



DualChoice

2026

IEHP Provider Policy Procedure Manual

IEHP DualChoice (HMO D-SNP)

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			
00A.	00A. Manual Overview	No Change	No Change
00B.	00B. IEHP Overview	No Change	No Change
00C.	00C. Manual Updates	Moderate	Updated to reflect that AORs are required of Delegates
01. ORGANIZATIONAL STRUCTURE			
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	Updated organizational/committee chart
02. COMMITTEE OVERVIEW			
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	No Change	No Change
02.D.	02.D. Pharmacy and Therapeutics (P&T) Subcommittee	Moderate	Updated timeframe for notifying Practitioner of subcommittee's decision
02.E.	02.E. Credentialing Subcommittee	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
02.F.	02.F. Utilization Management (UM) Subcommittee	Moderate	Clarifies the role of P&T Subcommittee in drug utilization review and mental health parity
03. ENROLLMENT AND ASSIGNMENT			
03.A.	03.A. IEHP Service Area	Substantial	Removed zip codes list to clarify that IEHP is licensed to serve in all zip codes within Riverside and San Bernardino Counties.
03.B.	03.B. Primary Care Provider Assignment	Minor	Added definition of Safety Net Clinics
03.C.	03.C. Member Identification Cards	Moderate	Outlined Member's right to request for copy of the Member Handbook; and receive new ID card if information changes
03.D.	03.D. Eligible Members	Minor	Clarified deeming period of 3 months
03.E.	03.E. Post Enrollment Kit	No Change	No Change
04. ELIGIBILITY and VERIFICATION			
04.A.	04.A. Eligibility Verification	Minor	Updated list of Member information provided in eligibility files
04.B.1.	04.B.1. Eligibility Verification Methods - Eligibility Files	Minor	Added definition for Delegate
04.B.2.	04.B.2. Eligibility Verification Methods - Eligibility Verification Options	Minor	Clarified log-in procedure
04.C.	04.C. Member Co-Payments	No Change	No Change
05. CREDENTIALING AND RECREDENTIALING			
05.A.1.	05.A.1. Credentialing Standards - Credentialing Policies	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
05.A.2.	05.A.2. Credentialing Standards - Credentialing Committee	Minor	Clarified that only a physician may be designated as Chairperson
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	Moderate	Clarified that Providers are notified of recredentialing cycle four months prior to due date
05.A.5.	05.A.5. Credentialing Standards - Ongoing Monitoring and Interventions	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	No Change	No Change
05.A.9.	05.A.9. Credentialing Standards - Identification of HIV/AIDS Specialists	No Change	No Change
05.A.10.	05.A.10. Credentialing Standards - Credentialing Information Integrity	No Change	No Change
05.B.	05.B. Hospital Privileges	No Change	No Change
06. FACILITY SITE REVIEW			
06.A.	06.A. Facility Site Review and Medical Record Review Survey Requirements and Monitoring	Moderate	Clarified when the corrective action plan is due and when medical record reviews are performed



