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**IEHP Provider Policy Procedure Manual**

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**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>			
00.A.	00.A. Manual Overview ( <b>NCQA</b> )	No Change	No Change
00B.	00B. IEHP Overview	Minor	Clarified lines of business offered by the Plan
00C.	00C. Manual Updates	Moderate	Updated to reflect that AORs are required of Delegates
<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	Moderate	Chart updated with new CMO and CQO.
<b>02. COMMITTEE OVERVIEW</b>			
02.A.	02.A. Provider Advisory Committee (PAC)	No Change	No Change
02.B.	02.B. Quality Management and Health Equity Transformation Committee	No Change	No Change
02.C.	02.C. Peer Review Subcommittee	Minor	footnotes & wordsmithing
02.D.	02.D. Credentialing Subcommittee	Moderate	Updated timeframe for notifying approval/denial of practitioner's application



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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
02.E.	02.E. Utilization Management (UM) Subcommittee	minor	wordsmithing and footnotes
02.F.	02.F. Pharmacy and Therapeutics Subcommittee	Moderate	Clarifies that the P&T Subcommittee functions are delegated to the PBM with Plan oversight, and that a quorum of voting Members can include the Chairperson's designee. Specifies the Subcommittee's parity in applying factors and recommendations to both medical/surgical drugs/drug classes and mental health/SUD drugs and drug classes, and that P&T Subcommittee membership includes at least one licensed psychiatrist.
<b>03. ENROLLMENT AND ASSIGNMENT</b>			
03.A.	03.A. Enrollment and Eligibility	Minor	Informing Members about Plan Based Enrollers who are available to explain CCA benefits to CCA recipients.
03.B.	03.B. IEHP Covered Enrollment Process	Minor	Grammatical updates.
03.C.	03.C. Eligible Members	Substantial	Described grace period for delinquent Members.
03.D.	03.D. IEHP Service Area		Added the link to a "Sample" for Notice of Suspension of Member to Providers.
03.E.	03.E. Primary Care Provider Assignment	No Change	No Change
03.F.	03.F. Member Identification Cards	Substantial	Grammatical updates & added a footnote for CCR.
03.G.	03.G. Post Enrollment Kit		Added the definition of Safety-net clinics and used the term appropriately on all applicable paragraphs.
03.H.	03.H. Primary Care Provider Auto-Assignment Process	Minor	Language added about IPA/Medical Group phone number being present on the card.
<b>04. ELIGIBILITY AND VERIFICATION</b>			
04.A.	04.A. Eligibility Verification	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
04.B.	04.B. Member Co-Payments	Moderate	Moved content re: eligibility suspension to Policy 3C, "Eligible Members"
<b>05. CREDENTIALING AND RECREDENTIALING</b>			
05.A.1.	05.A.1. Credentialing Standards - Credentialing Policies <b>(NCQA)</b>	Minor	
05.A.2.	05.A.2. Credentialing Standards - Credentialing Committee <b>(NCQA)</b>	Minor	wordsmithing
05.A.3.	05.A.3. Credentialing Standards - Credentialing Verification	No Change	No Change
05.A.4.	05.A.4. Credentialing Standards - Recredentialing Cycle Length	Minor	6 months (180 days) to 4 months (120 days) as the verification limit changed, the application sending out time frame also changed to the same.
05.A.5.	05.A.5. Credentialing Standards - Ongoing Monitoring and Interventions <b>(NCQA)</b>	No Change	No Change
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		
05.A.9.	05.A.9. Credentialing Standards - Identification of HIV/AIDS Specialists	No Change	No Change
05.B.	05.B. Hospital Privileges	Minor	
<b>06. FACILITY SITE REVIEW</b>			



