IPA DELEGATION AGREEMENT – IEHP DUALCHOICE (HMO D_SNP)

The purpose of the following grid is to specify the activities delegated by Inland Empire Health Plan (IEHP) under the Delegation Agreement with respect to: (i) Quality Management and Improvement, (ii) Continuity and Coordination of Care, (iii) Utilization Management, (iv) Care Management, (v) Credentialing and Recredentialing, (vi) Encounter Data, and (vii) Claims Adjudication. All Delegated activities are to be performed in accordance with currently applicable NCQA accreditation standards, CMS Centers for Medicare & Medicaid Services, DHCS regulatory requirements, DMHC regulatory requirements, and IEHP standards, as modified from time to time. Delegate agrees to be accountable for all responsibilities delegated by IEHP and oversight of any sub-delegated activities, except as outlined in the Delegation Agreement. Delegate will submit the reports to IEHP as described in the Required Reporting Elements of the Delegation Agreement to the Delegation Oversight Department through IEHP Secure File Transfer Protocol (SFTP) by no later than the due date specified. The IPA will provide notice of report submission via email to the Provider Services designated contacts. IEHP will oversee the delegate by performing annual audits. In the event deficiencies are identified through this oversight, Delegate will provide a specific corrective action plan acceptable to IEHP. If Delegate does not comply with the corrective action plan within the specified time frame, IEHP will take necessary steps up to and including revocation of delegation in whole or in part. Delegate is free to collect data as needed to perform delegated activities. IEHP will provide Member experience and clinical performance data, upon request.

IEHP DualChoice

REQUIRED REPORTING ELEMENTS

Department	Required Documentation/Materials	Frequency	Submission Deadline	IEHP Contact
Quality Management and Improvement	QM Program Description QM Work Plan	Annually	Feb 15	SFTP Server
	QM Program and Work Plan Evaluation		Feb 28	
	Chronic Care Improvement Program (CCIP) Planning & Reporting Document		Mar 15/Sept 15	

REQUIRED REPORTING ELEMENTS

Department	Required Documentation/Materials	Frequency	Submission Deadline	IEHP Contact
Utilization Management	Monthly Denials and Partial Approvals (Modifications) File Review Monthly Approval File Review Monthly Cancellation File Review Monthly Long-Term Care (LTC) Data Sheet Monthly Second Opinion Tracking Log Standard and Expedited Pre-Service-Organization Determinations Medicare Cancellation Universe Monthly Care Transition Cases Log Monthly Cancellation File Review*	Monthly	15th of each month *Cancellation/Dismissals on the 25th of each month	SFTP Server
	Part C Organization Determinations-Authorizations Quarterly UM Program Annual Evaluation /HICE Report Quarterly UM Work plan Update / Evaluation /HICE Report	Quarterly	May 15 August 15 November 15 February 15	
	Annual UM Program Description Annual UM Workplan/Initial/ ICE Report Annual UM Program Evaluation	Annual	Feb 28	

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REQUIRED REPORTING ELEMENTS

Department	Required Documentation/Materials	Frequency	Submission Deadline	IEHP Contact
Care Management	Monthly Medicare Care Management Log Monthly Medicare Care Plan Outreach Log Monthly Transitions of Care Log	Monthly	15th of each month	SFTP Server
	Number of critical incident and abuse reports for members receiving LTSS	Quarterly	May 13 Aug 15 Nov 15 Jan 15	
	Annual Care Coordinator Training for Supporting Self-Direction		Feb 28	
	Annual Guidelines for Care Management Provider and Internal Staff Training Completion records	Semi-Annual	Month of June	
	CM Data System Validation			
HCI	Annual HCC WorkPlan	Annual	Feb 15	SFTP Server
	MMP Provider Payment Requests (M_Claims) Record Layout/Universe	Monthly	15th of each month	

