

Element	Regulatory Criteria & Policy	Methodology	Scope	Benchmark	Look-back Period	Data Source	Frequency
Care gap alerts addressed	<p><i>IEHP Provider Policy and Procedure Manual - MA_12A2</i></p> <p><i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	Review of clinical documentation that demonstrates IPA reviewed and discussed all open Care Gaps with Member.	Dual Choice Members with open care gap alerts	≥ 90%	14 Months	Care management clinical documentation	Monthly
Documentation of review of the HRA	<p><i>IEHP Provider Policy and Procedure Manual - MA_12A2</i></p> <p><i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>Review of case notes to show evidence of case manager review of completed HRA with Member Each identified risk in the HRA is addressed within the clinical documentation system including Member's Threshold Language preference and needs.</p> <p>Must demonstrate that HRA was retrieved from either the Provider Portal or SFTP. For example, automatically loaded or manually retrieved.</p>	Dual Choice Members with an initial or a reassessment HRA completed within the Care Management Logs submitted by the IPA and/or other data sources generated by IEHP.	≥ 90%	14 Months	Care management clinical documentation	Monthly
Documentation of 3 attempts (different dates and times) for Member outreach prior to determining Member(s) is unable to reach	<p><i>Core 3.2 Requirement</i></p> <p><i>IEHP Provider Policy and Procedure Manual - MA_12A3</i></p> <p><i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>Review of case notes to identify 3 outreach attempts were made to the Member/Member representative prior to determining Member is unable to reach.</p> <p>All contact attempts of the same type on the same day are considered one attempt.</p>	Dual Choice Members with an initial or a reassessment HRA completed within the past 90 calendar days as identified on the Care Management Logs submitted by the IPA and/or other data sources generated by IEHP.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member contacted per Stratification	<p><i>IEHP Provider Policy and Procedure Manual - MA_12A2</i></p> <p><i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	Review of case notes that demonstrates Member was contacted per stratification/priority level/acuity based on what is written into IPA policies for follow up call frequency.	Dual Choice Members with an initial or a reassessment HRA completed within the past 90 calendar days as identified on the Care Management Logs submitted by the IPA and/or other data sources generated by IEHP.	≥ 90%	13 Months	Care management clinical documentation	Monthly
HRA identified risks and main concerns addressed within ICP	<p><i>IEHP Provider Policy and Procedure Manual - MA_12A2</i></p> <p><i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>Review of Individualized care plan that demonstrates the ICP is Member-specific and outlines how the Member will meet their unique needs including limitations. ICP must be tailored to the individual based on their condition, preferences, risks, strengths and goals.</p> <p>Interventions should be adapted based on Members response to treatment.</p> <p>Member's advanced care directives should be addressed if identified in the HRA review.</p> <p>ICP should be updated based on HRA findings regardless if Member is UTC/declines ICP development</p>	Dual Choice Members with an initial or a reassessment HRA completed within the past 90 calendar days as identified on the Care Management Logs submitted by the IPA and/or other data sources generated by IEHP.	≥ 90%	14 Months	Care management clinical documentation	Monthly
If no HRA is available for review, an assessment is completed with Member in effort to complete/update an ICP	<p><i>IEHP Provider Policy and Procedure Manual - MA_12A2</i></p> <p><i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p><u>For newly enrolled/eligible Members:</u></p> <p>(1) The IPA must continue to outreach to the Member for ICP completion within ninety (90) calendar days of the Member's enrollment date.</p> <p><u>For annual reassessments:</u></p> <p>(1) The IPA must utilize the completed reassessment HRA to update the ICP</p> <p><u>If the Member agrees to an assessment by the IPA, the assessment should include, but not be limited to the following:</u></p> <p>(1) Medi-Cal services the member currently accesses.</p> <p>(2) Any Long-Term Services and Supports (LTSS) needs the member may have or potentially need, utilizing the LTSS questions provided DHCS or similar questions.</p> <p>(3) Populations that may need additional screening or services specific to that population, including dementia and Alzheimer's disease.</p> <p>(4) If a member identifies a caregiver, assessment of caregiver support needs should be included as part of the assessment process. Assessments must directly inform the development of member's Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT).</p> <p>IPA must document review of Provider Portal and/or SFTP to review HRA availability to determine that there was none available.</p> <p>Each identified risk in the assessment is addressed within the clinical documentation system with plans to mitigate within care management plans.</p>	Dual Choice Members without a completed HRA within the lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly

