



## DualChoice

2027

### IEHP Provider Policy Procedure Manual

#### IEHP DualChoice

#### 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>             |                                                                     |                  |                                                                                                    |
| 00A.                                | 00A. Manual Overview                                                | NO CHANGE        | No Change                                                                                          |
| 00B.                                | 00B. IEHP Overview                                                  | NO CHANGE        | No Change                                                                                          |
| 00C.                                | 00C. Manual Updates                                                 | MINOR            | Removed Electronic Data Interchange (EDI Manual) from annual Provider Policy and Procedure Manual. |
| <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         | Updated IEHP Committees applicable to D-SNP.                                                       |
| <b>02. COMMITTEE OVERVIEW</b>       |                                                                     |                  |                                                                                                    |
| 02.A.                               | 02.A. Provider Advisory Committee (PAC)                             | MINOR            | Added several provisions that clarify expectations for representation in the committee.            |
| 02.B.                               | 02.B. Quality Management and Health Equity Transformation Committee | NO CHANGE        | No Change                                                                                          |



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| Policy Number                           | Policy Title                                                                | Degree of Change | Description of Change                                                                                           |
|-----------------------------------------|-----------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------|
| 02.C.                                   | 02.C. Peer Review Subcommittee                                              | MINOR            | Changing of terminology, additional clarification of functions.                                                 |
| 02.D.                                   | 02.D. Credentialing Subcommittee                                            | MINOR            | Small changes to phrasing and addition of one sentence for meeting cancellations                                |
| 02.E.                                   | 02.E. Utilization Management (UM) Subcommittee                              | MODERATE         | Requires participation from a BH Medical Director; updated list of IEHP staff participating in UM Subcommittee. |
| 02.F.                                   | 02.F. Pharmacy and Therapeutics Subcommittee                                | NO CHANGE        | No Change                                                                                                       |
| <b>03. ENROLLMENT AND ASSIGNMENT</b>    |                                                                             |                  |                                                                                                                 |
| 03.A.                                   | 03.A. IEHP Service Area                                                     | NO CHANGE        | No Change                                                                                                       |
| 03.B.                                   | 03.B. Primary Care Provider Assignment                                      | NO CHANGE        | No Change                                                                                                       |
| 03.C.                                   | 03.C. Member Identification Cards                                           | NO CHANGE        | No Change                                                                                                       |
| 03.D.                                   | 03.D. Eligible Members                                                      | MINOR            | Updated titles of resources                                                                                     |
| 03.E.                                   | 03.E. Post Enrollment Kit                                                   | MINOR            | Updated the list of documents found within the post-enrollment kits                                             |
| <b>04. ELIGIBILITY and VERIFICATION</b> |                                                                             |                  |                                                                                                                 |
| 04.A.                                   | 04.A. Eligibility Verification                                              | MINOR            | State Automated Eligibility and Verification System (AEVS) website updated.                                     |
| 04.B.1.                                 | 04.B.1. Eligibility Verification Methods - Eligibility Files                | NO CHANGE        | None                                                                                                            |
| 04.B.2.                                 | 04.B.2. Eligibility Verification Methods - Eligibility Verification Options | MINOR            | Automated eligibility verification system (AVES) link updated                                                   |



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| Policy Number                                | Policy Title                                                                                 | Degree of Change | Description of Change                                                                                                                                                                                  |
|----------------------------------------------|----------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                     | SUBSTANTIAL      | IEHP Designated Specialties updated and licensing information removed.                                                                                                                                 |
| 05.A.2.                                      | 05.A.2. Credentialing Standards - Credentialing Committee                                    | MODERATE         | Timeliness definition updated; procedures now require applicants to respond within 30 days. Review responsibility moved to the Quality Management and Health Equity Transformation Committee (QMHETC). |
| 05.A.3.                                      | 05.A.3. Credentialing Standards - Credentialing Verification                                 | SUBSTANTIAL      | Provider licensure, including list of licenses and education and training added.                                                                                                                       |
| 05.A.4.                                      | 05.A.4. Credentialing Standards - Recredentialing Cycle Length                               | MODERATE         | Reinstatement language added to clarify process.                                                                                                                                                       |
| 05.A.5.                                      | 05.A.5. Credentialing Standards - Ongoing Monitoring and Interventions                       | MINOR            | Credentialing designee section updated to include notifying Contract Dept.                                                                                                                             |
| 05.A.6.                                      | 05.A.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights | NO CHANGE        | No changes                                                                                                                                                                                             |
| 05.A.7.                                      | 05.A.7. Credentialing Standards - Assessment of Organizational Providers                     | MODERATE         | CMS Preclusion list added under assessments.                                                                                                                                                           |
| 05.A.8.                                      | 05.A.8. Credentialing Standards - Credentialing Information Integrity                        | NO CHANGE        | No Change                                                                                                                                                                                              |



