



2027

IEHP Provider Policy Procedure Manual
IEHP Medi-Cal
Summary of Changes

Revision Status:

NO CHANGE= No change

MINOR= Minimal changes that have no impact on the content, scope and operation. Rephrase to clarify content.

MODERATE= Procedural and/or operational clarifications of existing processes. Content, scope and operational changes.

SUBSTANTIAL= Significant content, scope and operational changes. Major revisions or a complete rewrite of a policy or reflect changes that affect the Provider or PCP operationally, such as a change to a reporting timeframe or standards.

NEW = Addition of a new policy.

RETIRED = Retirement of a policy.

Policy Number	Policy Title	Degree of Change	Description of Change
00. INTRODUCTION			
00A.	00A. Manual Overview (NCQA)	MINOR	Updated link to DHCS Benefit Manual
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	MODERATE	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. Medi-Cal Enrollment Process	NO CHANGE	No change
03.C.	03.C. Eligible Members	NO CHANGE	No Change
03.D.	03.D. IEHP Service Area	NO CHANGE	No Change
03.E.	03.E. Primary Care Provider Assignment	NO CHANGE	No Change
03.F.	03.F. Member Identification Cards	MINOR	Removed verbiage from the IEHP ID Card section Formatting and grammatical error corrections
03.G.	03.G. Post Enrollment Kit	MINOR	Updated the list of documents found within the post-enrollment kits and added different languages available to members.
03.H.	03.H. Primary Care Provider Auto-Assignment Process	NO CHANGE	No Change
04. ELIGIBILITY AND VERIFICATION			
04.B.1.	04.A. Eligibility Verification	MINOR	State Automated Eligibility and Verification System (AVES) website link updated.
04.B.1.	04.B.1. Eligibility Verification Methods - Eligibility Files	NO CHANGE	No Change
04.B.2.	04.B.2. Eligibility Verification Methods - Eligibility Verification Options	MINOR	State Automated Eligibility and Verification System (AVES) website link updated.
04.C.	04.C. Member Co-Payments	NO CHANGE	No Change
05. CREDENTIALING AND RECREDENTIALING			