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REQUIRED REPORTING ELEMENTS

Department	Required Documentation/Materials	Frequency	Submission Deadline	IEHP Contact
Health Services Regulatory Governance (HSRG)	Care Coordinator to Member Ratio	Annual	Jan 15	SFTP Server
Credentialing and Recredentialing	Written and approved Credentialing, Recredentialing, Peer Review policies and Procedures	As Required	Within 30 days of the Credentialing Committee approval or prior to onsite and/or desktop DOA audit	SFTP server and email to CredentialingProfileSubmission@iehp.org
Credentialing and Recredentialing	Approved Delegated practitioners requesting to participate in the IEHP network must be submitted to IEHP, by submitting a current profile, contract (1st and signature pages and any applicable addendums) and W-9.	As Required	After Credentialing Approval	SFTP Server and email to CredentialingProfileSubmission@iehp.org
Credentialing and Recredentialing	Credentialing and Recredentialing activities for approved and terminated practitioners must be submitted to IEHP via IEHP Excel Recred Template identified in the IEHP Provider Manual, 25B – Practitioner Credentialing Requirements.	Quarterly	May 15th August 15th November 15th February 15th By the 15th Quarterly with Committee approval	SFTP Server and email to CredentialingProfileSubmission@iehp.org
Encounter Data	5010 / Encounters	Monthly	1st of each month	SFTP Server

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REQUIRED REPORTING ELEMENTS

Department	Required Documentation/Materials	Frequency	Submission Deadline	IEHP Contact
Claims Adjudication	Monthly Claims Timeliness Reports Monthly Payment Organization Determinations and Reconsiderations (PYMT_C)	Monthly	15th of each month	SFTP Server
	Quarterly Provider Payment Dispute Resolution	Quarterly	April 30 July 31 October 31 January 31	
Compliance	Compliance Program Description and copies of Compliance Training	Annual	As required for DOA	SFTP Server
	Fraud Waste and Abuse (FWA) Program Description and copies of FWA Training	Annual	As required for DOA	
	Sanction/Exclusions Screening Process policies and procedure	Annual	As required for DOA	
	Standards/Code of Conduct	Annual	As required for DOA	
	Compliance Committee Meeting minutes from the last 12 months, to include agenda and sign in sheet (attendance)	Annual	As required for DOA	

REQUIRED REPORTING ELEMENTS

Department	Required Documentation/Materials	Frequency	Submission Deadline	IEHP Contact
	Compliance Organizational Chart	Annual	As required for DOA	
	Annual Compliance Work Plan	Annual	As required for DOA	
	Audit and Monitoring Universe Report	Annual	As required for DOA	
	Annual Audit and Monitoring Plan	Annual	As required for DOA	
	Annual Risk Assessment Report	Annual	As required for DOA	
	Employee Universe Report	Annual	As required for DOA	
	Downstream Entity/Subcontractors Universe Report	Annual	As required for DOA	
	HIPAA Privacy Program Description and copies of HIPAA Training	Annual	As required for DOA	
	Confidentiality Statement	Annual	As required for DOA	
	Privacy Incident Universe Report	Annual	As required for DOA	
Financial Compliance	IEHP Financial Reporting Template	Monthly	15th of every month for the preceding month's activity	SFTP Server

REQUIRED REPORTING ELEMENTS

Department	Required Documentation/Materials	Frequency	Submission Deadline	IEHP Contact
	Balance Sheet, Income Statement, Cash Flow Statement, Supporting Worksheets for IBNR Financial and Organizational Informational Disclosures	Quarterly	May 15 Aug 15 Nov 15 Feb 15	
	Annual Audited Financial Statements, Including IBNR Supporting Worksheets or IBNR Certification	Annual	June 15th	

