



2025

**IEHP Provider Policy Procedure Manual  
IEHP Medi-Cal  
Summary of Changes**

**Revision Status:**

**NO CHANGE**= No change

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

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

**SUBSTANTIAL**= 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.

**RETIRED** = Retirement of a policy.

Policy Number	Policy Title	Degree of Change	Description of Change
<b>00. INTRODUCTION</b>			
0.00	00. Table of Contents	Retired	Retired policies
00A.	00A. Manual Overview <b>(NCQA)</b>	Moderate	Described how Providers may access the Provider Manual
00B.	00B. IEHP Overview	No Change	No Change
00C.	00C. Manual Updates	Moderate	Updated online location of Provider Manuals and content of annual updates
<b>01. ORGANIZATIONAL STRUCTURE</b>			
01.A.	01.A. General	No Change	No Change
01.B.	01.B. Joint Powers Agency Governing Board	No Change	No Change
01.C.	01.C. IEHP Committees	Minor	Updated list and structure of committees
<b>02. COMMITTEE OVERVIEW</b>			
02.A.	02.A. Public Policy Participation Committee (PPPC)	Retired	Committee was replaced by Community Advisory Committee
02.A.	02.A. Provider Advisory Committee (PAC)	No Change	No Change; renumbered as MC_02.A
02.B.	02.B. Quality Management and Health Equity Transformation Committee	Moderate	Updated list of committees that provide updates to the QMHETC; renumbered as MC_02.B
02.C.	02.C. Peer Review Subcommittee	No Change	No Change; renumbered as MC_02.C



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02.D.	02.D. Credentialing Subcommittee	No Change	No Change; renumbered as MC_02.D
02.E.	02.E. Persons with Disabilities Workgroup	Retired	The Persons with Disabilities Workgroup (PDW) is no longer be a committee as of May 2024.
02.E.	02.E. Utilization Management (UM) Subcommittee	No Change	No Change; renumbered as MC_02.E
02.F.	02.F. Pharmacy and Therapeutics Subcommittee	Moderate	Clarified that the committee is responsible for developing programs to review and monitor for quality issues; and required disclosure of conflicts of interest at every meeting; renumbered as MC_02F
<b>03. ENROLLMENT AND ASSIGNMENT</b>			
03.A.	03.A. Enrollment and Eligibility	No Change	No Change
03.B.	03.B. Medi-Cal Enrollment Process	No Change	No Change
03.C.	03.C. Eligible Members	No Change	No Change
03.D.	03.D. IEHP Service Area	No Change	No Change
03.E.	03.E. Primary Care Provider Assignment	Moderate	Removed "family links" as a basis for PCP assignment
03.F.	03.F. Member Identification Cards	Moderate	Clarified description and content of Member ID card
03.G.	03.G. Post Enrollment Kit	No Change	No Change
03.H.	03.H. Primary Care Provider Auto-Assignment Process	Minor	Update job titles
<b>04. ELIGIBILITY AND VERIFICATION</b>			
04.B.1.	04.A. Eligibility Verification	Minor	Updated information reported about the Member when verifying eligibility
04.B.1.	04.B.1. Eligibility Verification Methods - Eligibility Files	No Change	No Change
04.B.2.	04.B.2. Eligibility Verification Methods - Eligibility Verification Options	Minor	Updated information reported about the Member when verifying Eligibility