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Policy Number	Policy Title	Degree of Change	Description of Change
06.B.	06.B. Physical Accessibility Review Survey (PARS)	No Change	No Change
06.C.	06.C. PCP sites Denied Participation or Removed from the IEHP Network	No Change	No Change
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	No Change	No Change
06.G.	06.G. Urgent Care Center Evaluation	Minor	Corrected contact information for IEHP Member Services
06.H.	06.H. Interim FSR Monitoring for Primary Care Providers	Minor	Clarified that referral tracking logs are reviewed during interim FSR
07. MEDICAL RECORDS REQUIREMENTS			
07.A.	07.A. Provider and IPA Medical Records 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
07.D.	07.D. Advance Health Care Directive	No Change	No Change
08. INFECTION CONTROL			
08.A.	08.A. Infection Control	No Change	No Change
09. ACCESS STANDARDS			
09.A.	09.A. Access Standards	Moderate	Clarified Plan and IPA responsibilities for ensuring participation in timely access surveys administered by or on behalf of DHCS
09.B.	09.B. Missed Appointments	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
09.C.	09.C. Access to Care for Members with Access and Functional Needs	Moderate	Clarified standards for video remote interpreting
09.D.	09.D. Access to Services with Special Arrangements	Moderate	Clarified Member's right to have timely access to Indian Health Services providers
09.E.	09.E. Open Access to Obstetrical or Gynecological Services	No Change	No Change
09.F.	09.F. Cancer Treatment Services	No Change	No Change
09.G.	09.G. Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses	Moderate	Substantial level of formatting, spelling changes. Added a question for TS.
09.H.1.	09.H.1. Cultural and Linguistic Services - Language Assistance Capabilities	Substantial	Clarified Plan and Provider responsibilities for interpreter services, including provision of auxiliary aids upon Member's request.
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	No Change	No Change
09.I.	09.I. Access to Care During a Federal State or Public Health Emergency	Substantial	Updated information on how IEHP Members are able to access medically necessary services, equipment, and covered drugs.
09.J.	09.J. Transgender, Gender or Intersex Cultural Competency Training	No Change	No Change
10. MEDICAL CARE STANDARDS			
10.A.	10.A. Initial Preventive Physical Exam	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
10.B.	10.B. Adult Preventive Services	No Change	No Change
10.C.	10.C. Initial Health Appointment	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, License Midwives, 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 (WIC)	No Change	No Change
10.F.	10.F. Sterilization Services	No Change	No Change
10.G.	10.G. Sexually Transmitted Infection (STI) Services	No Change	No Change
10.H.	10.H. HIV Testing and Counseling	No Change	No Change
10.I.	10.I. Tuberculosis Services	Minor	Clarified what Members will be assessed for consideration for Direct Observed Therapy
10.J.	10.J. Reporting Communicable Diseases to Public Health Authorities	Minor	Updated phone number for Riverside County Animal Control Office
10.K.	10.K. Family Planning Services	No Change	No Change
10.L.	10.L. Mandatory Elder or Dependent Adult Abuse Reporting	Minor	Clarified that "Elder" is defined to be any person age 60 or older.



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Policy Number	Policy Title	Degree of Change	Description of Change
10.M.	10.M. Mandatory Domestic Violence Reporting	No Change	No Change
10.N.	10.N. Maternal Mental Health Program	Moderate	Clarified the definition and time period of maternal mental health
10.O.	10.O. Vision Examination Level Standards	No Change	No Change
10.P.	10.P. Community Health Worker Services	Moderate	Addressed Plan's responsibility to cover services under DHCS' standing recommendation
11. PHARMACY			
11.A.	11.A. Formulary Management	Minor	Specifies that Plan submission of Formulary files to CMS and written notice to affected Members occur in the event of a negative Formulary change.
11.B.	11.B. Coverage Determination	Moderate	Updated timeframe for coverage determination appeals to be deemed as redeterminations from 60 to 65 days.
11.C.	11.C. IEHP DualChoice Vaccine Coverage	Substantial	Requires that cost-sharing is waived for adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), in accordance with Final Rule CMS-4208-F
11.D.	11.D. Claims for Drugs Prescribed or Dispensed by Excluded, Sanctioned and Precluded Providers	No Change	No Change
11.E.	11.E. Pharmacy Access During a Federal Disaster or Other Public Health Emergency Declaration	Moderate	Updated timeframe for public health emergency declaration to expire from 90-days to 60-days.
11.F.	11.F. Medicare - Part B vs D Determination	Substantial	Specifies Part B and Part D coverage conditions for insulin, DME related to insulin, and drugs for ESRD