<p>Member is re-stratified for enrollment into the appropriate level of CM program</p>	<p><i>IEHP Provider Policy and Procedure Manual - MA_12A2</i> <i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>Based on their completed HRA, and additional information provided by the Member/Caregiver, data, or Providers, the Member is re-stratified as High, Rising, or Low Risk</p> <p>The IPA must have a process in place to stratify the Members without an HRA by using data that is available to them. If no additional data is available to the IPA, then the IPA should use the stratification level that was assigned to the Member on the daily HRA data transmission on the Provider portal, and/or other IEHP risk stratification designation.</p> <p>If a Member is re-stratified to a lower risk level by the IPA then supporting documentation is required</p>	<p>Dual Choice Members within the lookback period.</p>	<p>≥ 90%</p>	<p>13Months</p>	<p>Care management clinical documentation</p>	<p>Monthly</p>
<p>Care Plan developed with Member, and/or authorized representatives within 90 days of initial enrollment</p>	<p><i>IEHP Provider Policy and Procedure Manual - MA_12A3</i> <i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>Review of case notes to identify opportunity to utilize HRA, clinical information, other available assessments and/or utilization and pharmacy data in development of ICP. If data available, reviewer to ensure there is documentation to support within ICP or there is a documented plan to discuss/address at a future date.</p> <p>Care Plan developed with Member and/or authorized representatives are included in the ICP process per Members preference and approval.</p> <p>In the event there is an IEHP-developed ICP, the IPA is expected to retrieve and review the posted ICP on the secure IEHP Provider Portal to complete and/or update with the Member, and/or authorized representative, making every attempt to complete the ICP within ninety (90) calendar days of enrollment date</p> <p>Successful Member outreach attempt must align with the date of ICP development or documentation must support discrepancies in dates.</p> <p>Has self-management goals according to Member preference.</p>	<p>Newly enrolled Dual Choice Members with an initial care plan developed or required within lookback period.</p>	<p>≥ 90%</p>	<p>13 Months</p>	<p>Care management clinical documentation</p>	<p>Monthly</p>
<p>ICP includes all ICT Members</p>	<p><i>IEHP Provider Policy and Procedure Manual - MA_12A3</i> <i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>Care Plan must include the name and contact information of Member's current assigned care manager, PCP, any specialists and county workers, measurable objectives and timetables to meet needs, barriers, timeframes for reassessment and updates to care plan, care coordination needs and consultation with the Member, PCP, and other members of the ICT, as appropriate.</p>	<p>Dual Choice Members within the lookback period.</p>	<p>≥ 90%</p>	<p>14 Months</p>	<p>Care management clinical documentation</p>	<p>Monthly</p>
<p>Community resources provided to address Member's needs</p>	<p><i>IEHP Provider Policy and Procedure Manual - MA_12A3</i> <i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>The ICP must identify any carved-out services the member needs and how the IPA will facilitate access and document referrals (including at least three (3) outreach attempts), including but not limited to referrals and connections to: Community Based Organizations such as those serving members with disabilities (e.g. independent living centers) and those serving members with dementia (e.g. Alzheimer's organizations)</p> <p>County mental health and substance use disorder services Housing and homelessness providers Community Supports (formerly ILOS) providers in the aligned MCP network 1915(c) waiver programs, MSSP LTSS programs, IHSS and Community-Based Adult Services (CBAS), and including Dental Care Services</p>	<p>Dual Choice Members within the lookback period.</p>	<p>≥ 90%</p>	<p>15 Months</p>	<p>Care management clinical documentation</p>	<p>Monthly</p>
<p>Member provided Health Educational Resources as applicable based on Dx/Disease Process</p>	<p><i>IEHP Provider Policy and Procedure Manual - MA_12A3</i> <i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>Review of clinical documentation that demonstrates Member was provided health educational resources based on their Dx and Disease process as identified through the HRA, claims data, change in condition (ER visit/hospitalization). If IPA does not have internal resources, documentation must demonstrate Health Education referral made to IEHP for support.</p> <p>Resources provided (mailed/emailed) to Member should be offered in their preferred language. Documentation must demonstrate follow up/confirmation of resources provided in a timely mann</p>	<p>Dual Choice Members within the lookback period.</p>	<p>≥ 90%</p>	<p>16 Months</p>	<p>Care management clinical documentation</p>	<p>Monthly</p>