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Policy Number	Policy Title	Degree of Change	Description of Change
05.A.1.	05.A.1. Credentialing Standards - Credentialing Policies (NCQA)	NO CHANGE	No Change
05.A.2.	05.A.2. Credentialing Standards - Credentialing Committee (NCQA)	MODERATE	Timeliness definition updated, procedure section updated to include applicant timeframe not to exceed 30 calendar days. Quality Management committee reviewing activities changed to Quality Management and Health Equity Transformation Committee (QMHECTC)
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.
05.A.5.	05.A.5. Credentialing Standards - Ongoing Monitoring and Interventions (NCQA)	SUBSTANTIAL	Policy updated with Credentialing and Peer Review process changes for Medicare/Medicaid Sanctions. Quality Management monitoring updated from every six (6) months to at least monthly.
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	CMS Preclusion list added under assessments.
05.A.8.	05.A.8. Credentialing Standards - Credentialing Information Integrity (NCQA)	NO CHANGE	No Change
05.A.9.	05.A.9. Credentialing Standards - Delegation of Credentialing	MODERATE	Delegation agreements updates must be made by 07/01/2027.
05.A.10.	05.A.10. Credentialing Standards - Identification of HIV_AIDS Specialists	NO CHANGE	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
05.B.	05.B. Hospital Privileges	SUBSTANTIAL	Hospital procedures updated
05.C.	05.C. Provider Screening and Enrollment Requirements	NO CHANGE	No Change
06. FACILITY SITE REVIEW			
06.A.	06.A. Facility Site Review and Medical Record Review Survey Requirements and Monitoring	NO CHANGE	No Change
06.B.	06.B. Physical Accessibility Review Survey (PARS)	MINOR	Expanded on the items reviewed for UCC Providers.
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	MINOR	Clarified what type of IPA
06.E.	06.E. Rural Health Clinics	NO CHANGE	No Change
06.F.	06.F. Advanced Practice Practitioner Requirements	MINOR	Clarified the timeline for PA agreement renewals
06.G.	06.G. Urgent Care Center Evaluation	MODERATE	Revised corrective action for Urgent Care Centers that fall under 80% passing score.
06.H.	06.H. Interim FSR Monitoring for Primary Care Provider	NO CHANGE	No Change
07. MEDICAL RECORDS REQUIREMENTS			
07.A.	07.A. Provider and IPA Medical Record Requirements	MINOR	Updated Documentation Standards section to include assessments and reassessments.
07.B.	07.B. Information Disclosure and Confidentiality of Medical Records	NO CHANGE	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
07.C.	07.C. Informed Consent	MINOR	Updated resource name for Sterilization consent
07.D.	07.D. Advance Health Care Directive	NO CHANGE	No Change
08. INFECTION CONTROL			
08.A.	08.A. Infection Control	NO CHANGE	No Change
09. ACCESS STANDARDS			
09.A.	09.A. Access Standards (NCQA)	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. Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses	MODERATE	Transportation phone number updated.
09.D.	09.D. Access to Care for Members with Access and Functional Needs	MODERATE	Expanded on VRI services section and updated allowable questions for Service Animals
09.E.	09.E. Access to Services with Special Arrangements	NO CHANGE	No change
09.F.	09.F. Open Access to Obstetrical or Gynecological Services	MINOR	Refers Members and Providers to Section 10 for services that can be obtained under this Policy.
09.G.	09.G. Cancer Treatment Services	MODERATE	Specified additional conditions of clinical trials for which treatment may be approved. Updated references to other policies regarding out of network access.
09.H.1.	09.H.1. Cultural and Linguistic Services - Language Assistance Capabilities	NO CHANGE	No Change
09.H.2.	09.H.2. Cultural and Linguistic Services - Language Competency Study	NO CHANGE	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
09.H.3.	09.H.3. Cultural and Linguistic Services - Non-Discrimination (NCQA)	MINOR	Footnotes and references were updated, and the content was reorganized and refined for clarity without altering the original intent.
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 Diverse or Intersex Cultural Competency Training	MINOR	Updated subcommittee responsible for reviewing grievances data
10. MEDICAL CARE STANDARDS			
10.A.	10.A. Initial Health Appointment	MODERATE	Expanded requirement on IHA timeframes
10.B.	10.B. Adult Preventive Services	NO CHANGE	No Change
10.C.1.	10.C.1. Pediatric Preventive Services - Well Child Visits	MODERATE	Following sunset of CHDP, updated Member procedures regarding Children's Presumptive Eligibility (CPE).
10.C.2.	10.C.2. Pediatric Preventive Services - Immunization Services	NO CHANGE	No Change
10.D.	10.D. Obstetrical Services - PCP Role in Care of Pregnant Members	NO CHANGE	No change
10.D.1.	10.D.1. Obstetrical Services - Guidelines for Obstetrical Services	NO CHANGE	No change
10.D.2.	10.D.2. Obstetrical Services - Obstetric Care by Certified Nurse Midwives, LM and Freestanding Birthing Centers	NO CHANGE	No Change
10.D.3	10.D.3 Obstetrical Services - PCP Provision of Obstetric Care	SUBSTANTIAL	OB requirements updated
10.E.	10.E. Referrals to the Supplemental Food Program for Women, Infants, and Children	MINOR	Updated WIC contact info.