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04.C.	04.C. Member Co-Payments	No Change	No Change
<b>05. CREDENTIALING AND RECREDENTIALING</b>			
05.A.1.	05.A.1. Credentialing Standards - Credentialing Policies <b>(NCQA)</b>	Moderate	Added credentials required for E-Consult Specialist Reviewers
05.A.2.	05.A.2. Credentialing Standards - Credentialing Committee <b>(NCQA)</b>	Minor	Updated Quality Committee Name
05.A.3.	05.A.3. Credentialing Standards - Credentialing Verification	Moderate	Added other sources for DEA license verification
05.A.4.	05.A.4. Credentialing Standards - Recredentialing Cycle Length	No Change	No Change
05.A.5.	05.A.5. Credentialing Standards - Ongoing Monitoring and Interventions <b>(NCQA)</b>	Minor	Wordsmithing
05.A.6.	05.A.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	No Change	No Change
05.A.7.	05.A.7. Credentialing Standards - Assessment of Organizational Providers	No Change	No Change
05.A.8.	05.A.8. Credentialing Standards - Delegation of Credentialing	No Change	No Change
05.A.9.	05.A.9. Credentialing Standards - Identification of HIV/AIDS Specialists	No Change	No Change
05.B.	05.B. Hospital Privileges	No Change	No Change
05.C.	05.C. Provider Screening and Enrollment Requirements	No Change	No Change



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<b>06. FACILITY SITE REVIEW</b>			
06.A.	06.A. Facility Site Review and Medical Record Review Survey Requirements and Monitoring	No Change	No Change
06.B.	06.B. Physical Accessibility Review Survey (PARS)	Moderate	Added Hospitals to the scope of the survey; and added "Patient Diagnostic and Treatment (PD)" and "Participant Areas (PA)" to the list of Accessibility Indicators
06.C.	06.C. PCP Sites Denied Participation or Removed from the IEHP Network	Minor	Updated types of IEHP network deficiencies for which PCPs may re-apply through their IPA for reconsideration for Plan participation
06.D.	06.D. Residency Teaching Clinics	No Change	No Change
06.E.	06.E. Rural Health Clinics	No Change	No Change
06.F.	06.F. Advanced Practice Practitioner Requirements	Moderate	Clarified the review of Practice Agreements to include appropriate scheduled controlled substances that APP is authorized to order and furnish; and cadence by this Practice Agreements are reviewed
06.G.	06.G. Urgent Care Center Evaluation	No Change	No Change
06.H.	06.H. Interim FSR Monitoring for Primary Care Provider	Moderate	Clarified that an Interim FSR may be requested at the discretion of IEHP Quality Management Nurse Manager or Clinical Director.
<b>07. MEDICAL RECORDS REQUIREMENTS</b>			
07.A.	07.A. Provider and IPA Medical Record Requirements	No Change	No Change
07.B.	07.B. Information Disclosure and Confidentiality of Medical Records	No Change	No Change
07.C.	07.C. Informed Consent	No Change	No Change



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07.D.	07.D. Advance Health Care Directive	Moderate	Clarified that medical records are reviewed for documentation of whether advanced care directive was offered and when this was discussed with the Member
<b>08. INFECTION CONTROL</b>			
08.A.	08.A. Infection Control	Moderate	Clarified what is expected of Provider training, equipment and procedures around infection control
<b>09. ACCESS STANDARDS</b>			
09.A.	09.A. Access Standards <b>(NCQA)</b>	No Change	No Change
09.B.	09.B. Missed Appointments	No Change	No Change
09.C.	09.C. Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses	No Change	No Change
09.D.	09.D. Access to Care for Members with Access and Functional Needs	Moderate	Clarified that interpreter services for Specialist visits are the Plan's financial responsibility
09.E.	09.E. Access to Services with Special Arrangements	No Change	No Change
09.F.	09.F. Open Access to Obstetrical or Gynecological Services	No Change	No Change
09.G.	09.G. Cancer Treatment Services	No Change	No Change
09.H.1.	09.H.1. Cultural and Linguistic Services - Language Assistance Capabilities	Moderate	Clarified that interpreter services for Specialist visits are the Plan's financial responsibility
09.H.2.	09.H.2. Cultural and Linguistic Services - Language Competency Study	No Change	No Change
09.H.3.	09.H.3. Cultural and Linguistic Services - Non-Discrimination <b>(NCQA)</b>	Minor	Added reference to the California Penal Code for a list of persons or groups protected by the Non-Discrimination policy



