



2025

**IEHP Provider Policy Procedure Manual
IEHP Covered
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
00. INTRODUCTION			
0.00	00. Table of Contents	No change	No Change
00.A.	00.A. Manual Overview (NCQA)	Moderate	Described how Providers may access the Provider Manual
00B.	00B. IEHP Overview	New	
00C.	00C. Manual Updates	New	
01. ELIGIBILITY AND VERIFICATION			
01.A.	01.A. Eligibility Verification	Minor	Updated information reported about the Member when verifying eligibility
01.B.	01.B. Member Co-Payments	Moderate	Described Member eligibility while in grace period
02. CREDENTIALING AND RECREDENTIALING			
02.A.1.	02.A.1. Credentialing Standards - Credentialing Policies (NCQA)	Moderate	Added credentials required for E-Consult Specialist Reviewers
02.A.2.	02.A.2. Credentialing Standards - Credentialing Committee (NCQA)	Minor	Updated Quality Committee Name
02.A.3.	02.A.3. Credentialing Standards - Credentialing Verification	Moderate	Added other sources for DEA license verification



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Policy Number	Policy Title	Degree of Change	Description of Change
02.A.4.	02.A.4. Credentialing Standards - Recredentialing Cycle Length	No Change	No Change
02.A.5.	02.A.5. Credentialing Standards - Ongoing Monitoring and Interventions (NCQA)	Minor	Wordsmithing
02.A.6.	02.A.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	No Change	No Change
02.A.7.	02.A.7. Credentialing Standards - Assessment of Organizational Providers	New	
02.A.8.	02.A.8. Credentialing Standards - Delegation of Credentialing	New	
02.A.9.	02.A.9. Credentialing Standards - Identification of HIV/AIDS Specialists	New	
02.B.	02.B. Hospital Privileges	No change	No Change
03. MEDICAL RECORDS REQUIREMENTS			
03.A.	03.A. Provider Medical Record Requirements	No Change	No Change
03.B.	03.B. Information Disclosure and Confidentiality of Medical Records	No Change	No Change
03.C.	03.C. Informed Consent	No Change	No Change
03.D.	03.D. Advance Health Care Directive	No Change	No Change
04. ACCESS STANDARDS			
04.A.	04.A. Access Standards (NCQA)	No Change	No Change
04.B.	04.B. Missed Appointments	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
04.C.	04.C. Non-Emergency Medical Transportation	No Change	No Change
04.D.	04.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
04.E.	04.E. Access to Services with Special Arrangements	No Change	No Change
04.F.	04.F. Open Access to Obstetrical or Gynecological Services	No change	No Change
04.G.1.	04.G.1. Cultural and Linguistic Services - Language Assistance Capabilities	Moderate	Clarified that interpreter services for Specialist visits are the Plan's financial responsibility
04.G.2.	04.G.2. Cultural and Linguistic Services - Non-Discrimination (NCQA)	No Change	No Change
04.H.	04.H. Access to Care During a Federal, State or Public Health Emergency	No Change	No Change
05. MEDICAL CARE STANDARDS			
05.A.	05.A. Initial Health Appointment	No Change	No Change
05.B.	05.B. Adult Preventive Services	Minor	Added HRSA as source for immunization guidelines
05.C.1.	05.C.1. Pediatric Preventive Services - Well Child Visits	No change	No Change
05.C.2.	05.C.2. Pediatric Preventive Services - Immunization Services	No change	No Change
05.D.1.	05.D.1. Obstetrical Services - Guidelines for Obstetrical Services	No change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
05.D.2.	05.D.2. Obstetrical Services - Obstetric Care by Certified Nurse Midwives, LM and Alternative Birthing Centers	Minor	Corrected reference to benefit manual
05.D.3	05.D.3 Obstetrical Services - PCP Provision of Obstetric Care	No change	No Change
05.E.	05.E. Sterilization Services	No change	No Change
05.F.	05.F. Family Planning Services	No Change	No Change
05.G.	05.G. Sexually Transmitted Infection Services	No change	No Change
05.H.	05.H. HIV Testing and Counseling	No Change	No Change
05.I.	05.I. Tuberculosis Services	No change	No Change
05 J.	05 J. Reporting Communicable Diseases to Public Health Authorities	No change	No Change
05.K.	05.K. Vision Examination Level Standards	Moderate	Removed objective refraction results as a documentation requirement for refractive state determinations
05.L.	05.L. Mandatory Elder or Dependent Adult Abuse Reporting	Minor	Wordsmithing
05.M.	05.M. Mandatory Child Abuse and Neglect Reporting	No change	No Change
05.N.	05.N. Mandatory Domestic Violence Reporting	No change	No Change
05.O.	05.O. Maternal Mental Health Program	No change	No Change
06. PHARMACY			
06.A.	06.A. Pharmacy Benefits and Services	Moderate	Clarified that the Plan does not require nor restrict Members from trying biosimilars before providing coverage