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Quality Improvement Program Structure (NCQA QI 1 Elements A, B, C, D and E and MA Manual Ch. 5 Section 20)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	The IPA has the QI infrastructure necessary to improve the quality and safety of clinical care and services it provides to its members and to oversee the QI program. A. The QI program description specifies: 1. The QI program structure a. The QI program's functional areas and their responsibilities. b. Reporting relationships of QI Department staff, QI Committee and any subcommittee. c. Resources and analytical support. d. QI activities. e. Collaborative QI activities, if any. f. How the QI and population health management (PHM) programs are related in terms of operations and oversight. 2. Involvement of a designated physician in the QI program. 3. Oversight of QI functions of the organization by the QI Committee. a. The program description defines the role, function and reporting relationships of the QI Committee and subcommittees, including committees associated with oversight of delegated activities.	Semi-Annual and Annual	IPA is not delegated for this function, however IEHP will review the IPA's Policies and Procedures. Semi-Annual review and annually as part of the DOA	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Quality Improvement Program Structure (NCQA QI 1 Elements A, B, C, D and E and MA Manual Ch. 5 Section 20 continued)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	B. The IPA documents and executes a QI annual work plan that reflects ongoing activities throughout the year and addresses: 1. Yearly planned QI activities and objectives that address: a. Quality of clinical care. b. Safety of clinical care. c. Quality of service. d. Members' experience. 2. Time frame for each activity's completion. 3. Staff responsible for each activity. 4. Monitoring previously identified issues. 5. Evaluation of the QI program. C. The IPA conducts an annual written evaluation of the QI program that includes the following information: 1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service. 2. Trending of measures of performance in the quality and safety of clinical care and quality of service. 3. Evaluation of the overall effectiveness of the QI program and its progress toward influencing networkwide safe clinical practices with a summary addressing: a. Adequacy of QI program resources. b. QI Committee and subcommittee structure. c. Practitioner participation and leadership involvement in the QI program. d. Need to restructure or change the QI program for the subsequent year. D. QI Committee Responsibilities: 1. Recommends policy decisions. 2. Analyzes and evaluates the results of QI activities.	Semi-Annual and Annual	IPA is not delegated for this function, however IEHP will review the IPA's Policies and Procedures. Semi-Annual review and Annually as part of the DOA	See Corrective Action Plan (CAP) Requirements in MA_25A3.

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Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Quality Improvement Program Structure (NCQA QI 1 Elements A, B, C, D and E and MA Manual Ch. 5 Section 20 continued)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	3. Ensures practitioner participation in the QI program through planning, design, implementation or review. 4. Identifies needed actions. E. The IPA promotes Organizational Diversity, Equity and Inclusion: 1. Promotes diversity in recruiting and hiring. 2. Offers training to employees on cultural competency, bias or inclusion.	Semi-Annual and Annual	IPA is not delegated for this function, however IEHP will review the IPA's Policies and Procedures. Semi-Annual review and Annually as part of the DOA	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Continuity and Coordination of Medical Care and Continued Access to Care (NCQA QI 3 Element E and NET 4 Elements A and B) California Health & Safety Code 1373.96(b)(1) and (c).	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	The IPA helps with members' transition to other care when their benefit ends, if necessary. The IPA uses information at its disposal to facilitate continuity and coordination of medical care across its delivery system. A. The IPA notifies members affected by the termination of a practitioner or practice group in general, family or internal medicine or pediatrics, at least thirty (30) calendar days prior to the effective termination date and helps them select a new practitioner. B. If a practitioner's contract is discontinued, the IPA allows affected members continued access to the practitioner, as follows: 1. An acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration. Completion of covered services shall be provided for the duration of the acute condition. 2. A serious chronic condition. A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. Completion of covered services shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the health care service plan in consultation with the	Monthly through UM Logs	Annual audit of IPA Policies and Procedures and sample cases	See Corrective Action Plan (CAP) Requirements in MA_25A3.

		enrollee and the terminated provider or nonparticipating provider and consistent with good professional practice. 3. A pregnancy. A pregnancy is the three trimesters of pregnancy and the immediate postpartum period. Completion of covered services shall be provided for the duration of the pregnancy. 4. A terminal illness. A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of covered services shall be provided for the duration of a terminal illness, which may exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a new enrollee. 5. The care of a newborn child between birth and age 36 months. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered enrollee. 6. Performance of a surgery or other procedure that is authorized by the plan as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date or within 180 days of the effective date of coverage for a newly covered enrollee.			