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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
09.I.	09.I. Access to Care During a Federal, State or Public Health Emergency	No Change	No Change
<b>10. MEDICAL CARE STANDARDS</b>			
10.A.	10.A. Initial Health Appointment	No Change	No Change
10.B.	10.B. Adult Preventive Services	No Change	No Change
10.C.1.	10.C.1. Pediatric Preventive Services - Well Child Visits	Minor	Clarified that diagnosis and treatment of any medical conditions identified through any pediatric preventive services assessment must be initiated within 60 calendar days of assessment
10.C.2.	10.C.2. Pediatric Preventive Services - Immunization Services	No Change	No Change
10.D.	10.D. Obstetrical Services - PCP Role in Care of Pregnant Members	No Change	No Change
10.D.1.	10.D.1. Obstetrical Services - Guidelines for Obstetrical Services	No Change	No Change
10.D.2.	10.D.2. Obstetrical Services - Obstetric Care by Certified Nurse Midwives, LM and Freestanding Birthing Centers	No Change	No Change
10.D.3	10.D.3 Obstetrical Services - PCP Provision of Obstetric Care	No Change	No Change
10.E.	10.E. Referrals to the Supplemental Food Program for Women, Infants, and Children	No Change	No Change
10.F.	10.F. Sterilization Services	No Change	No Change
10.G.	10.G. Family Planning Services	No Change	No Change
10.H.	10.H. Sexually Transmitted Infection Services	Minor	Clarified business units responsible for supporting call center for Providers



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10.I.	10.I. HIV Testing and Counseling	No Change	No Change
10.J.	10.J. Tuberculosis Services	No Change	No Change
10.K.	10.K. Reporting Communicable Diseases to Public Health Authorities	No change	No Change
10.L.	10.L. Vision Examination Level Standards	No Change	No Change
10.M.	10.M. Mandatory Elder or Dependent Adult Abuse Reporting	No Change	No Change
10.N.	10.N. Mandatory Child Abuse and Neglect Reporting	Minor	Added "intentionally" under neglect definition to align with legal definition. Updated list to include the school, grade, and class (if applicable) to the report for abuse .
10.O.	10.O. Mandatory Domestic Violence Reporting	No Change	No Change
10.P.	10.P. Total Fracture Care	No change	No Change
10.Q.	10.Q. Maternal Mental Health Program	Moderate	Clarified that the program requires quality measures to encourage screening, diagnosis, treatment and referral
10.R.	10.R. Personal Care Services and Home Health Care Services	No Change	No Change
10.S.	10.S. Community Health Worker Services	No Change	No Change
10.T.	10.T. Doula Services	No Change	No Change
<b>11. PHARMACY</b>			
11.A.	11.A. Pharmacy Benefits and Services	No Change	No Change
11.B.	11.B. Medical Drug Prior Authorization List <b>(NCQA)</b>	No Change	No Change
11.C.	11.C. Prior Authorization or Exception Requests for Physician Administered Drugs <b>(NCQA)</b>	No Change	No Change



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<b>12. COORDINATION OF CARE</b>			
12.A.1.	12.A.1. Care Management Requirements - PCP Role	No Change	No Change
12.A.2.	12.A.2. Care Management Requirements - Continuity of Care	No Change	No Change
12.A.3.	12.A.3. Care Management Requirements - Health Risk Assessment	No Change	No Change
12.B.	12.B. California Children's Services	Minor	Updated email address for CCS San Bernardino
12.C.	12.C. Early Start Services and Referrals	Minor	Updated list of services provided through the Early Start Program and source for well baby exam schedule.
12.D.	12.D. Early and Periodic Screening, Diagnosis and Treatment	Minor	Clarified that for the purpose of this policy, "children" refer to Members under the age of 21
12.E.	12.E. Genetically Handicapped Persons Program	No Change	No Change
12.F.	12.F. In-Home Supportive Services	No Change	No Change
12.G.	12.G. Organ Transplant	Moderate	Correction to remove kidney from list of major organ transplants, which should be performed at Medi-Cal Centers of Excellence
12.H.	12.H. Community-Based Adult Services	No Change	No Change
12.I.	12.I. Complex Case Management	No Change	No Change
12.J.	12.J. Dental Services	Moderate	Specified moderate and deep sedation for covered services for which IEHP would be responsible
12.K.1.	12.K.1. Behavioral Health - Behavioral Health Services	Minor	Clarified that County Mental Health Plans are responsible for specialty mental health services for all Members





