



2027

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			
00.A.	00.A. Manual Overview (NCQA)	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.
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	MINOR	Added new and revised Committees or Subcommittees for Providers and/or Members.
02. COMMITTEE OVERVIEW			
02.A.	02.A. Provider Advisory Committee (PAC)	MODERATE	Clarified requirements for Provider representation.
02.B.	02.B. Quality Management and Health Equity Transformation Committee	NO CHANGE	No Change
02.C.	02.C. Peer Review Subcommittee	MODERATE	Clarified the functions of the subcommittee
02.D.	02.D. Credentialing Subcommittee	MINOR	Updated composition of the subcommittee



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Policy Number	Policy Title	Degree of Change	Description of Change
02.E.	02.E. Utilization Management (UM) Subcommittee	MINOR	Updated composition of the subcommittee
02.F.	02.F. Pharmacy and Therapeutics Subcommittee	NO CHANGE	No Change
03. ENROLLMENT AND ASSIGNMENT			
03.A.	03.A. Enrollment and Eligibility	NO CHANGE	No Change
03.B.	03.B. IEHP Covered Enrollment Process	NO CHANGE	No Change
03.C.	03.C. Eligible Members	MINOR	Clarified how and when subscriber's policy is effectuated.
03.D.	03.D. IEHP Service Area	NO CHANGE	No Change
03.E.	03.E. Primary Care Provider Assignment	NO CHANGE	No Change
03.F.	03.F. Member Identification Cards	NO CHANGE	No Change
03.G.	03.G. Post Enrollment Kit	MODERATE	Confirmed that all materials will be translated into threshold languages and made available, upon request, in alternate formats.
03.H.	03.H. Primary Care Provider Auto-Assignment Process	MODERATE	Removed Facility Site Review & Medical Record Review from Provider weighting as these are not required for IEHP Covered line of business.
04. ELIGIBILITY AND VERIFICATION			
04.A.	04.A. Eligibility Verification	MINOR	Updated list of Member information shared with Providers
04.B.	04.B. Member Co-Payments	NO CHANGE	No Change
05. CREDENTIALING AND RECREDENTIALING			
05.A.1.	05.A.1. Credentialing Standards - Credentialing Policies (NCQA)	SUBSTANTIAL	Updated standards for IEHP Designated Specialties



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Policy Number	Policy Title	Degree of Change	Description of Change
05.A.2.	05.A.2. Credentialing Standards - Credentialing Committee (NCQA)	MODERATE	Updated definition for verification timeliness, and timeline for notifying applicants of committee decision.
05.A.3.	05.A.3. Credentialing Standards - Credentialing Verification	SUBSTANTIAL	Added Provider licensure, including list of licenses and education and training requirements.
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 (NCQA)	MODERATE	Updated verification sources and clarified process for reviewing for adverse events
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	MODERATE	Described process for screening for CMS Preclusion List
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	MODERATE	Clarified expectations for information integrity
05.A.10.	05.A.10. Credentialing Standards - Credentialing Information Integrity (NCQA)	NO CHANGE	No Change
05.B.	05.B. Hospital Privileges	SUBSTANTIAL	Updated process expectations for Hospitals/Delegates
06. FACILITY SITE REVIEW			
06.A	06.A. Facility Site Review and Medical Record Review Survey Requirements and Monitoring	SUBSTANTIAL	Medical Record Reviews have been removed from the policy.



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Policy Number	Policy Title	Degree of Change	Description of Change
06.B.	06.B. Physical Accessibility Review Survey (PARS)	NO CHANGE	No Change
06.C.	06.C. PCP Sites Denied Participation or Removed from the IEHP Network	SUBSTANTIAL	Removed references to Medical Record Review, which does not currently apply to IEHP Covered line of business.
06.D.	06.D. Residency Teaching Clinics	SUBSTANTIAL	Removed references to Medical Record Review, which does not currently apply to IEHP Covered line of business.
06.E.	06.E. Rural Health Clinics	NO CHANGE	No Change
06.F.	06.F. Advanced Practice Practitioner Requirements	MODERATE	Clarified expectations for review of practice agreements.
06.G.	06.G. Urgent Care Center Evaluation	MODERATE	Clarified reaudit plan for Urgent Care centers that receive a non-passing score of less than 80%.
06.H.	06.H. Interim FSR Monitoring for Primary Care Provider	MODERATE	Removed references to Medical Record Review, which does not currently apply to IEHP Covered line of business.
07. MEDICAL RECORDS REQUIREMENTS			
07.A.	07.A. Provider Medical Record Requirements	SUBSTANTIAL	Removed references to Medical Record Review, which does not currently apply to IEHP Covered line of business.
07.B.	07.B. Information Disclosure and Confidentiality of Medical Records	SUBSTANTIAL	Removed references to Medical Record Review, which does not currently apply to IEHP Covered line of business.
07.C.	07.C. Informed Consent	MODERATE	Clarified the Plan's responsibility to ensure Provider and subcontractor compliance through corrective action, penalties and sanctions
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