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Policy Number	Policy Title	Degree of Change	Description of Change
11.G.	11.G. Coordination of Benefits	Moderate	Specifies how the Plan will remediate cost-sharing discrepancies and timeframes for completing such.
11.H.	11.H. Best Available Evidence (BAE)	Moderate	Specifies the Plan's source/reference for confirming new or modified LIS eligibility status.
11.I.	11.I. Transition Process	Substantial	Requires that the Plan provide a Part B transition process for Members new to DualChoice and/or Medicare.
11.J.	11.J Pharmacy Access Standards	Moderate	Specified requirements and timeframes for providing standard contracting terms and conditions for pharmacies willing to accept.
11.K.	11.K. Medication Therapy Management Program	Moderate	Specifies CMS criteria for Members to be eligible for IEHP's MTM program, including chronic conditions/diseases and number of Part D drugs taken.
11.L	11.L Insulin Administration and Diabetic Testing Supplies	Moderate	Specified examples of products utilized as insulin administration devices and covered as Part D drugs.
11.M.	11.M. Member Request for Pharmacy Reimbursement	No Change	No Change
11.N.	11.N Pharmacy Credentialing and Re-Credentialing	No Change	No Change
11.O.	11.O Drug Management Program	Moderate	Specifies outreach and education as part of case management for at-risk beneficiaries (ARBs) and potential at-risk beneficiaries (PARBs), timelines for mailing Second Notices, and regularity of reporting to CMS' Overutilization Monitoring System (OMS).
11.P.	11.P Drug Recall Withdrawal Process	No Change	No Change

12. COORDINATION OF CARE



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Policy Number	Policy Title	Degree of Change	Description of Change
12.A.1.	12.A.1. Care Management Requirements - PCP Role	No Change	No Change
12.A.2.	12.A.2. Care Management Requirements - Health Risk Assessment	Moderate	Clarifies that HRA also assess Medi-Cal services enrollees access, and that HRA survey tool also identifies medical, cognitive, and psychosocial needs.
12.A.3.	12.A.3. Care Management Requirements - Individualized Care Plan	No Change	No Change
12.A.4.	12.A.4. Care Management Requirements - Interdisciplinary Care Team	No Change	No Change
12.A.5.	12.A.5. Care Management Requirements - Continuity of Care	Substantial	Requires that newly enrolled Members residing in SNFs request continuity of care rather than such being granted automatically. Added provisions regarding out-of-network and/or terminated Providers in alignment with Knox-Keene.
12.A.6.	12.A.6. Care Management Requirements - Model of Care Training	No Change	No Change
12.A.7.	12.A.7. Care Management Requirements - Transition of Care	No Change	No Change
12.B.	12.B. Multipurpose Senior Services Program		
12.C.	12.C. Organ Transplant	No Change	No Change
12.D.1.	12.D.1. Behavioral Health - Behavioral Health Services	No Change	No Change
12.D.2.	12.D.2. Behavioral Health - Substance Use Treatment Services	Minor	Updated name for San Bernardino Substance Use Disorder Hotline
12.E.	12.E. In-Home Supportive Services	Moderate	Clarified Plan reporting requirements, and that IHSS hours are no longer shared through the secure Provider portal



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Policy Number	Policy Title	Degree of Change	Description of Change
12.F.	12.F. Community Based Adult Services	No Change	No Change
12.G.	12.G. Vision Services	Minor	Updated Provider Call Center fax number where vision referrals can be sent
12.G.1.	12.G.1. Vision Services - Vision Exception Requests	Minor	Updated Provider Call Center fax number where vision referrals can be sent
12.G.2.	12.G.2. Vision Services - Vision Provider Referral	No Change	No Change
13. QUALITY MANAGEMENT			
13.A.	13.A. Quality Studies Medical Records Access	No Change	No Change
13.B.	13.B. Quality Management & Health Equity Transformation Program Overview for Members and Providers	No Change	No Change
13.C.	13.C. Chaperone Guidance	No Change	No Change
13.D.	13.D. Reporting Requirements Related to Provider Preventable Conditions	No Change	No Change
13.E.	13.E. Chronic Care Improvement Program (CCIP)	No Change	No Change
13.F	13.F Management of Critical Incidents	No Change	No Change
14. UTILIZATION MANAGEMENT			
14.A.	14.A Utilization Management - Delegation and Monitoring	No Change	No Change
14.A.1.	14.A.1. Review Procedures - Primary Care Provider Referrals	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of 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 or IPA Medical Director or designee to determine the Member's need for continuing care with the specialist.
14.B.	14.B. Second Opinions	Substantial	Clarifies that Members requesting second opinions for Specialty care can choose any Provider of the same or equivalent specialty from any IPA within the Plan's network.
14.C.	14.C. Emergency Services	Moderate	Updated the definition of psychiatric emergency medical condition to apply regardless of whether the Member is voluntary or involuntarily detained for assessment/evaluation/treatment; updated timeframe for the Plan to respond to requests to authorize post-stabilization care to 30 minutes.
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. Referral Procedures for Custom Wheelchairs and Powered Mobility Devices	No Change	No Change
14.F.1.	14.F.1. Long Term Care - Custodial Level	Moderate	Specifies Preadmission Screening and Resident Review (PASRR) among clinical documentation that LTC facilities must submit upon a Member's admission.