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| Policy Number                   | Policy Title                                                                            | Degree of Change | Description of Change                                                                                                    |
|---------------------------------|-----------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------|
| 05.A.9.                         | 05.A.9. Credentialing Standards - Delegation of Credentialing                           | MODERATE         | Delegation agreements updates must be made by 07/01/2027, and policy number updated from MA_05A8 to MA_05A9.             |
| 05.A.10.                        | 05.A.10. Credentialing Standards - Identification of HIV/AIDS Specialists               | NO CHANGE        | No Change                                                                                                                |
| 05.B.                           | 05.B. Hospital Privileges                                                               | SUBSTANTIAL      | Added an affiliations section for Specialists and updated the committees for exception reviews.                          |
| <b>06. FACILITY SITE REVIEW</b> |                                                                                         |                  |                                                                                                                          |
| 06.A.                           | 06.A. Facility Site Review and Medical Record Review Survey Requirements and Monitoring | MINOR            | Removal of mentions of outdated resources                                                                                |
| 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                   | MINOR            | Removed responsibilities from the Quality Management Team                                                                |
| 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                                       | MINOR            | Clarified the renewal process for the PA agreements                                                                      |
| 06.G.                           | 06.G. Urgent Care Center Evaluation                                                     | MODERATE         | Revised corrective action for Urgent Care Centers that fall under 80% passing score and expanded the required medication |
| 06.H.                           | 06.H. Interim FSR Monitoring for Primary Care Providers                                 | MINOR            | Clarified the interim FSR requirement                                                                                    |



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| Policy Number                           | Policy Title                                                        | Degree of Change | Description of Change                                                                                                                                         |
|-----------------------------------------|---------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>07. MEDICAL RECORDS REQUIREMENTS</b> |                                                                     |                  |                                                                                                                                                               |
| 07.A.                                   | 07.A. Provider and IPA Medical Records Requirements                 | MINOR            | Updated Documentation Standards section to include assessments and reassessments and the modified the monitoring section for consecutive failed FSRs and MRRs |
| 07.B.                                   | 07.B. Information Disclosure and Confidentiality of Medical Records | NO CHANGE        | No Changes                                                                                                                                                    |
| 07.C.                                   | 07.C. Informed Consent                                              | MINOR            | Updated resource name for Sterilization consent                                                                                                               |
| 07.D.                                   | 07.D. Advance Health Care Directive                                 | NO CHANGE        | No Changes                                                                                                                                                    |
| <b>08. INFECTION CONTROL</b>            |                                                                     |                  |                                                                                                                                                               |
| 08.A.                                   | 08.A. Infection Control                                             | NO CHANGE        | No Changes                                                                                                                                                    |
| <b>09. ACCESS STANDARDS</b>             |                                                                     |                  |                                                                                                                                                               |
| 09.A.                                   | 09.A. Access Standards                                              | MODERATE         | Included a Provider Appointment Availability Section, and minor grammatical and structural policy changes.                                                    |
| 09.B.                                   | 09.B. Missed Appointments                                           | NO CHANGE        | No Change                                                                                                                                                     |
| 09.C.                                   | 09.C. Access to Care for Members with Access and Functional Needs   | MODERATE         | Expanded on VRI services section and updated allowable questions for Service Animals.                                                                         |
| 09.D.                                   | 09.D. Access to Services with Special Arrangements                  | NO CHANGE        | No change                                                                                                                                                     |
| 09.E.                                   | 09.E. Open Access to Obstetrical or Gynecological Services          | MINOR            | Refers Members and Providers to Section 10 for services that can be obtained under this Policy.                                                               |
| 09.F.                                   | 09.F. Cancer Treatment Services                                     | MODERATE         | Specifies additional conditions for Medicare coverage of routine costs associated with clinical trials.                                                       |