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Policy Number	Policy Title	Degree of Change	Description of Change
09. ACCESS STANDARDS			
09.A.	09.A. Access Standards (NCQA)	MODERATE	Added contact for referrals to County Behavioral Health department
09.B.	09.B. Missed Appointments	MODERATE	Removed references to Medical Record Review, which does not currently apply to IEHP Covered line of business.
09.C.	09.C. Non-Emergency Medical Transportation	SUBSTANTIAL	Clarified that transportation is not a covered benefit for IEHP Covered Members.
09.D.	09.D. Access to Care for Members with Access and Functional Needs	MODERATE	Described the scope of Plan's responsibility to provide Video Remote Interpreting services
09.E.	09.E. Access to Services with Special Arrangements	MINOR	Clarified access to services without prior authorization if obtained in-network. .
09.F.	09.F. Open Access to Obstetrical or Gynecological Services	MODERATE	Clarifies open access to OB/GYN services within network.
09.G.1.	09.G.1. Cultural and Linguistic Services - Language Assistance Capabilities	MODERATE	Describes process and timeline for IPAs to submit materials for transcription to an alternative format.
09.G.2.	09.G.2. Cultural and Linguistic Services - Non-Discrimination (NCQA)	NO CHANGE	No Change
09.G.3.	09.G.3. Cultural and Linguistic Services - Language Competency Study	NO CHANGE	No Change
09.H.	09.H. Access to Care During a Federal, State or Public Health Emergency	NO CHANGE	No Change
09.I.	09.I. Transgender, Gender or Intersex Cultural Competency Training	MODERATE	Clarified that the Transgender, Gender Diverse, or Intersex (TGI) Cultural Competency Training must be completed within 45 days of being hired.



