Gaps with member.
Element #2	Stratification-Based Outreach	**Update/Changes:** • Review of case notes that demonstrates member was contacted per stratification/priority level/acuity, based on what is written into IPA policies for follow-up call frequency.
Element #3	ICP Alignment with HRA Findings	**Update/Changes:** • Review of Individualized Care Plan (ICP) that demonstrates the ICP is member-specific and outlines how the member will meet their unique needs, including limitations. ICP must be tailored to the individual based on their condition, preferences, risks, strengths, and goals. Interventions should be adapted based on members' response to treatment. ICP should be updated based on HRA findings, regardless if the member is UTC or declines ICP development.

Item	Category	Methodology
Element #4	ICP Inclusion of ICT Members	**Update/Changes:** • Care Plan must include: the name and contact information of member's current assigned care manager, PCP, any specialists, and county workers; measurable objectives and timetables to meet needs, barriers, timeframes for reassessment and updates to care plan; care coordination needs and consultation with the member, PCP, and other members of the ICT, as appropriate.
Element #5	Community Resources Provided to Members	**Update/Changes:** • The ICP must identify any carved-out services the member needs and how the IPA will facilitate access and document referrals (including at least three (3) outreach attempts), including but not limited to referrals and connections to: ○ Community-Based Organizations such as those serving members with disabilities (e.g. independent living centers) and those serving members with dementia (e.g., Alzheimer's organizations). ○ County mental health and substance use disorder services. ○ Housing and homelessness providers. ○ Community Supports (formerly ILOS) providers in the aligned MCP network 1915(c) waiver programs, MSSP, LTSS programs, IHSS, and Community-Based Adult Services (CBAS), and including Dental Care Services.
Element #6	Health Education Resources Provided	**Update/Changes:** • Review of clinical documentation that demonstrates member was provided health educational resources based on their Dx and Disease process as identified through the HRA, claims data, and change in condition (ER visit/hospitalization). If IPA does not have internal resources, documentation must demonstrate a Health Education referral made to IEHP for support. • Resources provided (mailed/emailed) to member should be offered in their preferred language. Documentation must demonstrate follow-up/confirmation of resources provided in a timely manner.
Element #7	Medication Reconciliation	**Update/Changes:** • Review of clinical documentation that demonstrates IPA reviewed medications prescribed to member. ICP must include complete and current list of medications. This includes if the member is UTC or declines ICP development. • Documentation must state current medications were compared with medication orders to identify and resolve any discrepancies. This includes review of prescribing MD and possible FWA triggers.

Item	Category	Methodology

Element #8	ECM-like Services for Population of Focus	**Update/Changes:**
		• Review of clinical documentation that demonstrates ECM-like services were provided to member under the population of focus:
		   o Individuals with Serious Mental Health (SMI)
		   o Adults living in the community who are at risk of long-term care institutionalization
		   o Pregnancy, Postpartum and Birth Equity
		   o Members transitioning from a long-term facility
		• Services include:
		   o Outreach and Engagement
		   o Comprehensive Assessment and Care Management Plan
		   o Enhanced Coordination of Care
		   o Health Promotion
		   o Comprehensive Transitional Care
		   o Member and Family Supports
		   o Coordination of and Referral to Community and Social Support Services

Element #9	Member Notification of ICP Changes	**Update/Changes:** • Review of clinical documentation that demonstrates member and/or representative was allowed to review and sign the ICP. • Review of clinical documentation that demonstrates member was notified of all changes made to the ICP regardless if member is UTC or declines initial ICP development.
Element #10	Provider Notification of ICP Updates	**Update/Changes:** • Review of clinical documentation that demonstrates provider was notified of all changes made to the ICP regardless if member is UTC or declines initial ICP development. • A copy of the ICP should be provided if the ICP is completed/closed, a change in PCP, and if there is a change in condition.
Element #11	Member Documents in Preferred Language	**Update/Changes:** • Review of documentation that demonstrates the ICP was provided in member's preferred preference and/or alternative formats, including member's threshold language preference. This includes educational materials and UTC letters.

For questions, please contact Jessica Gonzalez, Delegation Oversight Manager, at gonzalez-j6@iehp.org or the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org.

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