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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
06.A.	06.A. Facility Site Review and Medical Record Review Survey Requirements and Monitoring	Minor	Removed policy that doesn't exist or have a CCA equivalent
06.B.	06.B. Physical Accessibility Review Survey (PARS)	Minor	Updated APL to current state
06.C.	06.C. PCP Sites Denied Participation or Removed from the IEHP Network	Minor	Updated policy # to match policy
06.D.	06.D. Residency Teaching Clinics	No Change	No Change
06.E.	06.E. Rural Health Clinics	Minor	Updated policy name to match current state
06.F.	06.F. Advanced Practice Practitioner Requirements	No Change	No Change
06.G.	06.G. Urgent Care Center Evaluation	No Change	No Change
06.H.	06.H. Interim FSR Monitoring for Primary Care Provider	No Change	No Change
<b>07. MEDICAL RECORDS REQUIREMENTS</b>			
07.A.	07.A. Provider 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	Minor	Updates policies # mentioned within policy to current state Grammatical Updates
07.D.	07.D. Advance Health Care Directive	No Change	No Change
<b>08. INFECTION CONTROL</b>			
08.A.	08.A. Infection Control	No Change	No Change
<b>09. ACCESS STANDARDS</b>			



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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
09.A.	09.A. Access Standards <b>(NCQA)</b>		
09.B.	09.B. Missed Appointments	No Change	No Change
09.C.	09.C. Non-Emergency Medical Transportation	Moderate	Need Members to contact IEHP Member Services at least 5 business days (instead of 2 business days) prior to the requested service to ensure transportation is arranged in a timely manner.
09.D.	09.D. Access to Care for Members with Access and Functional Needs	Substantial	Added information on Standard for video VRI
09.E.	09.E. Access to Services with Special Arrangements	Minor	wordsmithing and footnotes
09.F.	09.F. Open Access to Obstetrical or Gynecological Services	No Change	No Change
09.G.1.	09.G.1. Cultural and Linguistic Services - Language Assistance Capabilities	Substantial	added definition on Numeric Language Threshold, updated definition of qualified interpreter, added information on auxiliary aids and services
09.G.2.	09.G.2. Cultural and Linguistic Services - Non-Discrimination <b>(NCQA)</b>	No Change	No Change
09.H.	09.H. Access to Care During a Federal, State or Public Health Emergency	Moderate	Updated language to include Health and Safety Code 1368.7
09.I.	09.I. Transgender, Gender or Intersex Cultural Competency Training	Minor	wordsmithing
<b>10. MEDICAL CARE STANDARDS</b>			
10.A.	10.A. Initial Health Appointment	Minor	BU added verbiage to reduce repetitive IHAs
10.B.	10.B. Adult Preventive Services	Minor	wordsmithing and footnotes



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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
10.C.1.	10.C.1. Pediatric Preventive Services - Well Child Visits	Minor	footnotes
10.C.2.	10.C.2. Pediatric Preventive Services - Immunization Services		
10.D.1.	10.D.1. Obstetrical Services - Guidelines for Obstetrical Services	Minor	updated footnote
10.D.2.	10.D.2. Obstetrical Services - Obstetric Care by Certified Nurse Midwives, LM and Alternative Birthing Centers	No Change	No Change
10.D.3	10.D.3 Obstetrical Services - PCP Provision of Obstetric Care	Minor	Grammatical updates.
10.E.	10.E. Sterilization Services	No Change	No Change
10.F.	10.F. Family Planning Services	No Change	No Change
10.G.	10.G. Sexually Transmitted Infection Services	No Change	No Change
10.H.	10.H. HIV Testing and Counseling	Minor	footnotes
10.I.	10.I. Tuberculosis Services	Minor	wordsmithing
10.J.	10.J. Reporting Communicable Diseases to Public Health Authorities	Minor	updated animal control phone number
10.K.	10.K. Vision Examination Level Standards	Minor	Clarified that this policy is only applicable to IEHP members up to the age of (18) eighteen years old.
10.L.	10.L. Mandatory Elder or Dependent Adult Abuse Reporting	Moderate	added information on mandated reporters for the identification of elder/dependent adult abuse, added that suspected or alleged abuse can be reported through a confidential internet reporting tool, wordsmithing throughout to mirror languages of other LOB