Utilization Management Program Structure (NCQA UM 1 Element A)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	The IPA has a well-structured UM program and makes utilization decisions affecting the health care of members fairly, impartially, and consistently. A. The IPA's UM program description includes all of the following information about the program structure: 1. A written description of the program structure: a. UM Staff's assigned activities. b. UM staff who have the authority to deny coverage. c. Involvement of a designated physician. d. The process for evaluating, approving and revising the UM program, and the staff responsible for each step. e. The UM program's role in the QI program, including how the organization collects UM information and uses it for it for QI activities. f. The IPA's process for handling appeals and making appeal determinations (if applicable). 2. Involvement of a designated senior-level physician in UM program implementation, is actively involved on the organizations UM committee and in UM activities, including implementation supervision, oversight and evaluation of the UM program. 3. The process of the oversight of the UM program by a UM Committee. The committee oversees the UM functions, and annually; a) Evaluates the UM program structure, scope,	Semi-Annual and Annually.	Annual audit of IPA Policies and Procedures, Workplan, Program, and Committee Meetings	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Utilization Management Program Structure (NCQA UM 1 Element A)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	processes and information sources used to determine benefit coverage and medical necessity. b) Reviews UM rates identified in UM 1B-E c) Identified needed actions based on the evaluation. 4. The process for determining which items and services require prior authorization. 5. The process for determining benefit coverage and medical necessity. 6. The information sources used to determine benefit coverage and medical necessity.	Semi-Annual and Annually.	Annual audit of IPA Policies and Procedures, Workplan, Program, and Committee Meetings	See Corrective Action Plan (CAP) Requirements MA_25A3

Utilization Management Structure: Non-Behavioral Healthcare UM Rates (NCQA UM 1 Element B)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	For requests requiring authorization, the IPA annually reports: 1. Overall approval rate.* a. The overall approval rate is the percentage of UM decisions that resulted in an approval. b. The organization uses the following formula: Overall approval rate = (Total number of authorization requests approved/Total number of authorization request decisions)*100. 2. Overall denial rate.* a. The **overall denial rate** is the percentage of UM decisions that resulted in a denial. b. The organization uses the following formula: Overall denial rate = (Total number of authorization requests denied / Total number of authorization request decisions) *100. c. *For factors 3–7,* timeliness of notification includes decision notification time frames and allowable extensions in *UM 5: Timeliness of UM Decisions.* 3. Overall timeliness of notification rate for denials. a. The IPA reports the rates of adherence to the time frames for all four request categories: - Urgent concurrent. - Urgent preservice. - Nonurgent preservice. - Post-service.	Annually.	Annual Review of UM Rates	See Corrective Action Plan (CAP) Requirements in MC_25A4.

		b. The IPA uses the following formula: (Total number of denied requests that met the notification time frame / Total number of UM denial decisions) *100. 4. Timeliness of notification rate for urgent concurrent denials. a. The IPA uses the following formula: (Total number of denied urgent concurrent requests that met the notification time frame / Total number of urgent concurrent denied requests) *100. 5. Timeliness of notification rate for urgent preservice denials. a. The IPA uses the following formula: (Total number of denied urgent preservice requests that met the notification time frame / Total number of urgent preservice denied requests) *100. 6. Timeliness of notification rate for non-urgent preservice denials. a. The organization uses the following formula: (Total number of denied nonurgent preservice requests that met the notification time frame / Total number of nonurgent preservice denied requests) *100. 7. Timeliness of notification rate for post-service denials. a. The IPA uses the following formula:			

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
		(Total number of denied post-service requests that met the notification time frame / Total number of post-service requests denied) *100. *For factors 3–7,* NCQA measures timeliness of notification from the date when the IPA receives the request from the member or the member's authorized representative, even if the IPA does not have all the information necessary to make a decision, to the date when the notice was provided to the member and practitioner, as applicable.			
Utilization Management Structure: Evaluation of UM rates (NCQA UM 1 Element F)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	The IPA annually evaluates the following UM rates, and reports its findings: 1. Non-behavioral healthcare UM rates (Element B).	Annually.	Annual Review of UM Rates	See Corrective Action Plan (CAP) Requirements in MC_25A4.