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Policy Number	Policy Title	Degree of Change	Description of Change
10. MEDICAL CARE STANDARDS			
10.A.	10.A. Initial Health Appointment	SUBSTANTIAL	Removed references to Medical Record Review, which does not currently apply to IEHP Covered line of business.
10.B.	10.B. Adult Preventive Services	NO CHANGE	No Change
10.C.1.	10.C.1. Pediatric Preventive Services - Well Child Visits	MODERATE	Specifies coverage of and Provider documentation responsibilities regarding ACEs screenings for children and adolescents.
10.C.2.	10.C.2. Pediatric Preventive Services - Immunization Services	MODERATE	Updates basis for immunization schedule and recommendations to AAP Periodicity Schedule, as modified or supplemented by CDPH. Specifies immunizations as Pharmacist Covered services.
10.D.1.	10.D.1. Obstetrical Services - Guidelines for Obstetrical Services	SUBSTANTIAL	Expands standards that Providers may utilize for comprehensive risk assessments. Clarifies Plan and Provider responsibilities regarding prenatal and newborn screenings.
10.D.2.	10.D.2. Obstetrical Services - Obstetric Care by Certified Nurse Midwives, LM and Alternative Birthing Centers	MODERATE	Clarifies CNMs and LMs' scope of work regarding abortion services
10.D.3	10.D.3 Obstetrical Services - PCP Provision of Obstetric Care	SUBSTANTIAL	Updated criteria and requirements for PCPs to provide OB care
10.E.	10.E. Sterilization Services	NO CHANGE	No Change
10.F.	10.F. Family Planning Services	MODERATE	Specifies Plan coverage of standard fertility preservation services to treat iatrogenic infertility.
10.G.	10.G. Sexually Transmitted Infection Services	NO CHANGE	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
10.H.	10.H. HIV Testing and Counseling	MINOR	Clarifies Member access to HIV PrEP medications.
10.I.	10.I. Tuberculosis Services	MINOR	Specifies the timeframe for reporting confirmed and suspected cases to the County LHD.
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.
10.K.	10.K. Vision Examination Level Standards	NO CHANGE	No Change
10.L.	10.L. Mandatory Elder or Dependent Adult Abuse Reporting	MINOR	Updated information to include in Abuse Report
10.M.	10.M. Mandatory Child Abuse and Neglect Reporting	NO CHANGE	No Change
10.N.	10.N. Mandatory Domestic Violence Reporting	NO CHANGE	No Change
10.O.	10.O. Maternal Mental Health Program	NO CHANGE	No Change
10. P.	10.P. Doula Services	MODERATE	Revised requirements regarding integration of doulas' documentation into medical records.
11. PHARMACY			
11.A.	11.A. Pharmacy Benefits and Services	MINOR	Updated formulary therapy exceptions
11.B.	11.B. Member Request for Pharmacy Reimbursement - IEHP Covered	NO CHANGE	No Change
11.C.	11.C. Opioid Overutilization Management	MODERATE	Described process for how the Plan monitors and oversees the Delegate's performance of services.
12. COORDINATION OF CARE			
12.A.1.	12.A.1. Care Management Requirements - PCP Role	NO CHANGE	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
12.A.2.	12.A.2. Care Management Requirements - Continuity of Care	NO CHANGE	No Change
12.B.	12.B. Early Start Services and Referrals	MINOR	Clarified services provided through the Early Start Program
12.C.	12.C. Genetically Handicapped Persons Program	MINOR	Updated DHCS -GHPP Contact Information
12.D.	12.D. Organ Transplant	MODERATE	Clarified timeline for referring Members for Major Organ Transplant evaluation.
12.E.	12.E. Complex Case Management	MINOR	Clarified that care plans are updated as needed or at least annually for Members in Complex Case Management.
12.F.	12.F. Dental Services	MINOR	Clarified coverage for routine dental services for children and adolescent Members.
12.G.1	12.G.1 Behavioral Health - Behavioral Health Services	MODERATE	Clarifies which services require prior auth request, and contact information for Providers and Members
12.G.2	12.G.2 - Behavioral Health - Behavioral Health Treatment	NO CHANGE	No Change
12.H.	12.H. Vision Services	NO CHANGE	No Change
12.H.1.	12.H.1. Vision Services - Vision Provider Referrals	NO CHANGE	No Change
12.I.	12.I. Developmental Disabilities	MODERATE	Describes how a Member's developmental disabilities may qualify for Regional Center Services
13. QUALITY MANAGEMENT			
13. A.	13. A. Chaperone Guidance	MODERATE	Expanded on the Providers' responsibility to communicate to patients their chaperone policy



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Policy Number	Policy Title	Degree of Change	Description of Change
13.B.	13.B. Management of Critical Incidents	MODERATE	Updated turnaround time for Provider to give requested information and formatting throughout the policy. Expanded on CI definition
13.C.	13.C. Quality Studies Medical Records Access	NEW	Informs Providers, Delegates and Hospitals of their responsibility to provide the Plan access to Member records for quality studies and other research.
13.D.	13.D. QM Program & Health Equity Transformation Program Overview for Members and Providers	NEW	Describes how the Plan shares with its Members and Providers information on its Quality Management & Health Equity Transformation Program
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	MODERATE	Removed references to Medical Record Review, which does not currently apply to IEHP Covered line of business.
14.A.2.	14.A.2. Review Procedures - Standing Referral/Extended Access to Specialty Care	NO CHANGE	No Change
14.B.	14.B. Second Opinions	MODERATE	Specifies Member responsibility for copayments and coinsurance, and limits for obtaining second opinions in network.
14.C.	14.C. Emergency Services	NO CHANGE	No Change
14.D.	14.D. Pre-Service Referral Authorization Process	MODERATE	Specifies Ancillary Provider requirements for referral submission and Plan process regarding out-of-network referrals.