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Policy Number	Policy Title	Degree of Change	Description of Change
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.Family Planning Services	NO CHANGE	No Change
10.H.	10.H. Sexually Transmitted Infection Services	MODERATE	Clarifies coverage of treatment for bacterial vaginosis and candidiasis, including Expedited Partner Therapy
10.I.	10.I. HIV Testing and Counseling	NO CHANGE	No Change
10.J.	10.J. 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.K.	10.K. Reporting Communicable Diseases to Public Health Authorities	MINOR	Specified electronic reporting option for non-urgent conditions. Updated contact information for County LHDs.
10.L.	10.L. Vision Examination Level Standards	NO CHANGE	No Changes
10.M.	10.M. Mandatory Elder or Dependent Adult Abuse Reporting	MINOR	updated information to include in Abuse Reports to meet regulatory verbiage
10.N.	10.N. Mandatory Child Abuse and Neglect Reporting	MINOR	Updated signs/symptoms of suspected child abuse or neglect
10.O.	10.O. Mandatory Domestic Violence Reporting	NO CHANGE	No Change
10.P.	10.P. Total Fracture Care	NO CHANGE	No change
10.Q.	10.Q. Maternal Mental Health Program	NO CHANGE	No Change
10.R.	10.R. Personal Care Services and Home Health Care Services	NO CHANGE	No Change
10.S.	10.S. Community Health Worker Services	NO CHANGE	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
10.T.	10.T. Doula Services	MODERATE	Removed requirement to integrate doula documentation into Member's medical record, per regulatory guidance.
10.U.	10.U. Dyadic Services and Family Therapy Benefit	NO CHANGE	No Change
10.V.1	10.V.1 Community Support Services - Transitional Rent	NO CHANGE	No Change
11. PHARMACY			
11.A.	11.A. Pharmacy Benefits and Services	NO CHANGE	No Change
11.B.	11.B. Medical Drug Prior Authorization List (NCQA)	MINOR	Addition of clinical evidence language in Procedures, specifying Annually and within 30 days in advance of updates for Drug prior auth list notifications.
11.C.	11.C. Prior Authorization or Exception Requests for Physician Administered Drugs (NCQA)	NO CHANGE	No Change
12. COORDINATION OF CARE			
12.A.1.	12.A.1. Care Management Requirements - PCP Role	MINOR	added behavioral health services to health education classes PCP is responsible for referring Member to.
12.A.2.	12.A.2. Care Management Requirements - Continuity of Care	MODERATE	Updated Continuity of care processes for Members who join voluntarily and added Continuity of Care process for children receiving hospice care services.
12.A.3.	12.A.3. Care Management Requirements - Health Risk Assessment	NO CHANGE	No Changes
12.B.	12.B. California Children's Services	MODERATE	removed Hospice care services
12.C.	12.C. Early Start Services and Referrals	MINOR	Minor update to services included under program
12.D.	12.D. Early and Periodic Screening, Diagnosis and Treatment	MINOR	updated contact information



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12.E.	12.E. Genetically Handicapped Persons Program	NO CHANGE	No Changes
12.F.	12.F. In-Home Supportive Services	MINOR	updated contact information
12.G.	12.G. Organ Transplant	MODERATE	Clarifies IPA responsibility for complications and care after one (1) year post-transplant.
12.H.	12.H. Community-Based Adult Services	MINOR	Updated footnotes
12.I.	12.I. Complex Case Management	NO CHANGE	No Change
12.J.	12.J. Dental Services	NO CHANGE	No change
12.K.1.	12.K.1. Behavioral Health - Behavioral Health Services	MINOR	updated contact information and updated scenarios when Screening Tool results may be override.
12.K.2.	12.K.2. Behavioral Health - Substance Use Treatment Services	MINOR	updated contact information and updated BH&CM department name to ICM
12.K.3	12.K.3. Behavioral Health - Behavioral Health Treatment	NO CHANGE	No Change
12.L.	12.L. Vision Services	NO CHANGE	No Change
12.L.1.	12.L.1. Vision Services - Vision Exception Request	NO CHANGE	No changes
12.L.2.	12.L.2. Vision Services - Vision Provider Referrals	NO CHANGE	No change
12.M.	12.M. Developmental Disabilities	MINOR	Added and defined need to have a "substantial disability" to qualify for Regional Center services
12.N.	12.N. Multipurpose Senior Services Program	NO CHANGE	No Change
12.O.	12.O. Open Access (Foster Care) Program	SUBSTANTIAL	BU wants to delete a large portion.
12.P.	12.P. Home and Community-Based Alternatives Waiver Program	NO CHANGE	No Change
12.Q.	12.Q. Medi-Cal Waiver Program	MINOR	Updated contact information for Waiver Program