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| Policy Number                     | Policy Title                                                                                    | Degree of Change | Description of Change                                                                                                                                                                               |
|-----------------------------------|-------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 09.G.                             | 09.G. Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses | NO CHANGE        | No Change                                                                                                                                                                                           |
| 09.H.1.                           | 09.H.1. Cultural and Linguistic Services - Language Assistance Capabilities                     | MODERATE         | Specified access to telephonic interpretation services , added process for materials needing transcription to an alternative format, and added that language assistance is provided free of charge. |
| 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                                   | MINOR            | Plan auxiliary aid services added.                                                                                                                                                                  |
| 09.I.                             | 09.I. Access to Care During a Federal State or Public Health Emergency                          | NO CHANGE        | No Change                                                                                                                                                                                           |
| 09.J.                             | 09.J. Transgender, Gender or Intersex Cultural Competency Training                              | MINOR            | Updated subcommittee responsible for reviewing grievances data.                                                                                                                                     |
| <b>10. MEDICAL CARE STANDARDS</b> |                                                                                                 |                  |                                                                                                                                                                                                     |
| 10.A.                             | 10.A. Initial Preventive Physical Exam                                                          | NO CHANGE        | No Change                                                                                                                                                                                           |
| 10.B.                             | 10.B. Adult Preventive Services                                                                 | MODERATE         | Requires Providers to provide immunizations according to CDPH recommendations.                                                                                                                      |
| 10.C.                             | 10.C. Initial Health Appointment                                                                | MINOR            | Added effective date with PCP where applicable throughout policy                                                                                                                                    |
| 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                                                             | SUBSTANTIAL      | Outlines Plan responsibility and Member options regarding perinatal and newborn screenings and assessments. Expands standards that Providers may utilize for assessment and intervention.                       |
| 10.D.2.       | 10.D.2. Obstetrical Services - Obstetric Care by Certified Nurse Midwives, License Midwives, and Freestanding Birthing Centers | MODERATE         | Clarifies services within scope of practice for CNMs and LMs; updated definition of freestanding birthing center                                                                                                |
| 10.D.3.       | 10.D.3. Obstetrical Services - PCP Provision of Obstetric Care                                                                 | SUBSTANTIAL      | OB requirements updated                                                                                                                                                                                         |
| 10.E.         | 10.E. Referrals to the Supplemental Food Program for Women, Infants, and Children (WIC)                                        | MINOR            | Updated WIC contact info.                                                                                                                                                                                       |
| 10.F.         | 10.F. Sterilization Services                                                                                                   | MINOR            | Clarifies that consent form PM 330 is no longer accepted and that DHCS 8649 must be used for sterilization procedures.                                                                                          |
| 10.G.         | 10.G. Sexually Transmitted Infection (STI) Services                                                                            | MODERATE         | Recommends consideration of Expedited Partner Therapy for the prevention of STI reinfections.                                                                                                                   |
| 10.H.         | 10.H. HIV Testing and Counseling                                                                                               | NO CHANGE        | No change                                                                                                                                                                                                       |
| 10.I.         | 10.I. Tuberculosis Services                                                                                                    | MINOR            | Specifies the timeframe for reporting confirmed and suspected cases to the County LHD. Clarifies Plan and Provider responsibilities regarding Members to be referred to the LHD for Direct Observation Therapy. |
| 10.J.         | 10.J. Reporting Communicable Diseases to Public Health Authorities                                                             | MINOR            | Specified electronic reporting option for non-urgent conditions. Updated contact information for County LHDs.                                                                                                   |



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| Policy Number       | Policy Title                                                                                   | Degree of Change | Description of Change                                                  |
|---------------------|------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------|
| 10.K.               | 10.K. Family Planning Services                                                                 | MODERATE         | Specifies services covered under the Medi-Cal family planning benefit. |
| 10.L.               | 10.L. Mandatory Elder or Dependent Adult Abuse Reporting                                       | MINOR            | Updated list of information that needs to be included in Abuse Reports |
| 10.M.               | 10.M. Mandatory Domestic Violence Reporting                                                    | MINOR            | Added "Definitions" section for clarity.                               |
| 10.N.               | 10.N. Maternal Mental Health Program                                                           | NO CHANGE        | No Changes                                                             |
| 10.O.               | 10.O. Vision Examination Level Standards                                                       | NO CHANGE        | No Changes                                                             |
| 10.P.               | 10.P. Community Health Worker Services                                                         | NO CHANGE        | No Changes                                                             |
| <b>11. PHARMACY</b> |                                                                                                |                  |                                                                        |
| 11.A.               | 11.A. Formulary Management                                                                     | NO CHANGE        | No Changes                                                             |
| 11.B.               | 11.B. Coverage Determination                                                                   | NO CHANGE        | No Changes                                                             |
| 11.C.               | 11.C. IEHP DualChoice Vaccine Coverage                                                         | NO CHANGE        | No Changes                                                             |
| 11.D.               | 11.D. Claims for Drugs Prescribed or Dispensed by Excluded, Sanctioned and Precluded Providers | NO CHANGE        | No Changes                                                             |
| 11.E.               | 11.E. Pharmacy Access During a Federal Disaster or Other Public Health Emergency Declaration   | NO CHANGE        | No Changes                                                             |
| 11.F.               | 11.F. Medicare - Part B vs D Determination                                                     | NO CHANGE        | No Changes                                                             |
| 11.G.               | 11.G. Coordination of Benefits                                                                 | NO CHANGE        | No Changes                                                             |
| 11.H.               | 11.H. Best Available Evidence (BAE)                                                            | NO CHANGE        | No Changes                                                             |
| 11.I.               | 11.I. Transition Process                                                                       | NO CHANGE        | No Changes                                                             |