ICP updated based on Member's needs and/or condition	<p>IEHP Provider Policy and Procedure Manual - MA_12A3</p> <p>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</p>	<p>Review of clinical documentation that demonstrates the ICP is updated at least annually, and in the following instances, at minimum:</p> <ul style="list-style-type: none"> A change in the Member's health condition, including but not limited to a change in the level of care; A new problem has been identified with the Member; A goal has changed priority, has been met or is no longer applicable; and ICP is closed or completed 	Dual Choice Members within the lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Medications reviewed and reconciled as needed	<p>IEHP Provider Policy and Procedure Manual - MA_12A3</p> <p>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</p>	<p>Review of clinical documentation that demonstrates IPA reviewed medications prescribed to Member. ICP must include complete and current list of medications. This includes if Member is UTC or declines ICP development.</p> <p>Documentation must state current medications were compared with medication orders to identify and resolve any discrepancies. This includes review of prescribing MD and possible FWA triggers.</p>	Dual Choice Members within the lookback period.	≥ 90%	14 Months	Care management clinical documentation	Monthly
Referrals were coordinated for Members identified for potential Palliative Care Program enrollment	<p>IEHP Provider Policy and Procedure Manual - MA_12A3</p> <p>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</p>	<p>Review of clinical documentation to ensure that Members are appropriately referred for potential Palliative Care Program enrollment.</p>	Dual Choice Members within the lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Care plan developed if a Member is unable to be contacted and/or declined to participate in the care management program or ICP process	<p>IEHP Provider Policy and Procedure Manual - MA_12A3</p> <p>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</p>	<p>If the Member is not successfully contacted, ICPs can be developed without a completed HRA, utilizing data such as utilization and pharmacy data, and/or any other available assessments.</p> <p>The ICP must identify any carved-out services the member needs and how the IPA will facilitate access and document referrals (including at least three (3) outreach attempts), including but not limited to referrals and connections to: Community Based Organizations such as those serving members with disabilities (e.g. independent living centers) and those serving members with dementia (e.g. Alzheimer's organizations)</p> <ul style="list-style-type: none"> County mental health and substance use disorder services Housing and homelessness providers Community Supports (formerly ILOS) providers in the aligned MCP network 1915(c) waiver programs, including MSSP LTSS programs, including IHSS and Community-Based Adult Services (CBAS) Medi-Cal transportation to access Medicare and Medi-Cal services 	Dual Choice Members within the lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
ECM like services provided to Member under the population of focus	<p>IEHP Provider Policy and Procedure Manual - MA_12A3</p> <p>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</p>	<p>Review of clinical documentation that demonstrates ECM-like services were provided to Member under the population of focus:</p> <ol style="list-style-type: none"> Individuals with Serious Mental Health (SMI) Adults living in the community and are at risk for long term care institutionalization Pregnancy, Postpartum and Birth Equity Member's transitioning from long-term facility. <p>Services include:</p> <ol style="list-style-type: none"> Outreach and Engagement Comprehensive Assessment and Care Management Plan Enhanced Coordination of Care Health Promotion Comprehensive Transitional Care Member and Family Supports Coordination of and Referral to Community and Social Support Services 	Dual Choice Members under the ECM Population of focus within the lookback period.	≥ 90%	14 Months	Care management clinical documentation	Monthly
Member and/or authorized representative must be offered the opportunity for face-to-face encounters	<p>IEHP Provider Policy and Procedure Manual - MA_12A3</p> <p>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</p>	<p>Members receiving Enhanced Care Management, Member must be provided, on at least an annual basis, beginning within the first 12 months of enrollment, as feasible and with the enrollee's consent, face-to-face encounters for the delivery of health care or care management and/or care coordination services. The interaction must be between the Member and a representative of the Members ICT, specifically the case management and coordination staff, and/or Members providers.</p> <p>A face-to-face encounter must be either in-person or through a visual, real-time, interactive telehealth encounter.</p> <p>When in-person communication is unavailable or does not meet the needs of the Member, to provide culturally appropriate and accessible communication in accordance with Member choice.</p>	Dual Choice members receiving ECM like services within the lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member and/or their authorized representative was notified of changes made to the ICP and given the opportunity to review and sign the care plan and any amendments	<p>IEHP Provider Policy and Procedure Manual - MA_12A3</p> <p>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</p>	<p>Review of clinical documentation demonstrates the Member and/or representative was allowed to review and sign the ICP.