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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
00. INTRODUCTION			
00A.	00A. Manual Overview **(NCQA)**	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
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. Credentialing Subcommittee	Moderate	Updated timeframe for notifying Practitioner of subcommittee's decision
02.E.	02.E. Utilization Management (UM) Subcommittee	No Change	No Change

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Policy Number	Policy Title	Degree of Change	Description of Change
02.F.	02.F. Pharmacy and Therapeutics 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. Enrollment and Eligibility	Minor	Clarifying that Members are directed to HCO for assistance.
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	Clarified how Members are informed of PCP assignment and how they may request for PCP changes
03.F.	03.F. Member Identification Cards	Minor	Updated components of Member ID card
03.G.	03.G. Post Enrollment Kit	Minor	Updated list of information included in the Post-enrollment kit
03.H.	03.H. Primary Care Provider Auto-Assignment Process	Minor	Removed reference to "safety net" clinics, which does not apply to this policy.
04. ELIGIBILITY AND VERIFICATION			
04.B.1.	04.A. Eligibility Verification	No Change	No Change
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	Minor	Updated link to Vision waiver forms
05. CREDENTIALING AND RECREDENTIALING			
05.A.1.	05.A.1. Credentialing Standards - Credentialing Policies **(NCQA)**	No Change	No Change
05.A.2.	05.A.2. Credentialing Standards - Credentialing Committee **(NCQA)**	Minor	Clarified that only a physician may be designated as Chairperson

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Policy Number	Policy Title	Degree of Change	Description of Change
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	No Change	No Change
05.A.5.	05.A.5. Credentialing Standards - Ongoing Monitoring and Interventions **(NCQA)**	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.B.	05.B. Hospital Privileges	No Change	No Change
05.C.	05.C. Provider Screening and Enrollment Requirements	Minor	Clarified how discrepancies in the Hospital Admitter List are reported to the Hospital Relations Team
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
06.B.	06.B. Physical Accessibility Review Survey (PARS)	No Change	No Change

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Policy Number	Policy Title	Degree of Change	Description of Change
06.C.	06.C. PCP Sites Denied Participation or Removed from the IEHP Network	Minor	Clarified when PCPs may reapply following voluntary termination of their contract with IEHP
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	No Change	No Change
06.H.	06.H. Interim FSR Monitoring for Primary Care Provider	No Change	No Change
07. MEDICAL RECORDS REQUIREMENTS			
07.A.	07.A. Provider and IPA Medical Record Requirements	Moderate	Clarified when a Provider may be subject to an annual full scope facility site review and medical record review survey.
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 **(NCQA)**	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	No Change	No Change

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Policy Number	Policy Title	Degree of Change	Description of Change
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	No Change	No Change
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 **(NCQA)**	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 Diverse or Intersex Cultural Competency Training	No Change	No Change
10. MEDICAL CARE STANDARDS			
10.A.	10.A. Initial Health Appointment	Moderate	Clarified timeline for when the initial health assessments are due
10.B.	10.B. Adult Preventive Services	No Change	No Change
10.C.1.	10.C.1. Pediatric Preventive Services - Well Child Visits	No Change	No Change
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

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Policy Number	Policy Title	Degree of Change	Description of 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	No Change	No Change
10.I.	10.I. HIV Testing and Counseling	No Change	No Change
10.J.	10.J. Tuberculosis Services	Minor	Clarified what Members will be assessed for consideration for Direct Observed Therapy
10.K.	10.K. Reporting Communicable Diseases to Public Health Authorities	Minor	Updated phone number for Riverside County Animal Control Office
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	Moderate	Clarified that all IEHP staff may identify and report suspected child abuse and neglect
10.O.	10.O. Mandatory Domestic Violence Reporting	Moderate	Clarified that all IEHP staff may identify and report suspected child abuse and neglect
10.P.	10.P. Total Fracture Care	Minor	Updated phone number for Orthopedists participating in Total Fracture Care