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|---------------------------------|---------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11.J.                           | 11.J Pharmacy Access Standards                                | MINOR            | Oversight process updated from "annual basis" to a "quarterly basis."                                                                                                                                                           |
| 11.K.                           | 11.K. Medication Therapy Management Program                   | NO CHANGE        | No Change                                                                                                                                                                                                                       |
| 11.L                            | 11.L Insulin Administration and Diabetic Testing Supplies     | NO CHANGE        | No Change                                                                                                                                                                                                                       |
| 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                                  | SUBSTANTIAL      | Addition of "Monitoring and Oversight" section of the policy. Addition of section under "Member Identification" that lays out how members are considered for the pharmacy lock-in program. care coordination Part D line added. |
| 11.P.                           | 11.P Drug Recall Withdrawal Process                           | NO CHANGE        | No Change                                                                                                                                                                                                                       |
| <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 - Health Risk Assessment | MODERATE         | Added modalities in which Members can be contacted and specified what staff can conduct an HRA.                                                                                                                                 |



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|---------------|--------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12.A.3.       | 12.A.3. Care Management Requirements - Individualized Care Plan    | MODERATE         | Updated program name from ECM like services to California Integrated Care Management (CICM) services. Updated CICM population of focus categories and added the different modalities in which a patient can be contacted. |
| 12.A.4.       | 12.A.4. Care Management Requirements - Interdisciplinary Care Team | MINOR            | removed requirement for ICT reassessment at time of PCP change                                                                                                                                                            |
| 12.A.5.       | 12.A.5. Care Management Requirements - Continuity of Care          | MINOR            | specified type of methods requests can be made for Continuity of Care                                                                                                                                                     |
| 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          | MINOR            | Referred to other policies for LTSS liaison information.                                                                                                                                                                  |
| 12.B.         | 12.B. Multipurpose Senior Services Program                         | NO CHANGE        | no change                                                                                                                                                                                                                 |
| 12.C.         | 12.C. Organ Transplant                                             | MODERATE         | Clarifies that autologous islet cell transplants are not covered.                                                                                                                                                         |
| 12.D.1.       | 12.D.1. Behavioral Health - Behavioral Health Services             | MODERATE         | Specified when no authorization is required for services and removed requirement for providers to submit Coordination of Care Treatment Plan.                                                                             |
| 12.D.2.       | 12.D.2. Behavioral Health - Substance Use Treatment Services       | MINOR            | Updated contact information and removed Web Forms reporting                                                                                                                                                               |
| 12.E.         | 12.E. In-Home Supportive Services                                  | NO CHANGE        | No Changes                                                                                                                                                                                                                |
| 12.F.         | 12.F. Community Based Adult Services                               | MODERATE         | added requirement for emergency remote services and expanded on process for expediting process for existing cases                                                                                                         |



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| 12.G.                             | 12.G. Vision Services                                                                              | MINOR            | Revision of dollar figures under "Vision Benefits..." section                                                                                                                                                                     |
| 12.G.1.                           | 12.G.1. Vision Services - Vision Exception Requests                                                | MODERATE         | Post-Service retrospective review decision time frame updated from 14 calendar days to 30 calendar days.                                                                                                                          |
| 12.G.2.                           | 12.G.2. Vision Services - Vision Provider Referral                                                 | MINOR            | Updated dollar figures.                                                                                                                                                                                                           |
| <b>13. QUALITY MANAGEMENT</b>     |                                                                                                    |                  |                                                                                                                                                                                                                                   |
| 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                            | MINOR            | Updated team name to reflect current state and added another avenue to submit copies.                                                                                                                                             |
| 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                                                                                                                                                                                                                         |
| <b>14. UTILIZATION MANAGEMENT</b> |                                                                                                    |                  |                                                                                                                                                                                                                                   |
| 14.A.                             | 14.A Utilization Management - Delegation and Monitoring                                            | SUBSTANTIAL      | Outlines new requirements regarding reporting of UM rates, information integrity, public access to prior authorization data, and use of Artificial Intelligence. Clarifies Plan vs Delegate responsibilities for vision services. |
| 14.A.1.                           | 14.A.1. Review Procedures - Primary Care Provider Referrals                                        | MINOR            | Updated resources and grammar error corrections                                                                                                                                                                                   |