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Policy Number	Policy Title	Degree of Change	Description of Change
13. QUALITY MANAGEMENT			
13.A.	13.A. Quality Studies Medical Records Access	NO CHANGE	No Change
13.B.	13.B. QM Program & Health Equity Transformation Program Overview for Members and Providers	NO CHANGE	No Change
13.C.	13.C. Chaperone Guidance	NO CHANGE	No Change
13.D.	13.D. Reporting Requirements Related to Provider Preventable Conditions	MINOR	Updated team name to reflect current state
13.E	13.E Management of Critical Incidents	NO CHANGE	No Change
14. UTILIZATION MANAGEMENT			
14.A	14.A Utilization Management - Delegation and Monitoring (NCQA)	SUBSTANTIAL	In addition to expanding some existing requirements, outlines new requirements around reporting of UM rates, information integrity, carved-out services, use of Artificial Intelligence, and start of home health care.
14.A.1.	14.A.1. Review Procedures - Primary Care Provider Referrals	MINOR	Updated resources and grammar error corrections
14.A.2.	14.A.2. Review Procedures - Standing Referral/Extended Access to Specialty Care	NO CHANGE	No change
14.A.3.	14.A.3. Review Procedures - Other Health Coverage	MINOR	Wordsmithing/clarifying language regarding required documentation.
14.B.	14.B. Second Opinions	NO CHANGE	No change
14.C.	14.C. Emergency Services	NO CHANGE	No change
14.D.	14.D. Pre-Service Referral Authorization Process	MODERATE	Clarifies that untimely notification of a Member or Provider regarding a denial is considered an adverse determination; therefore, subject to an appeal.



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Policy Number	Policy Title	Degree of Change	Description of Change
14.E.	14.E. Referral Procedures for Powered Mobility Devices	MODERATE	Requires additional responsibilities of the qualified professional evaluating the Member's needs.
14.F.1.	14.F.1. Long Term Care (LTC) - Custodial Level and Intermediate Care Facilities/ Developmentally Disabled (ICF/DD)	NO CHANGE	No change
14.F.2.	14.F.2. Long Term Care (LTC) - Skilled Level	NO CHANGE	No Change
14.G.	14.G. Acute Inpatient Admission and Concurrent Review	MODERATE	Specifies requirements for discharge planning documents. Revises the timeframe within which IEHP conducts retrospective review.
14.H.	14.H. Hospice Services	MODERATE	Specifies concurrent palliative and curative treatment options for Members under 21 years of age, requirements for certification of terminal illness for the initial 90-day benefit period, and IEHP's option to require documentation of medical justification.
14.I.	14.I. My Path Palliative Care Program	NO CHANGE	No change
15. HEALTH EDUCATION			
15.A.	15.A. Health Education	NO CHANGE	No change
15.B.	15.B. Obesity Prevention	MINOR	removed purpose for Program Evaluation.
15.C.	15.C. Asthma Self-Management Program	MODERATE	updated program curriculum/learning lessons and added purpose for the Program Evaluation.
15.D.	15.D. Diabetes Self-Management Program	NO CHANGE	No change
15.E.	15.E. Perinatal Program	NO CHANGE	No change
15.F.	15.F. Pediatric Health and Wellness	NO CHANGE	No change
15.G.	15.G. Diabetes Prevention Program	NO CHANGE	No change
16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM			



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Policy Number	Policy Title	Degree of Change	Description of Change
16.A.	16.A. Member Grievance Resolution Process	MINOR	Changed "English and Spanish" grievance letters to "threshold languages." Removed "right to notify DMHC of their grievance" in section about expedited grievances.
16.B.	16.B. Member Appeal Resolution Process	MINOR	Changed "English" and "Spanish" letters to "In threshold languages." Removed "right to notify DMHC of their appeal" from section about expedited appeals (pg. 8).
16.C.1.	16.C.1. Dispute and Appeal Resolution Process for Providers - Initial	NO CHANGE	No Changes
16.C.2.	16.C.2. Dispute and Appeal Resolution Process for Providers - Health Plan	NO CHANGE	No Changes
16.D.	16.D IPA, Hospital and Practitioner Grievance and Appeal Resolution Process	MINOR	Reduced language for provider appeals.
17. MEMBER TRANSFERS AND DISENROLLMENT			
17.A.1.	17.A.1. Primary Care Providers Transfers - Voluntary	NO CHANGE	No Changes
17.A.2.	17.A.2. Primary Care Providers Transfers - Involuntary	MINOR	IEHP Director title updated,
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 Status Changes	NO CHANGE	No changes.
17.C.	17.C. Loss of Medi-Cal Eligibility - PCP Responsibilities	MINOR	San Bernardino county number updated
17.D.	17.D. Episode of Care - Inpatient	MINOR	Clarify Plan and IPA responsibilities in transitions from FFS, or from loss of eligibility or enrollment.
18. PROVIDER NETWORK			