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Policy Number	Policy Title	Degree of Change	Description of Change
06.B.	06.B. Member Request for Pharmacy Reimbursement - IEHP Covered	No change	No Change
06.C.	06.C. Opioid Overutilization Management	New	
07. COORDINATION OF CARE			
07.A.1.	07.A.1. Care Management Requirements - PCP Role	No Change	No Change
07.A.2.	07.A.2. Care Management Requirements - Continuity of Care	Moderate	Defined conditions for which Members can request continuity of care.
07.B.	07.B. Early Start Services and Referrals	No Change	No Change
07.C.	07.C. Genetically Handicapped Persons Program	No Change	No Change
07.D.	07.D. Organ Transplant	No Change	No Change
07.E.	07.E. Complex Case Management	No Change	No Change
07.F.	07.F. Dental Services	No Change	No Change
07.G.	07.G. Behavioral Health - Behavioral Health Services	No Change	No Change
07.G.1	07.G.1 - Behavioral Health - Behavioral Health Treatment	No Change	No Change
07 .H.	07 .H. Vision Services	Moderate	Clarified that Members are limited to one bilateral comprehensive eye exam with refraction in a 12-month rather than 24-month period
07.H.1.	07.H.1. Vision Services - Vision Provider Referrals	No Change	No Change
07.I.	07.I. Developmental Disabilities	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
08. QUALITY MANAGEMENT			
08.A.	08.A. Chaperone Guidance	No Change	No Change
08.B.	08.B. Quality Management & Health Equity Transformation Committee	Moderate	Updated list of committees that provide updates to the QMHETC.
08.C.	08.C. Management of Critical Incidents	No Change	No Change
09. UTILIZATION MANAGEMENT			
09.A.	09.A. Utilization Management - Delegation and Monitoring (NCQA)	Substantial	Clarified sources for determining whether requested services are a covered benefit; and described process and requirements for withdrawals, dismissals, and cancellations
09.A.1.	09.A.1. Review Procedures - Primary Care Provider Referrals	No Change	No Change
09.A.2.	09.A.2. Review Procedures - Standing Referral/Extended Access to Specialty Care	Moderate	Clarified that Members may request a standing referral to a Specialist
09.B.	09.B. Second Opinions	No change	No Change
09.C.	09.C. Emergency Services	No change	No Change
09.D.	09.D. Pre-Service Referral Authorization Process	No change	No Change
09.E.	09.E. Long Term Care (LTC) - Skilled Level	No change	No Change
09.F.	09.F. Acute Inpatient and Behavioral Health Admission and Concurrent Review	No change	No Change
09.G.	09.G. Hospice Services	No change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
10. GRIEVANCE AND APPEAL RESOLUTION SYSTEM			
10.A.	10.A. Member Grievance Resolution Process	Moderate	Updated IEHP Member Services contact information, and Member's right to file a grievance for being billed inappropriately.
10.B.	10.B. Member Appeal Resolution Process	Moderate	Updated IEHP Member Services contact information, and timeline for filing an appeal from 60 to 180 days
11. MEMBER TRANSFERS AND DISENROLLMENT			
11.A.1.	11.A.1. Primary Care Providers Transfers - Voluntary	No Change	No Change
11.A.2.	11.A.2. Primary Care Providers Transfers - Involuntary	No Change	No Change
11.B.	11.B. Episode of Care - Inpatient	No Change	No Change
12. PROVIDER NETWORK			
12.A.1.	12.A.1. Primary Care Provider - Hospital Affiliation	No change	No Change
12.A.2.	12.A.2. Primary Care Provider - Enrollment Capacity	No change	No Change
12.B.	12.B. Provider Directory	No change	No Change
12.C.	12.C. PCP, Specialist, Vision and Behavioral Health Provider Network Changes	Substantial	Added DHCS Alternative Access Standards and Quarterly Network Reporting.
12.D.	12.D. Specialty Network Requirements	No change	No Change
12.E.	12.E. Provider Resources	Substantial	Removal of resources that are no longer available; and updated the list with new resources
12.F.	12.F. Hospital Affiliations	No change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
12.G.	12.G. Leave of Absence	No change	No Change
12.H.	12.H. IEHP Termination of PCPs, Specialists, Vision, and Behavioral Health Providers (NCQA)	No change	No Change
12.I.	12.I. Hospital Network Participation Standards	No change	No Change
12.J.	12.J. Providers Charging Members	Retired	Retired policy because Providers are able to charge CCA Members for medical records. Members are also subject to share of cost.
12.J.	12.J. Provider Disruptive Behavior	No change	No Change; renumbered as CCA_12.J.
12.K.1.	12.K.1. Virtual Care - eConsult Services	No Change	No Change; renumbered as CCA_12.K.1
12.K.2.	12.K.2. Virtual Care	No Change	No Change; renumbered as CCA_12.K.2
13. CLAIMS PROCESSING			
13.A.	13.A. Claims Processing	Moderate	Described how behavioral health crisis services are reimbursed
13.B.	13.B. Billing of IEHP Members	Moderate	Described coverage for behavioral health crisis services, emergency and non-emergency medical transportation, as covered services
13.C.	13.C. Claims Deduction From Capitation - 7-Day Letter	No change	No Change
13.D.	13.D. Provider Dispute Resolution Process - Initial Claims Disputes	Moderate	Described levels of Provider dispute
13.E.	13.E. Provider Dispute Resolution Process - Health Plan Claims Appeals	Moderate	Outlined information required for a written appeal