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Policy Number	Policy Title	Degree of Change	Description of Change
10.M.	10.M. Mandatory Child Abuse and Neglect Reporting	No Change	No Change
10.N.	10.N. Mandatory Domestic Violence Reporting	Minor	wordsmithing
10.O.	10.O. Maternal Mental Health Program	Minor	wordsmithing
<b>11. PHARMACY</b>			
11.A.	11.A. Pharmacy Benefits and Services	No Change	No Change
11.B.	11.B. Member Request for Pharmacy Reimbursement - IEHP Covered	Moderate	Updated list of items/information that Members must provide in order to be reimbursed.
11.C.	11.C. Opioid Overutilization Management	Moderate	Specifies outreach and education as part of case management for at-risk beneficiaries (ARPs) and potential at-risk
<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	Substantial	Specifies that IEHP is not required to provide completion of covered services for providers whose contracts were terminated or not renewed for reasons related to medical disciplinary causes, fraud, or other criminal activity.
12.B.	12.B. Early Start Services and Referrals	Moderate	updates to Early start services include Feeding Therapy, Infant development services
12.C.	12.C. Genetically Handicapped Persons Program	Minor	
12.D.	12.D. Organ Transplant	Minor	Updated formatting and references to other policies
12.E.	12.E. Complex Case Management	No Change	No Change
12.F.	12.F. Dental Services	moderate	removed information on custom made oral appliance, updated footnotes



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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
12.G.1	12.G.1 Behavioral Health - Behavioral Health Services	No Change	No Change
12.G.2	12.G.2 - Behavioral Health - Behavioral Health Treatment	Minor	Clarified BHT services are for eligible Members under the age of 18. Added reference to Access Standards under BHT Provider Responsibilities
12.H.	12.H. Vision Services	Moderate	Updated the link to the RxPA Form, IEHP Provider website, and Provider Call Center Fax Number for Referral Requests.
12.H.1.	12.H.1. Vision Services - Vision Provider Referrals	No Change	No Change
12.I.	12.I. Developmental Disabilities	No Change	No Change
<b>13. QUALITY MANAGEMENT</b>			
13. A.	13. A. Chaperone Guidance	No Change	No Change
13.B.	13.B. Management of Critical Incidents	Moderate	Shortened the timeline for providers to provide information requested by QM depoartment
<b>14. UTILIZATION MANAGEMENT</b>			
14.A.	14.A. Utilization Management - Delegation and Monitoring <b>(NCQA)</b>	No Change	No Change
14.A.1.	14.A.1. Review Procedures - Primary Care Provider Referrals	No Change	No Change
14.A.2.	14.A.2. Review Procedures - Standing Referral/Extended Access to Specialty Care	Substantial	Requires a consultation with the referring PCP, Specialist (if any), and Plan Medical Director or designee to determine the Member's need for continuing care with the specialist.
14.B.	14.B. Second Opinions	Moderate	Language added to more closely align with Knox Keene requirements for obtaining second opinions.





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14.C.	14.C. Emergency Services	No Change	No Change
14.D.	14.D. Pre-Service Referral Authorization Process	Minor	Added clarifying language to more closely align with the Knox-Keene Act for services that don't require prior authorization.
14.E.	14.E. Long Term Care (LTC) - Skilled Level	No Change	No Change
14.F.	14.F. Acute Inpatient and Behavioral Health Admission and Concurrent Review	Minor	Removed provision regarding reporting to DHCS.
14.G.	14.G. Hospice Services	No Change	No Change
<b>15. HEALTH EDUCATION</b>			
15.A.	15.A. Health Education	Minor	added educational services topics for perinatal services, wordsmithing
15.B.	15.B. Obesity Prevention	Moderate	added program evaluation information , updated contact information for member services
15.C.	15.C. Asthma Self-Management Program	Minor	updated member services contact information, footnotes, and wordsmithing
15.D.	15.D. Diabetes Self-Management Program	Minor	updated member services contact information, footnotes, and wordsmithing
15.E.	15.E. Perinatal Program	Minor	updated member services contact information, footnotes, and wordsmithing
15.F.	15.F. Pediatric Health and Wellness	Minor	specified the educational tools for members and providers is to promote well-child visits and immunizations, updated member services contact information, footnotes, and wordsmithing