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Policy Number	Policy Title	Degree of Change	Description of Change
14.E.	14.E. Long Term Care (LTC) - Skilled Level	MODERATE	Specifies coverage limit for skilled level of care. Clarifies that bed holds are not covered.
14.F.	14.F. Acute Inpatient and Behavioral Health Admission and Concurrent Review	MODERATE	Revises the timeframe within which IEHP conducts retrospective review of discharges. Clarifies basis of management of Members requiring detoxification, and basis for concurrent review.
14.G.	14.G. Hospice Services	SUBSTANTIAL	Requires prior authorization for routine hospice services. Updates the life expectancy required for certification of terminal illness.
15. HEALTH EDUCATION			
15.A.	15.A. Health Education	NO CHANGE	No Change
15.B.	15.B. Obesity Prevention	MINOR	Expands on how Program Evaluation outcomes are used by the Plan to improve the program
15.C.	15.C. Asthma Self-Management Program	MINOR	Expands on how Program Evaluation outcomes are used by the Plan to improve the program
15.D.	15.D. Diabetes Self-Management Program	MODERATE	Updated course curriculum and expanded on how Program Evaluation outcomes are used by the Plan to improve the program
15.E.	15.E. Perinatal Program	MINOR	Expands on how Program Evaluation outcomes are used by the Plan to improve the program
15.F.	15.F. Pediatric Health and Wellness	MINOR	Clarified who can conduct the program evaluation
15.G.	15.G. Diabetes Prevention Program	NO CHANGE	No Change
16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM			
16.A.	16.A. Member Grievance Resolution Process	NO CHANGE	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
16.B.	16.B. Member Appeal Resolution Process	MODERATE	Clarifies that Members have the right to request an appeal within 180 calendar days of a denial.
16.C.1.	16.C.1. Grievance and Appeal Resolution Process for Providers - Initial	NEW	Describes for IEHP Covered Providers the process for first-level dispute and appeal resolution
16.C.2.	16.C.2. Grievance and Appeal Resolution Process for Providers - Health Plan	NEW	Describes for IEHP Covered Providers the process for second-level dispute and appeal resolution
16.D.	16.D IPA, Hospital and Practitioner Grievance and Appeal Resolution Process	NEW	Describes for IEHP Covered Providers the process for filing appeals and/or grievances
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.	17.B. Episode of Care - Inpatient	NO CHANGE	No Change
18. PROVIDER NETWORK			
18.A.1.	18.A.1. Primary Care Provider - Hospital Affiliation	NO CHANGE	No Change
18.A.2.	18.A.2. Primary Care Provider - Enrollment Capacity	MODERATE	Clarifies how a Provider may request to be excluded from receiving Member choice enrollment.
18.B.	18.B. Provider Directory	MODERATE	Describes Covered California requirements for a centralized provider Directory
18.C.	18.C. PCP, Specialist, Vision and Behavioral Health Provider Network Changes	MODERATE	Requires the Plan to provide advance notice to Covered California in the event of pending network disruptions.
18.D.	18.D. Specialty Network Requirements	NO CHANGE	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
18.E.	18.E. Provider Resources	SUBSTANTIAL	Updated list of resources for Providers and how these may be accessed.
18.F.	18.F. 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.G.	18.G. Leave of Absence	NO CHANGE	No Change
18.H.	18.H. IEHP Termination of PCPs, Specialists, Vision, and Behavioral Health Providers (NCQA)	MODERATE	Revises the timeframes in which IEHP and Delegates must file a Block Transfer and notify Members of a pending significant termination.
18.I.	18.I. Hospital Network Participation Standards	MINOR	Accreditation Commission for Healthcare Inc added under acceptable accreditation.
18.J.	18.J. Provider Disruptive Behavior	NO CHANGE	No Change
18.K.1.	18.K. Virtual Care	SUBSTANTIAL	Explained what Providers are expected to explain to their patients regarding telehealth services
18.K.2.	18.K.1. Virtual Care - eConsult Services	RETIRED	Service not offered to IEHP Covered line of business
18.L.	18.L Artificial Intelligence (AI) Use in Healthcare Delivery	NO CHANGE	No Change
19.CLAIMS PROCESSING			
19.A.	19.A. Claims Processing	NO CHANGE	No Change
19.B.	19.B. Billing of IEHP Members	NO CHANGE	No Change
19.C.	19.C. Claims Deduction From Capitation - 7-Day Letter	NO CHANGE	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
19.D.	19.D. Provider Dispute Resolution Process - Initial Claims Disputes	SUBSTANTIAL	Clarifies process for filing formal written claims payment disputes
19.E.	19.E. Provider Dispute Resolution Process - Health Plan Claims Appeals	NO CHANGE	No Change
19.F.	19.F. Claims and Compliance Audits	NO CHANGE	No Change
19.G.	19.G. Claims and Provider Dispute Reporting	NO CHANGE	No Change
20. ENCOUNTER DATA REPORTING			
20.A.	20.A. Encounter Data Submission Requirements for Directly Contracted Capitated Providers	NO CHANGE	No Change
20.B.	20.B. Health and Human Services Hierarchical Condition Category (HHS-HCC) Risk Adjustment Model	NO CHANGE	No Change
21. RIGHTS AND RESPONSIBILITIES			
21.A	21.A Member Rights and Responsibilities	NO CHANGE	No Change
21.B.	21.B. Providers' Rights and Responsibilities	MINOR	Added Provider's right to communicate complaints, issues or concerns about IEHP.
22. COMPLIANCE			
22.A.	22.A. HIPAA Privacy and Security	NO CHANGE	No Change
22.B.	22.B. Health Care Professional Advice to Members	NO CHANGE	No Change
23. PROGRAM DESCRIPTIONS			
23.A.1	23.A.1. IEHP Program Description - Disability Program	NO CHANGE	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
23.A.2	23.A.2 IEHP Program Description - Cultural and Linguistically Appropriate Services Programs (CLAS) (NCQA)	NO CHANGE	No Change
23.A.3	23.A.3 IEHP Program Description - Quality Management and Quality Improvement Program Description	MODERATE	Removed mention of Medical Record Review as this does not currently apply to IEHP Covered line of business.
23.A.4	23.A.4 IEHP Program Description - Fraud, Waste, and Abuse Program	MODERATE	Clarification of Plan and Provider expectations around fraud reporting and prevention
23.A.5	23.A.5 IEHP Program Description - Utilization Management Program (NCQA)	NO CHANGE	No Change
23.B.1	23.B.1 Program Requirements - Compliance Program	MODERATE	Reframed to clarify Compliance Program expectations for Providers/Contractors
23.B.2	23.B.2 Program Requirements - HIPAA Privacy and Security	SUBSTANTIAL	Described requirements around substance use disorder treatment records, as well as Confidentiality Statements.
24. DELEGATION AND OVERSIGHT			
24.A.1.	24.A.1. Delegation Oversight - Delegated Activities	NO CHANGE	No Change
24.A.2.	24.A.2. Delegation Oversight - Audit	MINOR	Clarified that the Plan does not delegate Compliance, FWA and HIPAA Privacy Programs but expect Delegates to perform specific activities related to this area.
24.A.3.	24.A.3. Delegation Oversight - Corrective Action Plan Requirements (NCQA)	NO CHANGE	No Change
24.B.1.	24.B.1. Credentialing Standards - Credentialing Policies	SUBSTANTIAL	Updated IEHP Designated Specialties updated and licensing information removed.