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Policy Number	Policy Title	Degree of Change	Description of Change
13.F.	13.F. Claims and Compliance Audits	Moderate	Clarified that reports must be submitted in a format designated by IEHP
13.G.	13.G. Claims and Provider Dispute Reporting	Moderate	Emphasized report submission requirements, including submitting complete and accurate reports within mandated timeframes and using IEHP templates
14. ENCOUNTER DATA REPORTING			
14.A.	14.A. Encounter Data Submission Requirements for Directly Contracted Capitated Providers	No change	No Change
14.B.	14.B. Health and Human Services Hierarchical Condition Category (HHS-HCC) Risk Adjustment Model	New	
15. RIGHTS AND RESPONSIBILITIES			
15.A.	15.A Member Rights and Responsibilities (NCQA)	New	
15.B.	15.B. Providers' Rights and Responsibilities	No change	No Change; Renumbered to CCA_15.B.
16. COMPLIANCE			
16.A.	16.A. 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
16.B.	16.B. Health Care Professional Advice to Members	No Change	No Change



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17. PROGRAM DESCRIPTIONS			
17.A.	17.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
17.B.	17.B. Cultural & Linguistic Services Program Description (NCQA)	Moderate	Applied program requirements to subcontractors and downstream subcontractors; updated information on Plan personnel responsible for the program
17.C.	17.C. Quality Management and Quality Improvement Program Description	Substantial	Updated description of QMHETP Work Plan and Committee Org chart; updated list of reporting committees
17.D.	17.D. Fraud, Waste and Abuse Program Description	Moderate	Updated list of agencies to whom suspected FWA are reported.
17.E.	17.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
18. DELEGATION AND OVERSIGHT			
18.A.1.	18.A.1. Delegation Oversight - Delegated Activities	No Change	No Change
18.A.2.	18.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



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18.A.3.	18.A.3. Delegation Oversight - Corrective Action Plan Requirements (NCQA)	Moderate	Clarified CAP/ICAP submission timeframes and removed duplicative information
19. QUICK REFERENCE GUIDE			
19	19. Quick Reference Guide	Moderate	Updated IEHP's holiday schedule