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To: Medical Directors & IPA Network

From: IEHP – Provider Relations

Date: February 26, 2026

Subject: **REVISED/RETIRED – UM Authorization Guidelines**

IEHP’s Guideline Review Committee has approved the following authorization guideline updates/changes, **effective 3/1/2026**:

| Guideline # | Guideline Title | LOB | Degree of Change | Updates/Changes |
|-------------|--|----------------------------------|------------------|--|
| UM_OTH 09 | The Path | Medicare/ Medi-Cal Revised | Minor | <p>Highlights:</p> <ul style="list-style-type: none"> Created in accordance with Senate Bill 1004, it establishes a community/home-based palliative care program for our Medi-Cal and non-delegated Medicare members who qualify. This benefit consists of advanced care planning, an assessment and consultation, an individualized plan of care, pain and symptom management, mental health and medical social services, and care coordination administered by a palliative care team. For this review cycle, there have been no changes to this guideline other than updated references. Therefore, the recommendation is to continue utilizing this UMSC guideline for our Medi-Cal and non-delegated Medicare LOB. |
| UM_OTH 23 | Allocation of Limited Critical Care Resources During a Public Health Emergency | Medicare/ Medi-Cal Revised | Minor | <p>Highlights:</p> <ul style="list-style-type: none"> This guideline provides criteria for the efficacious distribution of IEHP network critical care resources (e.g., medical equipment, medication, personnel, etc.) in the care of our members. Criteria is based on two considerations: saving lives and saving life-years. A review of IEHP’s approved clinical criteria utilized for making UM decisions has not identified analogous policies published by CMS, DHCS/DMHC, MCG, InterQual, Apollo, etc. For this review cycle, there have been no changes to this guideline other than updated references. Therefore, the recommendation is |

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| | | | | to continue utilizing this UMSC guideline for our Medicare, Medi-Cal, and CCA LOB. |
| UM_OTH 18 | Enhanced Care Management | Medicare/ Medi-Cal Revised | Moderate | <p>Highlights:</p> <ul style="list-style-type: none"> • ECM Enrollment Criteria <ul style="list-style-type: none"> ○ Added Transitional Rent to PoF Homelessness criteria • Exclusions <ul style="list-style-type: none"> ○ Added Medi-Medi as an exclusion. Members enrolled in Medicare Advantage under a different health plan should receive ECM services through the other health plan • ECM Discontinuation Criteria <ul style="list-style-type: none"> ○ Added clarifying verbiage to end reasons that require a Notice of Action letter • ECM Reauthorization Criteria <ul style="list-style-type: none"> ○ Added criteria used to evaluate whether members are ready to transition from ECM or will be reauthorized for a period of six (6) months. |
| UM_BH 06 | Criteria for Multidisciplinary Diagnostic Treatment | Medicare/ Medi-Cal Retired | Retired N/A | <p>Highlight:</p> <ul style="list-style-type: none"> • IEHP members under 21 years of age may be referred for an Autism Evaluation by a licensed physician and surgeon or a behavioral health provider. There used to be a distinction between having this evaluation done at a Center of Excellence (COE) or a non-COE location. Our guideline specified the difference between these two types of testing and included criteria one must have met to have their evaluation at a COE. • Medicare, Medi-Cal, MCG, and Apollo do not acknowledge or publish criteria addressing this distinction. • Therefore, IEHP recommends retiring this UM Subcommittee Guideline as it no longer has any clinical relevance or bearing on autism evaluations. |

Access to these and all other authorization guidelines can be found at: www.providerservices.iehp.org > Resources > Resources for Providers > Utilization Management Clinical Criteria or [click here](#).

For questions, contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

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