Clinical Criteria for UM Decisions (NCQA UM 2 Elements A, B and C)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	The IPA applies objective and evidence-based criteria and takes individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services. A. The IPA: 1. Has written UM decision-making criteria that are objective and based on medical evidence. 2. Has written policies for applying the criteria based on individual needs; considers at least the following individual characteristics when applying criteria: a. Age. b. Comorbidities. c. Complications. d. Progress of treatment. e. Psychosocial situation. f. Home environment, when applicable. 3. Has written policies for applying the criteria based on an assessment of the local delivery system. 4. Involves actively participating health care providers in developing, adopting & reviewing criteria. 5. Has criteria or guidelines to be consistent with sound clinical principles and processes. 6. Annually reviews the UM criteria and the procedures for applying them and updates the criteria when appropriate B. The IPA: 1. Makes the UM criteria electronically available to its practitioners upon so they are available at the point of care.	Monthly UM Logs	Annual Audit of IPA Policies and Procedures, Workplan, Program, and Committee Meetings. Monthly log and focused denial file selection review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Clinical Criteria for UM Decisions (NCQA UM 2 Elements A, B and C continued) California Health & Safety Code §1363.5	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	C. At least annually, the IPA: 1. Evaluates the consistency with which health care professionals involved in UM apply criteria in decision making. 2. Acts on opportunities to improve consistency, if applicable.	Monthly UM Logs	Annual Audit of IPA Policies and Procedures, Workplan, Program, and Committee Meetings. Monthly log and focused denial file selection review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

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Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Communication Services (NCQA UM 3 Element A)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	Members and practitioners can access staff to discuss UM issues. A. The IPA provides the following communication services for members and practitioners. 1. Staff are available at least eight (8) hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues. 2. Staff can receive inbound communication regarding UM issues after normal business hours. a. Telephone b. Email c. Fax d. Member web portal 3. Staff are identified by name, title and organization name when initiating or returning calls regarding UM issues. 4. TDD/TTY services for members who need them. 5. The IPA refers members to IEHP who need language assistance to discuss UM issues.	N/A	Annual Audit of IPA Policies and Procedures and Annual Appointment Availability and Access Study Survey	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Appropriate Professionals (NCQA UM 4 Elements A, B, C*and F, MED 9 Element -E, MA Manual Chapter 5, 6, and 11)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	UM decisions are made by qualified health professionals. A. The IPA has written procedures: 1. Requiring appropriately licensed professionals to supervise all medical necessity decisions. 2. Specifying the type of personnel responsible for each level of UM decision making. B. The IPA has a written job description with qualifications for practitioners who review denials for care based on medical necessity. Practitioners are required to have: 1. Education, training, or professional experience in medical or clinical practice 2. A current clinical license to practice or an administrative license to review UM cases. C. The IPA uses a physician or other appropriate practitioner to review any nonbehavioral healthcare denial based on medical necessity*. D. Use of Board-Certified Consultants 1. The IPA has written procedures for using board-certified consultants to assist in making medical necessity determinations. 2. The IPA provides evidence that it uses board-certified consultants for medical necessity determinations. CRITICAL FACTOR. E. The IPA distributes a statement to all members and to all practitioners, providers and employees who make UM decisions, affirming the following:	Monthly UM Logs	Annual audit of IPA Policies and Procedures, Workplan, Program, Committee Meetings and Ownership and Control documentation. Monthly log and focused denial and approval file selection review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Appropriate Professionals (NCQA UM 4 Elements A, B, C*and F, MED 9 Element E, MA Manual Chapter 5, 6, and 11 continued)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual	1. UM decision making is based only on appropriateness of care and service and existence of coverage. 2. The IPA does not specifically reward practitioners or other individuals for issuing denials of coverage. 3. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.	Monthly UM Logs	Annual audit of IPA Policies and Procedures, Workplan, Program, Committee Meetings and Ownership and Control documentation. Monthly log and focused denial and approval file selection review.	See Corrective Action Plan (CAP) Requirements in MA_25A3