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|-----------------------------|---------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14.A.2.                     | 14.A.2. Review Procedures - Standing Referral/Extended Access to Specialty Care | NO CHANGE        | No Changes                                                                                                                                                                                                                |
| 14.B.                       | 14.B. Second Opinions                                                           | NO CHANGE        | No Changes                                                                                                                                                                                                                |
| 14.C.                       | 14.C. Emergency Services                                                        | NO CHANGE        | No change                                                                                                                                                                                                                 |
| 14.D.                       | 14.D. Pre-Service Referral Authorization Process                                | MODERATE         | Clarifies that determinations not made/notified within required timeframes are considered adverse decisions subject to an appeal, and that routine mental health services in-network are exempt from prior authorization. |
| 14.E.                       | 14.E. Referral Procedures for Custom Wheelchairs and Powered Mobility Devices   | MINOR            | Updated definition for qualified health care professional for evaluating for DME.                                                                                                                                         |
| 14.F.1.                     | 14.F.1. Long Term Care - Custodial Level                                        | MINOR            | Updated contact listing for LTSS liaisons.                                                                                                                                                                                |
| 14.F.2.                     | 14.F.2. Long Term Care - Skilled Level                                          | MODERATE         | Modifies timeframe within which IEHP conducts retrospective review of services. Updated contact information for LTSS liaisons.                                                                                            |
| 14.G.                       | 14.G. Acute Inpatient and Behavioral Health Admission and Concurrent Review     | MINOR            | Revises the timeframe within which IEHP conducts retrospective review of discharges.                                                                                                                                      |
| 14.H.                       | 14.H. Hospice Services                                                          | MODERATE         | Specifies IEHP coverage responsibilities for dual eligible Members residing in SNFs.                                                                                                                                      |
| 14.I.                       | 14.I. Expedited Initial Organization Determinations                             | MODERATE         | Allows IPAs to extend deadlines for initial organization determinations.                                                                                                                                                  |
| <b>15. HEALTH EDUCATION</b> |                                                                                 |                  |                                                                                                                                                                                                                           |
| 15.A.                       | 15.A. Health Education                                                          | NO CHANGE        | No Changes                                                                                                                                                                                                                |



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| 15.B.                                             | 15.B. Obesity Prevention                                                                       | MINOR            | Added purposed for the Program Evaluation                                                          |
| 15.C.                                             | 15.C. IEHP Family Asthma Program                                                               | MINOR            | added purpose for Program Evaluation.                                                              |
| 15.D.                                             | 15.D. Diabetes Self-Management Program                                                         | MODERATE         | Updated program curriculum and added the purpose for the Program Evaluation.                       |
| 15.E.                                             | 15.E. Perinatal Program                                                                        | MINOR            | Added purpose to Program Evaluation and added specificity to the Perinatal Program workshop        |
| 15.F.                                             | 15.F. Diabetes Prevention Program                                                              | NO CHANGE        | No Changes                                                                                         |
| 15.G.                                             | 15.G. Tobacco Cessation Program                                                                | MINOR            | Specified documentation requirements for additional participation in tobacco cessation activities. |
| <b>16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM</b> |                                                                                                |                  |                                                                                                    |
| 16.A.                                             | 16.A. Member Grievance Resolution Process                                                      | MINOR            | CMS attachment title updated.                                                                      |
| 16.B.1.                                           | 16.B.1 Member Appeal Resolution Process - Part C (Reconsideration)                             | MINOR            | CMS attachment title updated.                                                                      |
| 16.B.2.                                           | 16.B.2 Member Appeal Resolution Process - Part B and Part D Redeterminations                   | MINOR            | CMS attachment title updated.                                                                      |
| 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                    | MINOR            | Peer Review Committee for grievance/appeal case review removed, CEO role clarified.                |
| 16.C.3.                                           | 16.C.3. Grievance and Appeal Resolution Process for Providers - IPA, Hospital and Practitioner | NO CHANGE        | No change.                                                                                         |
| <b>17. MEMBER TRANSFERS AND DISENROLLMENT</b>     |                                                                                                |                  |                                                                                                    |