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Policy Number	Policy Title	Degree of Change	Description of Change
18.A.1.	18.A.1. Primary Care Provider - IPA and Hospital Affiliation	NO CHANGE	No Change
18.A.2.	18.A.2. Primary Care Provider - Enrollment Capacity	MINOR	Reference updates to relevant policies, language clarified.
18.B.	18.B. Provider Directory	MODERATE	Restructured sections for clarity, expanded on information for Providers, and made grammatical corrections.
18.C.	18.C. PCP, Vision and Behavioral Health Provider Network Changes	NO CHANGE	No Change
18.D.1.	18.D.1. IPA Reported Changes - PCP Termination (NCQA)	NO CHANGE	No Change
18.D.2.	18.D.2. IPA Reported Changes - Specialty and Ancillary Provider Termination	MODERATE	Clarifies timeframe in which the IPA is required to notify Members of a specialist or ancillary Provider termination.
18.E.	18.E. Management Services Organization Changes	MINOR	Added language regarding MSO requirements
18.F.	18.F. Specialty Network Requirements	MODERATE	Updated the list of core specialties needed for geographic speciality
18.G.	18.G. Provider Resources	SUBSTANTIAL	Changed Behavioral Health to Integrated care management in multiple places, as well as Complex Children and Family Services, where applicable. Specify both contracted and non-contracted under provider Experience, removal of vision referrals and behavioral health from that list. Secure provider Portal updated. Removed COVID-19 list of services. Updated the regulatory training list (mostly removals). Made removals from Pharmacy services list and the Network list.



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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	MINOR	Content rephrased
18.J.	18.J. IEHP Termination of PCPs, Specialists, Vision, and Behavioral Health Providers	SUBSTANTIAL	Revises the timeframes by which IEHP must file Block Transfers and notify Members in the event of a significant termination. Specifies Plan responsibilities and procedures for significant terminations and terminations resulting from exclusions.
18.K.	18.K. Hospital Network Participation Standards	MINOR	Accreditation Commission for Healthcare Inc added under acceptable accreditation.
18.L.	18.L. Providers Charging Members	NO CHANGE	No change
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
18.O.	18.O. Provider Disruptive Behavior	MINOR	Clarified language in section 5 of procedures, added language to beginning of Purpose section that explains that this policy supports a culture of caring.
18.P.	18.P. Virtual Care	MINOR	Updated definitions to be alphabetical.
18.P.1.	18.P.1. Virtual Care - eConsult Services	MINOR	Updated definition section and clarified process throughout the policy
18.Q.	18.Q. Subcontractor Certification Requirement	MODERATE	Removed reference to resources that are not readily available to providers.
18.R.	18.R. Indian Health Care	NO CHANGE	No Change
18.S.	18.R. Artificial Intelligence (AI) Use in Healthcare Delivery	NO CHANGE	No Change