Timeliness of UM Decisions (NCQA UM 5 Element A* and 42 CFR 422.568 and 42 CFR 422.572)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	The IPA makes UM decisions in a timely manner to minimize any disruption in the provision of health care. A. The IPA adheres to the following time frames for notification of non-behavioral healthcare UM decisions*: 1. Urgent Concurrent Decisions: The IPA gives electronic or written notification of the decision to practitioners and members within seventy-two (72) hours of the request. 2. Urgent Pre-Service Decisions: The IPA gives electronic or written notification of the decision to practitioners and members within seventy-two (72) hours of the request. 3. Non-Urgent Pre-Service Decisions: The IPA to decision and written notification to be provided to both the member and provider within seven (7) calendar days following the receipt of the service request. **The Requesting Provider must be initially notified of the decision by phone or fax within 24 hours of the decision** 4. Non-Urgent Concurrent Decisions: The IPA gives electronic or written notification of the decision to Practitioners and Members within seventy two (72) hours of the request. 5. Post-Service Decisions: The IPA gives electronic or written notification of the decision to member and practitioners within thirty (30) calendar days calendar days of the request.	Monthly	Annual audit of IPA Policies and Procedures, Workplan, Program, and Committee Meetings. Monthly log and focused denial and approval file selection review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Clinical Information (NCQA UM 6 Element A)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	The IPA uses all information relevant to a member's care when it makes coverage decisions. A. There is documentation that the organization gathers relevant clinical information consistently to support nonbehavioral healthcare UM decision making.	Monthly	Annual audit of IPA Policies and Procedures, Workplan, Program, and Committee Meetings. Monthly log and focused denial and approval file selection review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Denial Notices (NCQA UM 7 Elements A, B*, and C*)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	Members and practitioners receive enough information to help them understand a decision to deny care or coverage and to decide whether to appeal the decision. A. The IPA gives practitioners the opportunity to discuss nonbehavioral healthcare UM denial decisions with a physician or other appropriate reviewer. B. The IPA's written notification of nonbehavioral healthcare denials, provided to members and their treating practitioners, contains the following information*: 1. The specific reasons for the denial, in easily understandable language. 2. A reference to the benefit provision, guideline, protocol, or other similar criterion on which the denial decision is based. 3. A statement that members can obtain a copy of the actual benefit provision, guideline, protocol, or other similar criterion on which the denial decision was based, upon request. C. The IPA's written nonbehavioral healthcare denial notification to members and their treating practitioners contains the following information*: 1. A description of appeal rights, including the right to submit written comments, documents, or other information relevant to the appeal. 2. An explanation of the appeal process, including members' rights to representation and appeal time frames. a. Includes a statement that members may be represented by anyone they choose, including an attorney.	Monthly	Monthly log and focused denial file review and Annual DOA	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Denial Notices (NCQA UM 7 Elements A, B*, and C*)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	b. Provides contact information for the state Office of Health Insurance Consumer Assistance or ombudsperson, if applicable. c. States the time frame for filing an appeal. d. States the organization's time frame for deciding the appeal. e. States the procedure for filing an appeal, including where to direct the appeal and information to include in the appeal. 3. A description of the expedited appeal process for urgent preservice or urgent concurrent denials. The denial notification states: a. The time frame for filing an expedited appeal. b. The IPA's time frame for deciding the expedited appeal. c. The procedure for filing an expedited appeal, including where to direct the appeal and information to include in the appeal. 4. Notification that expedited external review can occur concurrently with the internal appeals process for urgent care.	Monthly	Monthly log and focused denial file review and Annual DOA	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Protecting the Integrity of UM Denial Information (NCQA UM 11, Element A*)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	UM denial information integrity refers to maintaining and safeguarding information used in UM denial decision process (UM 4–UM 7) against inappropriate documentation and updates. The IPA has UM denial information integrity policies and procedures that specify*: 1. The scope of UM information. a) UM requests from members or their authorized representatives. b) UM request receipt date. c) Appropriate practitioner review. d) Use of board-certified consultants. e) Clinical information collected and reviewed. f) UM decision. g) UM decision notification date. h) UM denial notice. The IPA defines the dates of receipt and written notification for UM denial determinations resulting from medical necessity review, consistent with requirements in UM 5. 2. The staff responsible for performing UM activities. The IPA's policies and procedures specify the titles of staff who are: a) Responsible for documenting completion of UM activities. b) Authorized to modify (edit, update, delete) UM information.	Annually, at minimum during DOA.	Focused denial file review and Annual DOA.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

