



Inland Empire Health Plan
2025 IPA Delegation Oversight Audit Tool
Biographical Information

Date of Review:	Surveyor:
Name of IPA:	IPA Code
Address:	
City/State	
Phone:	FAX:
Name of Management Company (if applicable)	
Address:	
City/State:	
Phone:	FAX:
Name of Parent Company (if applicable)	
Address:	
City/State:	
Phone:	FAX:

IPA Contact Personnel	Phone	FAX	E-Mail
IPA Administrator			
Medical Director(s) UM and CM:			
QM Chairperson Contact/Title:			
QM Contact/Title:			
UM Chairperson:			
UM Contact/Title:			
CM Director Contact/Title:			
Claims Director Contact/Title:			
Credentialing Director Contact/Title:			
Provider Relations Contact/Title:			
Grievance and Appeals Primary Contact/Title:			
Compliance Officer:			
Finance Primary Contact/Title:			
IT/EDI Primary Contact/title:			
Privacy Officer:			
Case Management Contact/Title:			



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HEALTH PLAN CONTRACTS/ENROLLMENT		
IPA Total Enrollment in all participating health plans:		
IPA total enrollment for each of the following:		
Commercial:	MediCare:	MediCal:
IPA Enrollment for (insert health plan) for each of the following:		
Commercial:	MediCare:	MediCal:
CONTRACTED PHYSICIANS		