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12.K.2.	12.K.2. Behavioral Health - Substance Use Treatment Services	Moderate	Described how the Plan closes the loop on substance use disorder service referrals; and removed references to Staying Healthy Assessment (SHA), which is no longer requirement.
12.K.3	12.K.3. Behavioral Health - Behavioral Health Treatment	No Change	No Change
12.L.	12.L. Vision Services	No Change	No Change
12.L.1.	12.L.1. Vision Services - Vision Exception Request	No Change	No Change
12.L.2.	12.L.2. Vision Services - Vision Provider Referrals	No Change	No Change
12.M.	12.M. Developmental Disabilities	Minor	Clarified that PCPs may refer Medi-Cal Members to IEHP or County Mental Health Plan for BH services
12.N.	12.N. Multipurpose Senior Services Program	Minor	Updated business unit responsible for referral process.
12.O.	12.O. Open Access (Foster Care) Program	No Change	No Change
12.P.	12.P. Home and Community-Based Alternatives Waiver Program	Moderate	Clarified continued coverage while Member is applying to enroll or enrolled in waiver program
12.Q.	12.Q. Medi-Cal Waiver Program	Moderate	Clarified that written diagnosis of HIV/AIDS is required for the Medi-Cal Waiver program
<b>13. QUALITY MANAGEMENT</b>			
13.A.	13.A. Quality Studies Medical Records Access	No Change	No Change
13.B.	13.B. QM Program & Health Equity Transformation Program Overview for Members and Providers	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
13.C.	13.C. Chaperone Guidance	Moderate	Advised Providers to adopt and communicate a policy to Members about their right to request a chaperone
13.D.	13.D. Reporting Requirements Related to Provider Preventable Conditions	No Change	No Change
13.E	13.E Management of Critical Incidents	Minor	Listed examples of occurrences that may be considered 'Critical Incident'
<b>14. UTILIZATION MANAGEMENT</b>			
14.A	14.A Utilization Management - Delegation and Monitoring (NCQA)	Moderate	Additional information specified for specialty referral system requirements, requirements for withdrawals and cancellations, and monthly Referral Universe submission
14.A.1.	14.A.1. Review Procedures - Primary Care Provider Referrals	Minor	Clarified that PCPs or Specialists may initiate referrals through IEHP or their IPA
14.A.2.	14.A.2. Review Procedures - Standing Referral/Extended Access to Specialty Care	Moderate	Clarified that Members may request a standing referral to a Specialist
14.A.3.	14.A.3. Review Procedures - Other Health Coverage	Moderate	Clarified that third party appeals must be exhausted for IEHP/Delegates to consider benefit coverage
14.B.	14.B. Second Opinions	No Change	No Change
14.C.	14.C. Emergency Services	No Change	No Change
14.D.	14.D. Pre-Service Referral Authorization Process	No Change	No Change
14.E.	14.E. Referral Procedures for Powered Mobility Devices	No Change	No Change
14.F.1.	14.F.1. Long Term Care (LTC) - Custodial Level and Intermediate Care Facilities/ Developmentally Disabled (ICF/DD)	No Change	No Change