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Policy Number	Policy Title	Degree of Change	Description of Change
24.B.2.	24.B.2. Credentialing Standards - Credentialing Committee	MINOR	Updated definition for timeliness, and added review of clean files by email
24.B.3.	24.B.3. Credentialing Standards - Credentialing Verification	SUBSTANTIAL	Updated DEA Verification requirements
24.B.4.	24.B.4. Credentialing Standards - Recredentialing Cycle Length	NO CHANGE	No Change
24.B.5.	24.B.5. Credentialing Standards - Ongoing Monitoring and Interventions	MODERATE	Updated monitoring for adverse events monitoring from every 6 months to monthly.
24.B.6.	24.B.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	NO CHANGE	No Change
24.B.7.	24.B.7. Credentialing Standards - Assessment of Organizational Providers	MINOR	Updated definition for Organizational Provider
24.B.8.	24.B.8. Credentialing Standards - Credentialing Information Integrity (NCQA)	NEW	New Policy
24.B.9.	24.B.9. Credentialing Standards - Delegation of Credentialing	SUBSTANTIAL	Outlined requirements for credentialing information integrity
24.B.10.	24.B.10. Credentialing Standards - Identification of HIV/AIDS Specialists	NO CHANGE	No Change
24.B.11	24.B.11. Credentialing Standards - Credentialing Quality Oversight of Delegates (NCQA)	MODERATE	Updated credentialing information guidelines
24.C.1.	24.C.1 Utilization Management - Reporting Requirements	MODERATE	Revises the deadline for monthly submission of files selected for cancellations.



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Policy Number	Policy Title	Degree of Change	Description of Change
24.C.2	24.C.2 Utilization Management - Referral and Denial Audits	MODERATE	Requires Delegates to submit information integrity audit information, and outlines Plan process for validation.
25. QUICK REFERENCE GUIDE			
25.A.	25.A Quick Reference Guide	MODERATE	Updated TTY numbers, and removed a fax number that no longer exists.