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Policy Number	Policy Title	Degree of Change	Description of Change
10.Q.	10.Q. Maternal Mental Health Program	No Change	No Change
10.R.	10.R. Personal Care Services and Home Health Care Services	No Change	No Change
10.S.	10.S. Community Health Worker Services	Moderate	Addressed Plan's responsibility to cover services under DHCS' standing recommendation
10.T.	10.T. Doula Services	No Change	No Change
11. PHARMACY			
11.A.	11.A. Pharmacy Benefits and Services	No Change	No Change
11.B.	11.B. Medical Drug Prior Authorization List **(NCQA)**	Moderate	Clarified what drugs are included in the Medical Drug Prior Authorization List, and that drugs used in the treatment of severe mental illness are subject to medical necessity determination.
11.C.	11.C. Prior Authorization or Exception Requests for Physician Administered Drugs **(NCQA)**	Moderate	Clarified that Medi-Cal Members may not initiate prior auth requests for coverage.
12. COORDINATION OF CARE			
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	Clarified that newly enrolled Members residing in SNFs and Subacute Care Facilities must request continuity of care rather than such being granted automatically. Clarified when continuity of care may be provided by a terminated/out-of-network provider
12.A.3.	12.A.3. Care Management Requirements - Health Risk Assessment	No Change	No Change
12.B.	12.B. California Children's Services	No Change	No Change

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Policy Number	Policy Title	Degree of Change	Description of Change
12.C.	12.C. Early Start Services and Referrals	Moderate	Updated list of services available through the Early Start Program
12.D.	12.D. Early and Periodic Screening, Diagnosis and Treatment	No Change	No Change
12.E.	12.E. Genetically Handicapped Persons Program	Minor	Updated phone number for DHCS GHPP
12.F.	12.F. In-Home Supportive Services	Moderate	Clarified Plan reporting requirements, and that IHSS hours are no longer shared through the secure Provider portal
12.G.	12.G. Organ Transplant	Moderate	Removed process for IPA to refer to IEHP any potential transplant candidate
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	No Change	No Change
12.K.1.	12.K.1. Behavioral Health - Behavioral Health Services	No Change	No Change
12.K.2.	12.K.2. Behavioral Health - Substance Use Treatment Services	Minor	Updated name for San Bernardino Substance Use Disorder Hotline
12.K.3	12.K.3. Behavioral Health - Behavioral Health Treatment	Minor	Updated reference to EPSDT to Medi-Cal for Kids & Teens
12.L.	12.L. Vision Services	Minor	Updated Provider Call Center fax number where vision referrals can be sent
12.L.1.	12.L.1. Vision Services - Vision Exception Request	Minor	Updated Provider Call Center fax number where vision referrals can be sent
12.L.2.	12.L.2. Vision Services - Vision Provider Referrals	No Change	No Change
12.M.	12.M. Developmental Disabilities	No Change	No Change

Policy Number	Policy Title	Degree of Change	Description of Change
12.N.	12.N. Multipurpose Senior Services Program	No Change	No Change
12.O.	12.O. Open Access (Foster Care) Program	Minor	Updated reference to EPSDT to Medi-Cal for Kids & Teens
12.P.	12.P. Home and Community-Based Alternatives Waiver Program	No Change	No Change
12.Q.	12.Q. Medi-Cal Waiver Program	No Change	No Change
13. QUALITY MANAGEMENT			
13.A.	13.A. Quality Studies Medical Records Access	Minor	Updated definition for Delegate
13.B.	13.B. QM Program & 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 Management of Critical Incidents	Moderate	Reduced timeframe to provide information requested by Quality Management from 14 to 7 days.
14. UTILIZATION MANAGEMENT			
14.A	14.A Utilization Management - Delegation and Monitoring **(NCQA)**	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	Moderate	Clarified requirements for authorizing standing referrals
14.A.3.	14.A.3. Review Procedures - Other Health Coverage	No Change	No Change

Policy Number	Policy Title	Degree of Change	Description of Change
14.B.	14.B. Second Opinions	Moderate	Clarified that while Members may seek second opinion from a qualified Provider of their choice, the Provider must be within IEHP or their IPA's network.
14.C.	14.C. Emergency Services	No Change	No Change
14.D.	14.D. Pre-Service Referral Authorization Process	Moderate	Updated list of services that do not require prior authorization.
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
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	Moderate	Clarified length of stay for post-vaginal delivery
14.H.	14.H. Hospice Services	No Change	No Change
14.I.	14.I. My Path Palliative Care Program	Minor	Clarified target population for palliative care program
15. HEALTH EDUCATION			
15.A.	15.A. Health Education	No Change	No Change
15.B.	15.B. Obesity Prevention	Moderate	Updated Member Services contact information and who may conduct program site visits
15.C.	15.C. Asthma Self-Management Program	Moderate	Updated Member Services contact information and who may conduct program site visits
15.D.	15.D. Diabetes Self-Management Program	Minor	