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19. FINANCE AND REIMBURSEMENT			
19.A.	19.A. IPA Financial Viability	MINOR	Addition of IBNR/certification, MLR, and clarification of TNE.
19.A.1	19.A.1 Financial Viability - Network Providers, Subcontractors and Downstream Contractors	NO CHANGE	No Changes
19.B.	19.B. IPA Financial Supervision	MINOR	Formatting and grammatical error corrections and updated footnotes.
19.C.	19.C. Pay for Performance (P4P)	NO CHANGE	No Changes
19.D.	19.D Third-Party Liability	NO CHANGE	No Changes
19.E.	19.E. Public and Private Hospital Directed Payment Program	NO CHANGE	No Changes
19.F.	19.F. Medi-Cal Capitation – IPA and IEHP Direct Providers	NO CHANGE	No Changes
19.G.	19.G. Minimum Medical Loss Ratio	NO CHANGE	No Changes
19.H.	19.H Workforce & Quality Incentive Program (WQIP)	NO CHANGE	No Changes
20. CLAIMS PROCESSING			
20.A.	20.A. Claims Processing	NO CHANGE	No Changes
20.B.	20.B. Billing of IEHP Members	NO CHANGE	No Changes
20.C.	20.C. Claims Deduction From Capitation - 7-Day Letter	MODERATE	Removed Written Determinations from documentation requirements, added PDR and "any other info." Added dispute date requirements to section G.
20.D.	20.D. Claims and Compliance Audits	MINOR	Consolidated Provider Manual policy references.
20.E.	20.E. Disputes Between Contracted Relationships	NO CHANGE	No Changes



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20.F.	20.F. Coordination of Benefits	SUBSTANTIAL	Consolidation of Policy lines, with part of it moving to the procedures section. Addition of remittance language to section E of Policy. Removal of sections about Medicare coverage. Addition of post-payment recovery process when OHC is identified. Removal of delegate requirements (Previously section M).
20.G.	20.G. Claims and Provider Dispute Reporting	MINOR	Updated example reporting dates
20.H.	20.H. Provider Dispute Resolution Process - Initial Claims Disputes	SUBSTANTIAL	Addition of new sections pertaining to dispute instructions. Clarification of certain timeframes and processes. Added contact info under section A(d). Addition of language about requesting retro authorizations.
20 H.1	20 H.1 Provider Dispute Resolution Process - Health Plan Claims Appeals	MINOR	Removal sections under "Policy" that cover submission methods for secondary appeals and IEHP review.
21. ENCOUNTER DATA REPORTING			
21.A.	21.A. Encounter Data Submission Requirements	NO CHANGE	No Changes
21.B.	21.B. Encounter Data Submission Requirements for Directly Contracted Capitated Providers	NO CHANGE	No Changes
21.C.	21.C. Medi-Cal Risk Adjustment and Chronic Illness and Disability Payment System (CDPS)	NO CHANGE	No Changes
22. RIGHTS AND RESPONSIBILITIES			
22.A.	22.A. Members' Rights and Responsibilities (NCQA)	NO CHANGE	No Changes
22.B.	22.B. Providers' Rights and Responsibilities	MINOR	Content rephrased



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23. COMPLIANCE			
23.A.	23.A. Non-Monetary Member Incentive - The California Department of Health Care Services	NO CHANGE	No Changes
23.B.	23.B. Health Care Professional Advice to Members	MODERATE	RENUMBERED from MC_23C to MC_23B.
23.C.	23.C. Monitoring of First Tier, Downstream and Related Entities	MODERATE	RENUMBERED -from MC_23D to MC_23C - Monitoring of First Tier, Downstream and Related Entities. Added Restricted Database/List and revised CAP language.
24. PROGRAM DESCRIPTIONS			
24.A.1	24.A.1 IEHP Program Description - Disability Program	MINOR	RENUMBERED - MC_24A1 - IEHP Program Description - Disability Program
24.A.2	24.A.2 IEHP Program Description - Cultural and Linguistically Appropriate Services Program (CLAS) (NCQA)	MINOR	RENUMBERED - MC_24A2 - IEHP Program Description - Cultural and Linguistically Appropriate Services Program (CLAS) (NCQA)
24.A.3	24.A.3 IEHP Program Description - Quality Management and Health Equity Transformation Program	MODERATE	updated the title and positions to reflect the current state, updated committee names and responsibilities. RENUMBERED - MC_24A3 - IEHP Program Description - Quality Management and Health Equity Transformation Program
24.A.4	24.A.4 IEHP Program Description - Fraud, Waste, and Abuse Program	MODERATE	Grammatical and formatting revisions, clarification of processes, and pending clarification of timeframes. RENUMBERED - MC_24A4 - IEHP Program Description - Fraud, Waste, and Abuse Program