		c) Responsible for oversight of UM information integrity functions, including auditing. 3. The process for documenting updates to UM information. The IPA's policies and procedure: a) Specify when updates to existing UM information is appropriate (e.g., the member sends an updated request or correcting a typographical error). b) Describe the IPA's process for documenting the following when updates are made to UM information: - When (e.g., date and time) the information was updated. - What information was updated. - Why the information was updated. - Staff who updated the information. 4. Inappropriate documentation and updates. The IPA's policies and procedures specify that the following documentation and updates to UM information are inappropriate: a) Falsifying UM dates (e.g., receipt date, UM decision date, notification date). b) Creating documents without performing the required activities.			

		c) Fraudulently altering existing documents (e.g., clinical information, board certified consultant review, denial notices). d) Attributing review to someone who did not perform the activity (e.g., appropriate practitioner review). e) Updates to information by unauthorized individuals. 5. The IPA audits UM staff and the process for documenting and reporting identified information integrity issues. a) Specify that the IPA audits UM staff documentation and updates. - The IPA does not have to include the audit methodology, but must indicate that an annual audit is performed. b) Describe the process for documenting and reporting inappropriate documentation and updates to: - The IPA's designated individual(s) when identified, and - The organization, when the IPA identifies fraud and misconduct. - Specify consequences for inappropriate documentation and updates.			

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Protecting the Integrity of UM Appeal Information (NCQA UM 11 Element B*)	Not Applicable	Appeals is not delegated.			

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Information Integrity Training (NCQA UM 11 Element C)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	The IPA annually trains staff on: 1. Inappropriate documentation and updates. a) The IPA trains UM staff on inappropriate documentation and updates to UM information, as defined in Elements UM 11A and UM 11B, factor 4. 2. IPA audits of staff, documenting and reporting information integrity issues. The organization's training informs UM staff of: a) IPA audits of staff documentation and updates in UM files. b) The process for documenting and reporting inappropriate documentation and updates to: - The IPA's designated individual(s) when identified. - The organization, when the IPA identifies fraud and misconduct. - The consequences for inappropriate documentation and updates.	Annually, at minimum during DOA.	Focused denial file review and Annual DOA.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Audit and Analysis – Denial Information (NCQA UM 11 Element D)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	The IPA annually: 1. Audits for inappropriate documentation and updates to UM denial receipt and notification dates. a) The IPA annually audits for inappropriate documentation and updates (defined in Element A) to: - UM request receipt dates (UM 5). - UM denial decision notification dates (UM 5, UM 7). The IPA defines the dates of receipt and notification for UM denial determinations resulting from medical necessity review, consistent with the requirements in UM 5. The audit universe includes files for UM denial decisions (based on the denial decision notification date) made during the look-back period, whether or not the files were updated. The organization randomly samples and audits 5% or 50 files, whichever is less, from the file universe. The IPA may choose to audit more UM denial files than NCQA requires. The organization provides an auditing and analysis report that includes: a) The report date. b) The title of individuals who conducted the audit.	Annually, at minimum during DOA.	Focused denial file review and Annual DOA.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