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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
15.G.	15.G. Diabetes Prevention Program	Minor	wordsmithing and footnotes
<b>16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM</b>			
16.A.	16.A. Member Grievance Resolution Process	Moderate	Updated footnotes to match with language, Formatting errors, and Added language pertaining to Section 1557 coordinator as per the CFR.
16.B.	16.B. Member Appeal Resolution Process	Minor	Formatting changes
<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.	17.B. Episode of Care - Inpatient	No Change	No Change
<b>18. PROVIDER NETWORK</b>			
18.A.1.	18.A.1. Primary Care Provider - Hospital Affiliation	Minor	Included Tribal Federally Qualified Health Centers (TFQHCs) as a servicing location.
18.A.2	18.A.2. Primary Care Provider - Enrollment Capacity	No Change	No Change
18.B.	18.B. Provider Directory	No Change	No Change
18.C.	18.C. PCP, Specialist, Vision and Behavioral Health Provider Network Changes		
18.D.	18.D. Specialty Network Requirements	Moderate	Expanded clarification for contract types required by DHCS for each county, clarified that 2 unique providers and provider contracts are required for designated hospitals & removed reference to ancillary providers as it is not a requirement for a Specialty Network.



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Policy Number	Policy Title	Degree of Change	Description of Change
18.E.	18.E. Provider Resources	Moderate	Updated the list of resources and trainings providers can find on the Provider Portal
18.F.	18.F. Hospital Affiliations	Minor	Added reference to Credentialing and Recredentialing policy.
18.G.	18.G. Leave of Absence	No Change	No Change
18.H.	18.H. IEHP Termination of PCPs, Specialists, Vision, and Behavioral Health Providers <b>(NCQA)</b>	Minor	Wordsmithing and updates to formatting
18.I.	18.I. Hospital Network Participation Standards	Moderate	email address updated for who to notify in the case of a Provider/Hospital being added to disciplinary list
18.J.	18.J. Provider Disruptive Behavior	No Change	No Change
18.K.1.	18.K.1. Virtual Care - eConsult Services	Moderate	Reduced the time that an IEHP specialist has time to respond to a PCP with eConsult services from 72 to 48 hours.
18.K.2.	18.K.2. Virtual Care	No Change	No Change
<b>19.CLAIMS PROCESSING</b>			
19.A.	19.A. Claims Processing	Minor	Updated policy references
19.B.	19.B. Billing of IEHP Members	Minor	Updated policy references
19.C.	19.C. Claims Deduction From Capitation - 7-Day Letter	No Change	No Change
19.D.	19.D. Provider Dispute Resolution Process - Initial Claims Disputes	Moderate	Level 1/2 disputes +interest updated
19.E.	19.E. Provider Dispute Resolution Process - Health Plan Claims Appeals	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>
19.F.	19.F. Claims and Compliance Audits	Moderate	Overpayments added, Corrective action / observation language updated, overpayments added under annual audits
19.G.	19.G. Claims and Provider Dispute Reporting	Minor	15th of month added
<b>20. ENCOUNTER DATA REPORTING</b>			
20.A.	20.A. Encounter Data Submission Requirements for Directly Contracted Capitated Providers	No Change	No Change
20.B.	20.B. Health and Human Services Hierarchical Condition Category (HHS-HCC) Risk Adjustment Model	Minor	Corrected link footnote
<b>21. RIGHTS AND RESPONSIBILITIES</b>			
21.A	21.A Member Rights and Responsibilities	Substantial	Updated Policy language to reflect Member responsibilities as per NCQA HP Guidelines
21.B.	21.B. Providers' Rights and Responsibilities	Moderate	Added language about regulatory required trainings.
<b>22. COMPLIANCE</b>			
22.A.	22.A. HIPAA Privacy and Security	Moderate	Defined reproductive Healthcare and included minor consent to outpatient mental health.
22.B.	22.B. Health Care Professional Advice to Members	No Change	No Change
<b>23. PROGRAM DESCRIPTIONS</b>			
23.A.	23.A. Disability Program Description	Minor	Removed publishing of quarterly member newsletter ("Access Ability") wordsmithing, footnotes
23.B.	23.B. Cultural & Linguistic Services Program Description (NCQA)	Minor	wordsmithing and footnotes