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14.F.2.	14.F.2. Long Term Care (LTC) - Skilled Level	No Change	No Change
14.G.	14.G. Acute Inpatient Admission and Concurrent Review	No Change	No Change
14.H.	14.H. Hospice Services	No Change	No Change
14.I.	14.I. My Path Palliative Care Program	No Change	No Change
<b>15. HEALTH EDUCATION</b>			
15.A.	15.A. Health Education	Substantial	Listed services that Providers may request, including community health worker services, and other evidence-based programs; and updated program topic and delivery methods
15.B.	15.B. Obesity Prevention	Moderate	Clarified that the program is for Member seeking assistance with reducing behavioral risks associated with obesity and related condition
15.C.	15.C. IEHP Family Asthma Program	Moderate	Removed reference to support person as an attendee
15.D.	15.D. IEHP Diabetes Self-Management Program	Moderate	Described DULCE program and removed limit on support persons that assist an attendee.
15.E.	15.E. Perinatal Program	Moderate	Removed reference to Baby N' Me smartphone app and removed details on Member level reporting
15.F.	15.F. Pediatric Health and Wellness	Minor	Updated list of program support provided
15.G.	15.G. Diabetes Prevention Program	Moderate	Described other modalities through which the Program is made available
<b>16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM</b>			
16.A.	16.A. Member Grievance Resolution Process	No Change	No Change
16.B.	16.B. Member Appeal Resolution Process	No Change	No Change



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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
16.C.1.	16.C.1. Dispute and Appeal Resolution Process for Providers - Initial	Minor	Updated resource if Provider seeks to dispute Pay for Performance
16.C.2.	16.C.2. Dispute and Appeal Resolution Process for Providers - Health Plan	No Change	No Change
16.D.	16.D IPA, Hospital and Practitioner Grievance and Appeal Resolution Process	No Change	No Change
<b>17. MEMBER TRANSFERS AND DISENROLLMENT</b>			
17.A.1.	17.A.1. Primary Care Providers Transfers - Voluntary	No Change	No Change
17.A.2.	17.A.2. Primary Care Providers Transfers - Involuntary	No Change	No Change
17.B.1.	17.B.1. Disenrollment from IEHP - Voluntary	No Change	No Change
17.B.2.	17.B.2. Involuntary Disenrollment From IEHP - Member Status Changes	Minor	Updated reference to Provider Call Center
17.C.	17.C. Loss of Medi-Cal Eligibility - PCP Responsibilities	No Change	No Change
17.D.	17.D. Episode of Care - Inpatient	No Change	No Change
<b>18. PROVIDER NETWORK</b>			
18.A.1.	18.A.1. Primary Care Provider - IPA and Hospital Affiliation	No Change	No Change
18.A.2.	18.A.2. Primary Care Provider - Enrollment Capacity	Moderate	Clarified who can approve a Provider's request to be excluded from auto-assignment process
18.B.	18.B. Provider Directory	No Change	No Change
18.C.	18.C. PCP, Vision and Behavioral Health Provider Network Changes	Substantial	Added DHCS Alternative Access Standards and Quarterly Network Reporting.



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18.D.1.	18.D.1. IPA Reported Changes - PCP Termination <b>(NCQA)</b>	Moderate	Defined Block Transfer and updated e-mail address for IEHP notification from IPA
18.D.2.	18.D.2. IPA Reported Changes - Specialty and Ancillary Provider Termination	Moderate	Described block transfer process
18.E.	18.E. Management Services Organization Changes	Moderate	Clarified that MSO resulting from mergers or acquisitions must be reviewed and approved by IEHP.
18.F.	18.F. Specialty Network Requirements	Moderate	Clarified that the Plan will offer to contract with at least one of each of the mandatory Provider types - CNM and LM.
18.G.	18.G. Provider Resources	Substantial	Removal of resources that are no longer available; and updated the list with new resources
18.H.	18.H. Hospital Affiliations	No Change	No Change
18.I.	18.I. Leave of Absence	Moderate	Clarified how to notify IEHP of leaves of absence
18.J.	18.J. IEHP Termination of PCPs, Specialists, Vision, and Behavioral Health Providers	No Change	No Change
18.K.	18.K. Hospital Network Participation Standards	No Change	No Change
18.L.	18.L. Providers Charging Members	No Change	No Change
18.M.	18.M. Outsourcing Standards and Requirements	No change	No Change
18.N.	18.N. IPA Medical Director Responsibilities	No Change	No Change
18.O.	18.O. Provider Disruptive Behavior	No Change	No Change
18.P.	18.P. Virtual Care	No Change	No Change
18.P.1.	18.P.1. Virtual Care - eConsult Services	No Change	No Change
18.Q.	18.Q Subcontractor Certification Requirement	No Change	No Change
18.R.	18.R Indian Health Care	New	