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Policy Number	Policy Title	Degree of Change	Description of Change
24.A.5	24.A.5 IEHP Program Description - Enhanced Care Management Program Description_(NCQA)	MINOR	RENUMBERED - MC_24A5 - IEHP Program Description - Enhanced Care Management Program Description_(NCQA)
24.B.1	24.B.1 - Program Requirements - Compliance Program	SUBSTANTIAL	Moved language between sections in Introduction. Removal of CMS training module from Effective Training and Education section. Change in contact information. Removed some references to SIU in the procedures section. RENUMBERED - from MC_24E to MC_24B1 - Program Requirements - Compliance Program
24.B.2	24.B.2 Program Requirements - HIPAA Privacy and Security Program	MODERATE	RENUMBERED from MC_23B to MC_24B2 - Program Requirements - HIPAA Privacy and Security Program. There are also changes to contact information, addition of multiple new provisions, and rewording of the Policy section to align more closely with other lines of business. Clarified that the Plan keeps ten years of records to comply with privacy laws. Added requirements about SUD treatment records.
25. DELEGATION AND OVERSIGHT			
25.A.1.	25.A.1. Delegation Oversight - Delegated Activities	NO CHANGE	No Change
25.A.2.	25.A.2. Delegation Oversight - Audit	MINOR	Delegation requirements updated.
25.A.3.	25.A.3. Delegation Oversight - IPA Performance Evaluation	MINOR	Provider score percentages changed. 2 years: Reduced from 89% to 94.99% to 85%-94.99%. One year: Reduced from 80% - 88.99% to 80% - 84.99%.
25.A.4.	25.A.4. Delegation Oversight - Corrective Action Plan Requirements (NCQA)	SUBSTANTIAL	Delegate Corrective Action Plans (CAP) requirements updated to include delegate responsibilities.



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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	MODERATE	Timeliness definition updated, review of clean files by email added.
25.B.3.	25.B.3. Credentialing Standards - Credentialing Verification	SUBSTANTIAL	DEA Verification requirements updated.
25.B.4.	25.B.4. Credentialing Standards - Recredentialing Cycle Length	NO CHANGE	No Change
25.B.5.	25.B.5. Credentialing Standards - Ongoing Monitoring and Interventions	SUBSTANTIAL	Adverse event monitoring updated from every (6) months to monthly.
25.B.6.	25.B.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	NO CHANGE	No Change
25.B.7.	25.B.7. Credentialing Standards - Assessment of Organizational Providers	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 CR	MODERATE	Delegation agreements updates must be made by 07/01/2027, and policy number updated from MC_25B8 to MC_25B9.
25.B.10.	25.B.10. Credentialing Standards - Identification of HIV/AIDS Specialists	MODERATE	Content rephrased, policy number updated from MC_25B9 to MC_25B10.
25.B.11.	25.B.11 Credentialing Standards - Credentialing Quality Oversight of Delegates	MODERATE	Delegate credentialing information guidelines updated and policy number updated from MC_25B10 to MC_25B11
25.C.1.	25.C.1. Care Management - Delegation and Monitoring	MINOR	Clarified review of follow-up actions taken on care management cases handed off to the IPA.



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Policy Number	Policy Title	Degree of Change	Description of Change
25.C.2	25.C.2 Care Management - Reporting Requirements	NO CHANGE	No Change
25.D.1.	25.D.1. Quality Management - Quality Management Reporting Requirements	NO CHANGE	No Change
25.D.2.	25.D.2. Quality Management - Quality Management Program Structure Requirements (NCQA)	NO CHANGE	No Change
25.E.1.	25.E.1. Utilization Management - Reporting Requirements	MODERATE	Revises the submission deadline for annually required reporting. Adds new category/reasons for denials/approvals to be reported monthly.
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, as well as requirements for Information Integrity audits.
26. QUICK REFERENCE			
26.A.	26.A. Quick Reference Guide	MINOR	Removed reference to a retired fax number.