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Policy Number	Policy Title	Degree of Change	Description of Change
23.C.	23.C. Quality Management and Quality Improvement Program Description	Minor	Removed QI verbiage throughout policy, Updated Title of Policy, Standardized the acronyms within policy, Added all current subcommittees, added CHEO description to policy
23.D.	23.D. Fraud, Waste and Abuse Program Description	Substantial	Included information about Special Investigations Unit (SIU) responsibilities, Corrective Action Plans (CAP), Fraud waste abuse (FWA) program, and reporting.
23.E.	23.E. Compliance Program Description	Substantial	Added information regarding on-site audits and inspections at the physical location of Subcontractors.
<b>24. DELEGATION AND OVERSIGHT</b>			
24.A.1.	24.A.1. Delegation Oversight - Delegated Activities	No Change	No Change
24.A.2.	24.A.2. Delegation Oversight - Audit	moderate	added credentialing requirement elements and IEHPs review of Correction Action Plan
24.A.3.	24.A.3. Delegation Oversight - Corrective Action Plan Requirements <b>(NCQA)</b>	Moderate	Added information on failure to implement CAP or ICAP, wordsmithing,
24.B.1.	24.B.1. Credentialing Standards - Credentialing Policies	Substantial	Locum tenens added to practitioner criteria, 120 day limit added to time limits, delegate sanction language added
24.B.2.	24.B.2. Credentialing Standards - Credentialing Committee	Minor	Fixed footnotes/grammar
24.B.3.	24.B.3. Credentialing Standards - Credentialing Verification	Minor	Fixed footnotes/grammar



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24.B.4.	24.B.4. Credentialing Standards - Recredentialing Cycle Length	Substantial	Verification time limit changed from 180 days to 120 days, grammar corrections, delegate language deleted, board certification language added, sanction and exclusion information added
24.B.5.	24.B.5. Credentialing Standards - Ongoing Monitoring and Interventions	Minor	Fixed footnotes/grammar
24.B.6.	24.B.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	Substantial	Medicare/Medicaid language added for exclusions + sanctions, list of excluded individuals and entities added, footnotes updates, practitioner type grid added.
24.B.7.	24.B.7. Credentialing Standards - Assessment of Organizational Providers	Minor	Added footnotes to definitions, minor grammar corrections
24.B.8.	24.B.8. Credentialing Standards - Delegation of CR	Minor	Fixed footnotes/grammar, removed DHCS references
24.B.9.	24.B.9. Credentialing Standards - Identification of HIV/AIDS Specialists	Minor	Fixed footnotes/grammar
24.B.10.	24.B.10. Credentialing Standards - Credentialing Quality Oversight of Delegates	Minor	Grammar, removed DHCS references
24.C.1.	24.C.1 Utilization Management - Reporting Requirements	Moderate	Specified that reports and file reviews for cancelled referrals will now include voided, withdrawn, and dismissed referrals.
24.C.2	24.C.2 Utilization Management - Referral and Denial Audits	Moderate	Specifies that voided/withdrawn/dismissed referrals will be included in file review, and that a minimum of 5 cancelled/voided referrals will be reviewed for appropriateness during a focused audit.

**25. QUICK REFERENCE GUIDE**



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<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
25.A.	25.A Quick Reference Guide	Moderate	Updated Member Services Call Center hours, and TTY number