</p> <p>Review of clinical documentation that demonstrates both Member was notified of all changes made to the individualized Care Plan regardless if Member is UTC or declines initial ICP development.</p> <p>A copy of the ICP should be provided if ICP is completed/closed, change in PCP, and if there is a change in condition.</p>	Dual Choice members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Provider was notified of changes made to ICP	<p>IEHP Provider Policy and Procedure Manual - MA_12A3</p> <p>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</p>	<p>Review of clinical documentation that demonstrates Provider was notified of all changes made to the Individualized Care Plan regardless if Member is UTC or declines initial ICP development.</p> <p>A copy of the ICP should be provided if ICP is completed/closed, change in PCP, and if there is a change in condition.</p>	Dual Choice members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member received ICP and additional documents in preferred language	<p>IEHP Provider Policy and Procedure Manual - MA_12A3</p> <p>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</p>	<p>Review of documentation that demonstrates the ICP was provided in Member preferred preference and/or alternative formats, including Member's Threshold Language preference.</p> <p>This includes educational materials and UTC letters.</p>	Dual Choice members with a care plan developed or updated within lookback period.	≥ 90%	14 Months	Care management clinical documentation	Monthly

Member has an Interdisciplinary Care Team based on Member's needs and preferences	<p><i>IEHP Provider Policy and Procedure Manual - MA_1244</i></p> <p><i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>ICT participants are documented within the Medical Management system.</p> <p>At a minimum, the Care Team will consist of the Member and/or Caregiver, Care Manager, and Primary Care Provider, providers of any Medi-Cal services the member is receiving, including LTSS and Community Supports.</p> <p>The ICT must include the member's caregiver and a trained dementia care specialist to the extent possible and as consistent with the member's preferences, as applicable.</p>	Dual Choice within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
ICT case conference completed as appropriate	<p><i>IEHP Provider Policy and Procedure Manual - MA_1244</i></p> <p><i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>Should a need for a formal interdisciplinary case conference be identified, the Member/Caregiver are invited and encouraged to participate. Informally, the Member/Caregiver are informed of ICT participant recommendation during follow-up calls and/or in writing if requested.</p> <p>The ICT reviews Member health care outcomes to determine if adjustments to the ICP should be made to support health care needs. The Care Manager communicates with the appropriate ICT participants when the expected outcomes are not achieved, allowing the ICT participants to recommend changes or adjustments</p>	Dual Choice within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
ICT case conference documentation includes the dates, participants, notes and actions discussed during the ICT including any Member discussions	<p><i>IEHP Provider Policy and Procedure Manual - MA_1244</i></p> <p><i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>Review of notes to ensure documentation of ICT meeting has the discussion of the meeting and attendees. Notes should include follow-up and action items should be addressed until need is met.</p> <p>If the Member does not demonstrate the need for an ICT, there is documentation to support.</p> <p>Documentation must also reflect Member's request to exclude any ICT Members.</p>	Dual Choice members with ICT conducted within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
If the Member does not demonstrate the need for an ICT case conference, there is documentation to support	<p><i>IEHP Provider Policy and Procedure Manual - MA_1244</i></p> <p><i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>Review of notes to ensure documentation is noted when there is no identified need for ICT meeting.</p>	Dual Choice within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Loopback on intervention effectiveness, referrals provided, resources utilized, and appointment assistance	<p><i>IEHP Provider Policy and Procedure Manual - MA_1242</i></p> <p><i>Model of Care (MOC) Program Description: IEHP's DualChoice (D-SNP)</i></p>	<p>Review of clinical documentation that demonstrates all discussion and closing of concerns which includes but is not limited to primary care, specialty care, DME, medications, preventative care, continuity of care referrals, and any other needs.</p> <p>Documentation must state result of referral/appt and that there was follow up communication with Member. This must be demonstrated as progress and implementation into the Care Plan.</p> <p>If Member is UTC/declines, notes and ICP still must use data available to close loop and document progress.</p>	Dual Choice within lookback period.	≥ 90%	14 Months	Care management clinical documentation	Monthly