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<b>19. FINANCE AND REIMBURSEMENT</b>			
19.A.	19.A. IPA Financial Viability	Moderate	Clarified reporting requirements & performance thresholds
19.A.1	19.A.1 Financial Viability - Network Providers, Subcontractors and Downstream Contractors	No Change	No Change
19.B.	19.B. IPA Financial Supervision	No Change	No Change
19.C.	19.C. Pay for Performance (P4P)	Substantial	Removed Audit Process because it is no longer standard in the 2024 OB P4P Program.
19.D.	19.D Third-Party Liability	Moderate	Clarified how delegates are defined and expectation for delivering information requested by IEHP
19.E.	19.E. Public and Private Hospital Directed Payment Program	No Change	No Change
19.F.	19.F. Medi-Cal Capitation – IPA and IEHP Direct Providers	Moderate	Clarified timelines for electronic funds transfer and delivery of capitation reports
<b>20. CLAIMS PROCESSING</b>			
20.A.	20.A. Claims Processing	No Change	No Change
20.B.	20.B. Billing of IEHP Members	No Change	No Change
20.C.	20.C. Claims Deduction From Capitation - 7-Day Letter	No Change	No Change
20.D.	20.D. Claims and Compliance Audits	Moderate	Clarified that reports must be submitted in a format designated by IEHP
20.E.	20.E. Disputes Between Contracted Relationships	No Change	No Change
20.F.	20.F. Coordination of Benefits	No Change	No Change



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20.G.	20.G. Claims and Provider Dispute Reporting	Moderate	Emphasized report submission requirements, including submitting complete and accurate reports within mandated timeframes and using IEHP templates
20.H.	20.H. Provider Dispute Resolution Process - Initial Claims Disputes	No Change	No Change
20 H.1	20 H.1 Provider Dispute Resolution Process - Health Plan Claims Appeals	Substantial	Described the 7-Day Letter process, where the Plan directs the Payor to pay claims for which it is financially liable with appropriate interest and penalties following a Plan Claims Appeal
<b>21. ENCOUNTER DATA REPORTING</b>			
21.A.	21.A. Encounter Data Submission Requirements	No Change	No Change
21.B.	21.B. Encounter Data Submission Requirements for Directly Contracted Capitated Providers	No Change	No Change
21.C.	21.C. Medi-Cal Risk Adjustment and Chronic Illness and Disability Payment System (CDPS)	No Change	No Change
<b>22. RIGHTS AND RESPONSIBILITIES</b>			
22.A.	22.A. Members' Rights and Responsibilities <b>(NCQA)</b>	Moderate	Described how Providers receive information about Member rights and responsibilities
22.B.	22.B. Providers' Rights and Responsibilities	No Change	No Change
<b>23. COMPLIANCE</b>			
23.A.	23.A. Non-Monetary Member Incentive - The California Department of Health Care Services	Moderate	Streamlined process description



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23.B.	23.B. HIPAA Privacy and Security	Moderate	Clarified the Plan's expectation that breaches or security incidents be reported to the Plan within 24 hours of discovery; removed requirements to retain confidentiality statements; and clarified cadence at which Members are provided their Notice of Privacy Practice
23.C.	23.C. Health Care Professional Advice to Members	No Change	No Change
23.D.	23.D. Monitoring of-Subcontractors-and Downstream Subcontractors	Moderate	Clarified that the cadence by which focused audits and report submission are expected may be at the Plan's discretion.
<b>24. PROGRAM DESCRIPTIONS</b>			
24.A.	24.A. Disability Program Description	Moderate	Referenced new Community Advisory Committee, Diversity, Equity and Inclusion requirement, and updated information on Plan personnel responsible for the program
24.B.	24.B. Cultural & Linguistic Services Program Description <b>(NCQA)</b>	Moderate	Applied program requirements to subcontractors and downstream subcontractors; updated information on Plan personnel responsible for the program
24.C.	24.C. Quality Management & Health Equity Transformation Program and Quality Improvement Program Description	Substantial	Updated description of QMHETP Work Plan and Committee Org chart; updated list of reporting committees; added health equity program requirements; and removed section on Quality Withhold Performance Review.
24.D.	24.D. Fraud, Waste and Abuse Program Description	Moderate	Updated list of agencies to whom suspected FWA are reported.