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Policy Number	Policy Title	Degree of Change	Description of Change
14.F.2.	14.F.2. Long Term Care - Skilled Level	Substantial	Requires that newly enrolled Members residing in an out-of-network/out-of-area SNF request continuity of care rather than COC being granted automatically. Specifies Preadmission Screening and Resident Review (PASRR) among clinical documentation that LTC facilities must submit upon a Member's admission.
14.G.	14.G. Acute Inpatient and Behavioral Health Admission and Concurrent Review	No Change	No Change
14.H.	14.H. Hospice Services	No Change	No Change
14.I.	14.I. Expedited Initial Organization Determinations	Minor	Updated regulatory footnotes
15. HEALTH EDUCATION			
15.A.	15.A. Health Education	Minor	Added topics covered in printed and on-line materials developed by IEHP
15.B.	15.B. Obesity Prevention	Minor	Specified that memhrs under the age 0f 18 must be accompanied by a parent or guardian
15.C.	15.C. IEHP Family Asthma Program	Minor	Specified that memhrs under the age 0f 18 must be accompanied by a parent or guardian
15.D.	15.D. Diabetes Self-Management Program	Minor	updated contact information for IEHP
15.E.	15.E. Perinatal Program	Moderate	updated contact information for IEHP and removed inforamtion regarding the Baby N Me Smartphone application