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Policy Number	Policy Title	Degree of Change	Description of Change
15.E.	15.E. Perinatal Program	Moderate	Updated Member Services contact information and who may conduct program site visits. Removed Baby & Me program
15.F.	15.F. Pediatric Health and Wellness	Moderate	Updated Member Services contact information and who may conduct program site visits
15.G.	15.G. Diabetes Prevention Program	Moderate	Updated Member Services contact information and who may conduct program site visits
16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM			
16.A.	16.A. Member Grievance Resolution Process	Moderate	Updated responsibilities of Civil Rights Coordinator
16.B.	16.B. Member Appeal Resolution Process	No Change	No Change
16.C.1.	16.C.1. Dispute and Appeal Resolution Process for Providers - Initial	No Change	No Change
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
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	Moderate	Clarified the Plan's responsibilities after Member's enrollment ceases
17.B.2.	17.B.2. Involuntary Disenrollment From IEHP - Member Status Changes	Moderate	Clarified how final disenrollment decisions are made and executed

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Policy Number	Policy Title	Degree of Change	Description of Change
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
18. PROVIDER NETWORK			
18.A.1.	18.A.1. Primary Care Provider - IPA and Hospital Affiliation	Minor	Included Indian Health Facilities and Tribal Federally Qualified Health Centers to clinic types
18.A.2.	18.A.2. Primary Care Provider - Enrollment Capacity	No Change	No Change
18.B.	18.B. Provider Directory	Minor	Referenced Provider policy for access standards
18.C.	18.C. PCP, Vision and Behavioral Health Provider Network Changes	No Change	No Change
18.D.1.	18.D.1. IPA Reported Changes - PCP Termination **(NCQA)**	No Change	No Change
18.D.2.	18.D.2. IPA Reported Changes - Specialty and Ancillary Provider Termination	Moderate	Clarified consequences for the IPA for non-compliance with regulatory, policy, reporting and audit requirements
18.E.	18.E. Management Services Organization Changes	Moderate	Clarified requirements for DHCS core specialties
18.F.	18.F. Specialty Network Requirements	Moderate	Updated list of Provider resources
18.G.	18.G. Provider Resources	No Change	No Change
18.H.	18.H. Hospital Affiliations	No Change	No Change
18.I.	18.I. Leave of Absence	No Change	No Change
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	Minor	Updated internal contacts at IEHP
18.L.	18.L. Providers Charging Members	No Change	No Change

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Policy Number	Policy Title	Degree of Change	Description of Change
18.M.	18.M. Outsourcing Standards and Requirements	No Change	No Change
18.N.	18.N. IPA Medical Director Responsibilities	Moderate	Clarified IEHP and IPA medical directors per contract with DHCS
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	Clarified that Specialist must respond to a PCP within 48 hours of receiving eConsult
18.Q.	18.Q. Subcontractor Certification Requirement	Moderate	Updated list of information required to disclose ownership or control interest
18.R.	18.R. Indian Health Care	No Change	No Change
18.S.	18.R. Artificial Intelligence (AI) Use in Healthcare Delivery	No Change	No Change
19. FINANCE AND REIMBURSEMENT			
19.A.	19.A. IPA Financial Viability	No Change	No Change
19.A.1	19.A.1 Financial Viability - Network Providers, Subcontractors and Downstream Contractors	Retired	Policy performs financial viability review on risk-bearing organizations
19.B.	19.B. IPA Financial Supervision	No Change	No Change
19.C.	19.C. Pay for Performance (P4P)	No Change	No Change
19.D.	19.D Third-Party Liability	No Change	No Change
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	No Change	No Change
19.G.	19.G. Mininum Medical Loss Ratio	No Change	No Change