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| Policy Number               | Policy Title                                                                | Degree of Change | Description of Change                                                                                                 |
|-----------------------------|-----------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------|
| 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                      | MINOR            | Position titles updated to reflect current state                                                                      |
| 17.B.1.                     | 17.B.1. Disenrollment from IEHP - Voluntary                                 | NO CHANGE        | No changes                                                                                                            |
| 17.B.2.                     | 17.B.2. Involuntary Disenrollment from IEHP - Member Behavior               | NO CHANGE        | No Change.                                                                                                            |
| 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                                                                                                             |
| <b>18. PROVIDER NETWORK</b> |                                                                             |                  |                                                                                                                       |
| 18.A.1                      | 18.A.1. Primary Care Providers - IPA and Hospital Affiliation               | MINOR            | Policy updated to include two policies to reference for Residency Training Clinics and Rural Clinics.                 |
| 18.A.2.                     | 18.A.2. Primary Care Providers - Enrollment Capacity                        | NO CHANGE        | No Change                                                                                                             |
| 18.B.                       | 18.B. Provider Directory                                                    | MODERATE         | Restructured sections for clarity and grammatical corrections.                                                        |
| 18.C.                       | 18.C. PCP, Vision and Behavior Health Provider Network Changes              | NO CHANGE        | No Change                                                                                                             |
| 18.D.1.                     | 18.D.1. IPA Reported Changes - PCP Termination                              | NO CHANGE        | No Change                                                                                                             |
| 18.D.2.                     | 18.D.2. IPA Reported Changes - Specialty and Ancillary Provider Termination | MODERATE         | Clarifies timeframe in which the IPA is required to notify Members of a specialist or ancillary Provider termination. |



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| Policy Number | Policy Title                                                                       | Degree of Change | Description of Change                                                                                                                                                                                                                                 |
|---------------|------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18.E.         | 18.E. Management Services Organization Changes                                     | NO CHANGE        | No Change                                                                                                                                                                                                                                             |
| 18.F.         | 18.F. Specialty Network Requirements                                               | MODERATE         | Updated the list of core specialties needed for geographic specialty and ratio volume and included the statement for good faith effort to contract with Providers                                                                                     |
| 18.G.         | 18.G. Provider Resources                                                           | SUBSTANTIAL      | This policy received additions to the internal teams listed under the Procedures section. Expanded the Newsletter contents list, as well as IEHP Provider Portal. Resources for Providers list received many additions and a few deletions/movements. |
| 18.H.         | 18.H. Hospital Affiliations                                                        | SUBSTANTIAL      | Revised the options for when the Plan/IPA cannot contract enough PCPs and included IPA requirement for outpatient and inpatient utilization                                                                                                           |
| 18.I.         | 18.I. Leave of Absence                                                             | NO CHANGE        | No Change                                                                                                                                                                                                                                             |
| 18.J.         | 18.J. IEHP Termination of PCPs, Specialist, Vision and Behavioral Health Providers | SUBSTANTIAL      | Specifies Plan responsibilities regarding Provider Exclusions from Medicare and Medi-Cal, Significant Terminations/Block Transfers, and Member notifications for PCP and BH terminations                                                              |
| 18.K.         | 18.K. Hospital Network Participation Standards                                     | MINOR            | Accreditation Commission for Healthcare Inc added under acceptable accreditation.                                                                                                                                                                     |
| 18.L.         | 18.L. Provider Charging Members                                                    | MINOR            | Content rephrased                                                                                                                                                                                                                                     |
| 18.M.         | 18.M. Outsourcing Standards and Requirements                                       | MINOR            | "Outsourcing" changed to "subcontracting"                                                                                                                                                                                                             |
| 18.N.         | 18.N. IPA Medical Director Responsibilities                                        | NO CHANGE        | No Change                                                                                                                                                                                                                                             |



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| Policy Number                        | Policy Title                                                                           | Degree of Change | Description of Change                                                                                                                                                   |
|--------------------------------------|----------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18.O.                                | 18.O. Provider Disruptive Behavior                                                     | NO CHANGE        | No Change                                                                                                                                                               |
| 18.P.                                | 18.P. Virtual Care                                                                     | MODERATE         | Updated the definitions to be alphabetical and included the statement to clarify that the provider-to-provider consultations are not offered for this line of business. |
| 18.P.1.                              | 18.P.1. Virtual Care - eConsult Services                                               | <b>RETIRED</b>   | Service not offered to our Dualchoice line of business and not required.                                                                                                |
| 18.Q.                                | 18.Q Artificial Intelligence (AI) Use in Healthcare Delivery                           | NO CHANGE        | No Change                                                                                                                                                               |
| <b>19. FINANCE AND REIMBURSEMENT</b> |                                                                                        |                  |                                                                                                                                                                         |
| 19.A.                                | 19.A. IPA Financial Viability                                                          | MINOR            | IPA definition added, tangible net equity percentage updated.                                                                                                           |
| 19.B.1                               | 19.B.1 Medicare Capitation - IPA                                                       | NO CHANGE        | No Change                                                                                                                                                               |
| 19.B.2                               | 19.B.2 Medicare Capitation - IEHP Direct Providers                                     | NO CHANGE        | No Change                                                                                                                                                               |
| 19.C.                                | 19.C. IPA Financial Supervision                                                        | NO CHANGE        | No Change                                                                                                                                                               |
| 19.D.                                | 19.D. Pay for Performance (P4P)                                                        | NEW              | NEW                                                                                                                                                                     |
| <b>20. CLAIMS PROCESSING</b>         |                                                                                        |                  |                                                                                                                                                                         |
| 20.A.                                | 20.A. Claims Processing                                                                | NO CHANGE        | No Change                                                                                                                                                               |
| 20.A.1.                              | 20.A.1. Claims Processing - Non-Contracted Providers - Reconsiderations and Appeals    | NO CHANGE        | No Change                                                                                                                                                               |
| 20.A.2.                              | 20.A.2. Claims Processing - Provider Payment Dispute Resolution - Contracted Providers | MINOR            | DHCS 8649 form added under processing documentation for claims.                                                                                                         |
| 20.B.                                | 20.B. Billing of IEHP Members                                                          | NO CHANGE        | No Change                                                                                                                                                               |