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Policy Number	Policy Title	Degree of Change	Description of Change
15.F.	15.F. Diabetes Prevention Program	Minor	wordsmithing and footnotes
16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM			
16.A.	16.A. Member Grievance Resolution Process	No Change	No Change
16.B.1.	16.B.1 Member Appeal Resolution Process - Part C (Reconsideration)	No Change	No Change
16.B.2.	16.B.2 Member Appeal Resolution Process - Part B and Part D Redeterminations	No Change	No Change
16.C.1.	16.C.1. Grievance and Appeal Resolution Process for Providers - Initial	No Change	No Change
16.C.2.	16.C.2. Grievance and Appeal Resolution Process for Providers - Health Plan	No Change	No Change
16.C.3.	16.C.3. Grievance and Appeal Resolution Process for Providers - IPA, Hospital and Practitioner	No Change	No Change
17. MEMBER TRANSFERS AND DISENROLLMENT			
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 Behavior	Minor	Added language for Member Behavior .
17.B.3.	17.B.3. Involuntary Disenrollment from IEHP - Member Status Changes	No Change	No Change
17.C.	17.C. Episode of Care - Inpatient	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
18. PROVIDER NETWORK			
18.A.1	18.A.1. Primary Care Providers - IPA and Hospital Affiliation	Minor	Included Tribal Federally Qualified Health Centers (TFQHCs) to service location.
18.A.2.	18.A.2. Primary Care Providers - Enrollment Capacity	No Change	No Change
18.B.	18.B. Provider Directory	Moderate	Clarified frequency of updates to IEHP Directory to be at a minimum quarterly basis including the criteria that IEHP evaluates during these updates and actions IEHP will take for non response including up to removal from the directory for non response.
18.C.	18.C. PCP, Vision and Behavior Health Provider Network Changes	Substantial	Specifies that IEHP makes every effort to notify Members impacted by a BH Provider termination at least 45 days in advance of the termination effective date
18.D.1.	18.D.1. IPA Reported Changes - PCP Termination	Substantial	Specifies that IEHP makes every effort to notify Members impacted by a PCP termination at least 45 days in advance of the termination effective date
18.D.2.	18.D.2. IPA Reported Changes - Specialty and Ancillary Provider Termination	No Change	No Change
18.E.	18.E. Management Services Organization Changes	Moderate	added information on failure to meet regulatory and plane requirements, wordsmithing/reorganized procedure
18.F.	18.F. Specialty Network Requirements		
18.G.	18.G. Provider Resources	Moderate	Updated the list of trainings and resources providers can find on the Provider Portal
18.H.	18.H. Hospital Affiliations	No Change	No Change
18.I.	18.I. Leave of Absence	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
18.J.	18.J. IEHP Termination of PCPs, Specialist, Vision and Behavioral Health Providers	Substantial	Specifies that IEHP makes every effort to notify Members impacted by a PCP termination at least 45 days in advance of the termination effective date
18.K.	18.K. 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.L.	18.L. Provider Charging Members	No Change	No Change
18.M.	18.M. Outsourcing Standards and Requirements	minor	wordsmithing
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	Moderate	Reduced the time that an IEHP specialist has time to respond to a PCP with eConsult services from 72 to 48 hours.
18.Q.	18.Q Artificial Intelligence (AI) Use in Healthcare Delivery	No Change	No Change
19. FINANCE AND REIMBURSEMENT			
19.A.	19.A. IPA Financial Viability	Minor	Grammar updates, changed enrollees to members
19.B.1	19.B.1 Medicare Capitation - IPA	Minor	Capitation payment transferred via EFT added
19.B.2	19.B.2 Medicare Capitation - IEHP Direct Providers	Minor	Paper check added to capitation payment method
19.C.	19.C. IPA Financial Supervision	No Change	No Change
20. CLAIMS PROCESSING			
20.A.	20.A. Claims Processing		
20.A.1.	20.A.1. Claims Processing - Non-Contracted Providers - Reconsiderations and Appeals	Minor	Format reorganization, failure to submit good cause language added under procedures



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Policy Number	Policy Title	Degree of Change	Description of Change
20.A.2.	20.A.2. Claims Processing - Provider Payment Dispute Resolution - Contracted Providers	Minor	180 day limit added for second level disputes, PDR spelled out, non-contracted providers language added under procedures.
20.B.	20.B. Billing of IEHP Members	No Change	No Change
20.C.	20.C. Claims Deduction From Capitation - 7 Days Letter	No Change	No Change
20.D.	20.D. Claims and Compliance Audits	Moderate	Corrective action / observation language updated, overpayments added under annual audit
20.E.	20.E. Coordination of Benefits	No Change	No Change
20.F.	20.F. Claims and Payment Appeal Reporting	No Change	No Change
20.G.	20.G. Third Party Liability	No Change	No Change
21. ENCOUNTER DATA REPORTING			
21.A.	21.A. Encounter Data Submission Requirements	Minor	Grammar correction
21.B.	21.B. Medicare Risk Adjustment and Hierarchical Condition Categories	No Change	No Change
21.C.	21.C. Encounter Data Submission Requirements for Directly Contracted Capitated Providers	No Change	No Change
22. RIGHTS AND RESPONSIBILITIES			
22.A.	22.A. Members' Rights and Responsibilities	No Change	No Change
22.B.	22.B. Providers' Rights and Responsibilities	Moderate	Added language about regulatory required trainings.
23. COMPLIANCE			