Policy Number	Policy Title	Degree of Change	Description of Change
19.H.	19.H Workforce & Quality Incentive Program (WQIP)	No Change	No Change
20. CLAIMS PROCESSING			
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 the different types of audit findings that may result from an audit.
20.E.	20.E. Disputes Between Contracted Relationships	No Change	No Change
20.F.	20.F. Coordination of Benefits	No Change	No Change
20.G.	20.G. Claims and Provider Dispute Reporting	Minor	Updated quarterly report due dates
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	Moderate	Updated to allow for electronic submission of second level appeal
21. ENCOUNTER DATA REPORTING			
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)	Moderate	Updated to describe IPA's responsibility for remediating audit findings

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22. RIGHTS AND RESPONSIBILITIES			
22.A.	22.A. Members' Rights and Responsibilities **(NCQA)**	No Change	No Change
22.B.	22.B. Providers' Rights and Responsibilities	Moderate	Clarified Plan's expectation for timely completion of regulatory trainings and consequence for non-compliance.
23. COMPLIANCE			
23.A.	23.A. Non-Monetary Member Incentive - The California Department of Health Care Services	No Change	No Change
23.B.	23.B. HIPAA Privacy and Security	Moderate	Addressed privacy requirements for reproductive health
23.C.	23.C. Health Care Professional Advice to Members	No Change	No Change
23.D.	23.D. Monitoring of-Subcontractors-and Downstream Subcontractors	Minor	Referenced Executive Compliance Committee's oversight of subcontractors
24. PROGRAM DESCRIPTIONS			
24.A.	24.A. Disability Program Description	Minor	Updated list of avenue by which the Plan communicates with Members with disabilities
24.B.	24.B. Cultural & Linguistic Services Program Description **(NCQA)**	No Change	No Change
24.C.	24.C. Quality Management & Health Equity Transformation Program and Quality Improvement Program Description	Moderate	Updated list of Quality Subcommittees and described their role, structure and function; list of quality studies for 2026
24.D.	24.D. Fraud, Waste and Abuse Program Description	Moderate	Provided greater detail on IEHP Compliance Officer's responsibilities for the Fraud, Waste and Abuse Program.
24.E.	24.E. Compliance Program Description	Moderate	Described the Plan's authority to conduct onsite audits and inspections

Policy Number	Policy Title	Degree of Change	Description of Change
24.F.	24.F. Enhanced Care Management Program Description	No Change	No Change
25. DELEGATION AND OVERSIGHT			
25.A.1.	25.A.1. Delegation Oversight - Delegated Activities	No Change	No Change
25.A.2.	25.A.2. Delegation Oversight - Audit	Moderate	Added Credentialing Must Pass element
25.A.3.	25.A.3. Delegation Oversight - IPA Performance Evaluation	No Change	No Change
25.A.4.	25.A.4. Delegation Oversight - Corrective Action Plan Requirements **(NCQA)**	Moderate	Clarified consequence for failure to submit or implement CAP or ICAPs
25.B.1.	25.B.1. Credentialing Standards - Credentialing Policies	Moderate	Updated criteria for Practitioners and verification timelines; and clarified policy requirements
25.B.2.	25.B.2. Credentialing Standards - Credentialing Committee	No Change	No Change
25.B.3.	25.B.3. Credentialing Standards - Credentialing Verification	Moderate	Updated verification timeline; streamlined to remove acceptable sources; and clarified requirements for verifying sanction and exclusion information
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	Moderate	Described processes for collecting and reviewing Medicare and Medicaid sanctions, exclusions, and license limitations
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

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25.B.8.	25.B.8. Credentialing Standards - Delegation of CR	Substantial	Addressed requirements for credentialing information integrity
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	No Change	No Change
25.C.1.	25.C.1. Care Management - Delegation and Monitoring	Moderate	Updated to include coordination of care for terminated PCPs as an oversight activity
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	No Change	No Change
25.D.2.	25.D.2. Quality Management - Quality Management Program Structure Requirements **(NCQA)**	No Change	No Change
25.E.1.	25.E.1. Utilization Management - Reporting Requirements	Moderate	Specified that reports and file reviews for cancelled referrals will now include voided, withdrawn, and dismissed referrals.
25.E.2.	25.E.2. Utilization Management - Referral and Denial Audits	Substantial	Described UM information integrity audit
26. QUICK REFERENCE			
26.A.	26.A. Quick Reference Guide	Moderate	Updated Member Services Call Center hours, and TTY number