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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
24.E.	24.E. Compliance Program Description	Moderate	Clarified what is expected of Delegates' Compliance Programs, including but not limited to the responsibilities of the Compliance Officer, high level oversight, routine monitoring, auditing and identification of compliance risks, etc
24.F.	24.F. Enhanced Care Management Program Description	Substantial	Streamline content to more effectively describe the Enhanced Care Management program, including how Members are identified, referral process, outreach & engagement, authorization, and program monitoring and oversight
<b>25. DELEGATION AND OVERSIGHT</b>			
25.A.1.	25.A.1. Delegation Oversight - Delegated Activities	Moderate	Clarified that failure to perform delegated functions may result in de-delegation of specified functions, non-renewal of contractor or contract termination
25.A.2.	25.A.2. Delegation Oversight - Audit	Moderate	Clarified that the Plan will train delegates prior to a delegation oversight audit; and added financial sanctions as a possible action resulting from failing a second focused audit
25.A.3.	25.A.3. Delegation Oversight - IPA Performance Evaluation	Minor	Performance evaluation scores updates, spelled out acronyms
25.A.4.	25.A.4. Delegation Oversight - Corrective Action Plan Requirements <b>(NCQA)</b>	Moderate	Clarified CAP/ICAP submission timeframes and removed duplicative information
25.B.1.	25.B.1. Credentialing Standards - Credentialing Policies	Moderate	Added other sources for DEA license verification



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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
25.B.2.	25.B.2. Credentialing Standards - Credentialing Committee	Minor	Updated the number of Credentialing Committee meetings minutes that the Plan will review to oversee Delegates' Credentialing Standards
25.B.3.	25.B.3. Credentialing Standards - Credentialing Verification	Moderate	Added other sources for DEA license verification; removed language outside the scope of policy
25.B.4.	25.B.4. Credentialing Standards - Recredentialing Cycle Length	No Change	No Change
25.B.5.	25.B.5. Credentialing Standards - Ongoing Monitoring and Interventions	No Change	No Change
25.B.6.	25.B.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	No Change	No Change
25.B.7.	25.B.7. Credentialing Standards - Assessment of Organizational Providers	No Change	No Change
25.B.8.	25.B.8. Credentialing Standards - Delegation of CR	No Change	No Change
25.B.9.	25.B.9. Credentialing Standards - Identification of HIV/AIDS Specialists	No Change	No Change
25.B.10.	25.B.10. Credentialing Standards - Credentialing Quality Oversight of Delegates	Moderate	Outlined activities that must be included in the Credentialing Activities Report
25.C.1.	25.C.1. Care Management - Delegation and Monitoring	Moderate	Updated list of data sources from which case files may be selected for review
25.C.2.	25.C.2 Care Management - Reporting Requirements	No Change	No Change
25.D.1.	25.D.1. Quality Management - Quality Management Reporting Requirements	Minor	Updated list of quality management reports



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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
25.D.2.	25.D.2. Quality Management - Quality Management Program Structure Requirements <b>(NCQA)</b>	Minor	Clarified that the Plan is responsible for health equity of all covered services
25.E.1.	25.E.1. Utilization Management - Reporting Requirements	Moderate	Addition of Cancellation File Review to monthly reporting requirements
25.E.2.	25.E.2. Utilization Management - Referral and Denial Audits	Substantial	Section added regarding Monthly Respective Audit of Cancellations.
<b>26. QUICK REFERENCE</b>			
26.A.	26.A. Quick Reference Guide	Moderate	Updated IEHP's holiday schedule
26.B.	26.B. Glossary	Retired	Policies should define relevant terms