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Policy Number	Policy Title	Degree of Change	Description of Change
23.A.	23.A. Monitoring of First Tier Downstream Entities	Minor	Added Executive Compliance Committee throughout the policy
23.B.	23.B. HIPAA Privacy and Security	Moderate	Defined reproductive Healthcare and included minor consent to outpatient mental health.
23.C.	23.C. Health Care Professional Advice to Members	Minor	Updated Policy names to match current state
24. PROGRAM DESCRIPTIONS			
24.A.	24.A. Disability Program Description	Moderate	Removed publishing of quarterly member newsletter ("Access Ability"), added information on the Enrollee Advisory Committee, wordsmithing, footnotes
24.B.	24.B. Cultural & Linguistic Services Program Description	minor	wordsmithing and footnotes
24.C.	24.C. Quality Management & Health Equity Transformation Program and Quality Improvement Program Description	Minor	Removed QI verbiage throughout policy ; Formatting Updates, added CHEO to the position, included current list of subcommittee, Senior Director position description added,
24.D.	24.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.
24.E.	24.E. Compliance Program Description	Substantial	Added information regarding on-site audits and inspections at the physical location of Subcontractors.
25. DELEGATION AND OVERSIGHT			
25.A.1.	25.A.1. Delegation Oversight - Delegated Activities	Minor	wordsmithing



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Policy Number	Policy Title	Degree of Change	Description of Change
25.A.2.	25.A.2. Delegation Oversight - Audit	Minor	wordsmithing
25.A.3.	25.A.3. Delegation Oversight - Corrective Action Plan Requirements	Moderate	Added information on failure to implement CAP or ICAP, wordmsmithing,
25.B.1.	25.B.1. Credentialing Standards - Credentialing Policies	Substantial	Locum tenens added to practitioner criteria, 120 day limit added to time limits, delegate sanction language added, settlement payout language added under malpractice hisstory, grammar updates
25.B.2.	25.B.2. Credentialing Standards - Credentialing Committee	Minor	Fixed footnotes/grammar
25.B.3.	25.B.3. Credentialing Standards - Credentialing Verification	Minor	Grammar
25.B.4.	25.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
25.B.5.	25.B.5. Credentialing Standards - Ongoing Monitoring and Interventions	Minor	Fixed grammar
25.B.6.	25.B.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	Substantial	Medicare/Medicaid language added for exclusions + sancions, list of excluded individuals and entities added, footnotes updates, practicioner type grid added.
25.B.7.	25.B.7. Credentialing Standards - Assessment of Organizational Providers	Minor	Added footnotes to definitions, minor grammar corrections
25.B.8.	25.B.8. Credentialing Standards - Delegation of CR	Minor	Grammar/removed NCQA year from footnotes



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Policy Number	Policy Title	Degree of Change	Description of Change
25.B.9.	25.B.9. Credentialing Standards - Identification of HIV/AIDS Specialists	Minor	Grammar/removed NCQA year from footnotes
25.B.10.	25.B.10. Credentialing Standards - Credentialing Quality Oversight of Delegates	Minor	Grammar
25.C.1.	25.C.1. Care Management - Delegation and Monitoring	minor	wordsmithing and footnotes
25.C.2.	25.C.2. Care Management - Reporting Requirement	Minor	wordsmithing
25.D.1.	25.D.1. Quality Management - Quality Management Reporting Requirements	No Change	No Change
25.D.2.	25.D.2. Quality Management - Quality Management Program Structure Requirements	No Change	No Change
25.E.1.	25.E.1. Utilization Management - Reporting Requirements	Minor	Specified that the universe and file review for cancelled referrals will also include voided referrals
25.E.2.	25.E.2. Utilization Management - Referral and Denial Audits	Moderate	Specified that a minimum of 5 samples will be randomly selected for the universe integrity audit, and that voided referrals will be included in file review and universes for cancellations.
25.F.1.	25.F.1. Medicare Reporting Requirements - IEHP DualChoice (HMO D-SNP)	No Change	No Change
25.F.2.	25.F.2. Encounter Data Reporting - IEHP DualChoice Data Sharing Program	No Change	No Change

26. QUICK REFERENCE



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Policy Number	Policy Title	Degree of Change	Description of Change
26.A.	26.A. Quick Reference Guide	Moderate	Updated Member Services Call Center hours, and TTY number