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| Policy Number                          | Policy Title                                                                             | Degree of Change | Description of Change                                                                            |
|----------------------------------------|------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------|
| 20.C.                                  | 20.C. Claims Deduction From Capitation - 7 Days Letter                                   | NO CHANGE        | No Change                                                                                        |
| 20.D.                                  | 20.D. Claims and Compliance Audits                                                       | MINOR            | Clarified process for rebuttal review                                                            |
| 20.E.                                  | 20.E. Coordination of Benefits                                                           | MINOR            | Coordination of Benefit definition added to policy.                                              |
| 20.F.                                  | 20.F. Claims and Payment Appeal Reporting                                                | NO CHANGE        | No Change                                                                                        |
| 20.G.                                  | 20.G. Third Party Liability                                                              | MINOR            | Defined delegate and Third Party Liabilities.                                                    |
| <b>21. ENCOUNTER DATA REPORTING</b>    |                                                                                          |                  |                                                                                                  |
| 21.A.                                  | 21.A. Encounter Data Submission Requirements                                             | NO CHANGE        | No Change                                                                                        |
| 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                                                                                        |
| <b>22. RIGHTS AND RESPONSIBILITIES</b> |                                                                                          |                  |                                                                                                  |
| 22.A.                                  | 22.A. Members' Rights and Responsibilities                                               | NO CHANGE        | No Change                                                                                        |
| 22.B.                                  | 22.B. Providers' Rights and Responsibilities                                             | NO CHANGE        | No Change                                                                                        |
| <b>23. COMPLIANCE</b>                  |                                                                                          |                  |                                                                                                  |
| 23.A.                                  | 23.A. Monitoring of First Tier Downstream Entities                                       | MINOR            | Changed language in section A under Definitions to "DualChoice" instead of MA Program or Part D. |
| 23.B.                                  | 23.B. Health Care Professional Advice to Members                                         | MINOR            | RENUMBERED - from MA_23C to MA_23B - Health Care Professional Advice to Members                  |
| <b>24. PROGRAM DESCRIPTIONS</b>        |                                                                                          |                  |                                                                                                  |



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| Policy Number                       | Policy Title                                                                                      | Degree of Change | Description of Change                                                                                                                            |
|-------------------------------------|---------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 24.A.1                              | 24.A.1 IEHP Program Description - Disability Program                                              | MINOR            | RENUMBERED - MA_24A1 - IEHP Program Description - Disability Program                                                                             |
| 24.A.2                              | 24.A.2 IEHP Program Description - Cultural and Linguistically Appropriate Services Program (CLAS) | MINOR            | RENUMBERED - MA_24A2 - IEHP Program Description - Cultural and Linguistically Appropriate Services Program (CLAS)                                |
| 24.A.3                              | 24.A.3 IEHP Program Description - Quality Management and Health Equity Transformation Program     | MODERATE         | Removed mention of Medical Record Review as this does not currently apply to IEHP Covered line of business. RENUMBERED from MA_24C to MA_24A3    |
| 24.A.4                              | 24.A.4 IEHP Program Description - Fraud, Waste, and Abuse Program                                 | MODERATE         | Clarification of Plan and Provider expectations around fraud reporting and prevention, RENUMBERED from MA_24D                                    |
| 24.B.1                              | 24.B.1 Program Requirements - Compliance Program                                                  | MODERATE         | Reframed to clarify Compliance Program expectations for Providers/Contractors, RENUMBERED from MA_24E to MA_24B1                                 |
| 24.B.2                              | 24.B.2 Program Requirements - HIPAA Privacy and Security                                          | SUBSTANTIAL      | Described requirements around substance use disorder treatment records, as well as Confidentiality Statements, RENUMBERED from MA_23B to MA_24B2 |
| <b>25. DELEGATION AND OVERSIGHT</b> |                                                                                                   |                  |                                                                                                                                                  |
| 25.A.1.                             | 25.A.1. Delegation Oversight - Delegated Activities                                               | NO CHANGE        | No Changes                                                                                                                                       |
| 25.A.2.                             | 25.A.2. Delegation Oversight - Audit                                                              | MODERATE         | Delegation requirements updated.                                                                                                                 |
| 25.A.3.                             | 25.A.3. Delegation Oversight - Corrective Action Plan Requirements                                | MODERATE         | CAP/ICAP requirements and approval process updated.                                                                                              |



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| Policy Number | Policy Title                                                                                 | Degree of Change | Description of Change                                                                                                                              |
|---------------|----------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 25.B.1.       | 25.B.1. Credentialing Standards - Credentialing Policies                                     | SUBSTANTIAL      | IEHP Designated Specialties updated and licensing information removed.                                                                             |
| 25.B.2.       | 25.B.2. Credentialing Standards - Credentialing Committee                                    | MINOR            | Clarified the process throughout the policy.                                                                                                       |
| 25.B.3.       | 25.B.3. Credentialing Standards - Credentialing Verification                                 | SUBSTANTIAL      | Updated the DEA Verification status section, removed a portion of the clinical privileges section                                                  |
| 25.B.4.       | 25.B.4. Credentialing Standards - Recredentialing Cycle Length                               | NO CHANGE        | No changes                                                                                                                                         |
| 25.B.5.       | 25.B.5. Credentialing Standards - Ongoing Monitoring and Interventions                       | SUBSTANTIAL      | Adverse event monitoring updated from every (6) months to monthly, Updated verification sources throughout the policy, updated the resource links. |
| 25.B.6.       | 25.B.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights | NO CHANGE        | No changes                                                                                                                                         |
| 25.B.7.       | 25.B.7. Credentialing Standards - Assessment of Organizational Providers                     | MINOR            | organizational provider definition updated.                                                                                                        |
| 25.B.8.       | 25.B.8. Credentialing Standards - Credentialing Information Integrity                        | NEW              | New                                                                                                                                                |
| 25.B.9.       | 25.B.9. Credentialing Standards - Delegation of Credentialing                                | MODERATE         | Formatting and grammatical error corrections, policy number updated from MA_25B8 to MA_25B9                                                        |
| 25.B.10.      | 25.B.10. Credentialing Standards - Identification of HIV/AIDS Specialists                    | MODERATE         | Removed duplicative language, and policy number updated from MA_25B9 to MA_25B10                                                                   |
| 25.B.11.      | 25.B.11. Credentialing Quality Oversight of Delegates                                        | MODERATE         | Updated resource titles, and policy number updated from MA_25B10 to MA_25B11                                                                       |



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| Policy Number              | Policy Title                                                                   | Degree of Change | Description of Change                                                                                                            |
|----------------------------|--------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 25.C.1.                    | 25.C.1. Care Management - Delegation and Monitoring                            | MODERATE         | Specifies Plan review of additional care management activities with respect to CICM and care plan alignment with Member choice.  |
| 25.C.2.                    | 25.C.2. Care Management - Reporting Requirement                                | MINOR            | Updated references to care management logs made available on the IEHP website.                                                   |
| 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 | MINOR            | Removed DHCS mentioned from the policy.                                                                                          |
| 25.E.1.                    | 25.E.1. Utilization Management - Reporting Requirements                        | MODERATE         | Revises the submission deadlines for annually required reporting and monthly reporting of cancelled/dismissed files.             |
| 25.E.2.                    | 25.E.2. Utilization Management - Referral and Denial Audits                    | MODERATE         | Specifies the benchmark below which referral timeliness results are considered non-compliant and will be identified as findings. |
| 25.F.1.                    | 25.F.1. Medicare Reporting Requirements - IEHP DualChoice (HMO D-SNP)          | MINOR            | Updated list of attachments on the website.                                                                                      |
| 25.F.2.                    | 25.F.2. Encounter Data Reporting - IEHP DualChoice Data Sharing Program        | MINOR            | Updated the Dates of Service                                                                                                     |
| <b>26. QUICK REFERENCE</b> |                                                                                |                  |                                                                                                                                  |
| 26.A.                      | 26.A. Quick Reference Guide                                                    | MODERATE         | <b>Updated TTY number and retired a fax number no longer in use</b>                                                              |