		c) The 5% or 50 files auditing methodology. - Auditing period. - File audit universe size (described in the paragraph above). - Audit sample size. d) The audit log (as a referenced attachment). - The file identifier (case number). - The type of dates audited (i.e., receipt date, notification date). - Findings for each file. A rationale for inappropriate documentation or inappropriate updates. e) The number or percentage and total number or percentage of inappropriate findings by date type. The IPA must provide a completed audit report even if no inappropriate documentation and updates were found. 2. Conducts qualitative analysis of inappropriate documentation and updates to UM denial receipt and notification dates. The IPA annually conducts qualitative analysis of each instance of inappropriate documentation and update identified in the audit (factor 1) to determine the cause.			

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
		a) The IPA's auditing and analysis report also includes: - Titles of UM staff involved in the qualitative analysis. - The cause of each finding.			

Improvement Actions – Denial Information (NCQA UM 11 Element E)	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	The IPA: 1. Implements corrective actions to address all inappropriate documentation and updates found in Element D. a) The IPA documents all actions taken or planned, including the time frame for actions, to address all inappropriate documentation and updates (findings) identified in Element D. One action may address more than one finding, if appropriate. Annual trainings (Element C) may not be the only corrective action. b) The IPA identifies the staff (by title) who are responsible for implementing corrective actions. 2. Conducts an audit of the effectiveness of corrective actions (factor 1) on the findings 3–6 months after completion of the annual audit in Element D. a) The IPA audits the effectiveness of corrective actions (factor 1) on findings within 3–6 months of the annual audit completed for Element D. The audit universe includes 3–6 months of UM denial files processed by the IPA since the annual audit completed for Element D. b) The IPA conducts a qualitative analysis if it identifies integrity issues during the follow-up audit.	Annually, at minimum during DOA.	Focused denial file review and Annual DOA.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
		c) The IPA draws conclusions about the actions' overall effectiveness.			
Audit and Analysis – Appeal Information (NCQA UM 11 Element F)	Not Applicable	Appeals is not delegated.			
Improvement Actions – Appeal Information (NCQA UM 11 Element G)	Not Applicable	Appeals is not delegated.			
Emergency Services (NCQA MED 9 Element D)		The IPA's policies and procedures require coverage of emergency services in the following situations: 1. To screen and stabilize the member without prior approval, where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed. 2. If an authorized representative, acting for the organization, authorized the provision of emergency services. 3. To provide post-stabilization care services for the member.			

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Second Opinions AB 12 **California Code, Health and Safety Code - HSC § 1383.15 (f)**	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	Assembly Bill 12 (AB 12) states that there must be a written process to obtain Second Opinion from PCP and Specialist. 1. The IPA allows for a second opinion consultation, when a Member has questions/concerns regarding a diagnosis or plan of treatment, with an appropriately qualified health care provider if requested by the Member, or a health care provider who is treating the Member. The second opinion shall be provided by any provider of the enrollee's choice from one of the IPA's contracted providers within the same or equivalent specialty. Unless the IPA does not have the appropriately qualified heath care provider in-network the delegate shall incur the cost or negotiate the fee arrangements of that second opinion beyond the applicable copayments which shall be paid by the enrollee. with one of the IPA's contracted Providers unless the IPA does not have the appropriately qualified heath care provider in-network. In the event that the services cannot be provided in-network, the IPA must arrange for second opinion out-of-network with the same or equivalent Provider seen in-network.	Monthly	Monthly review of Second Opinion Logs and Annual Audit of IPA Policies and Procedures	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT I: DELINEATION OF QUALITY MANAGEMENT & IMPROVEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Discharge Planning	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	▪ Develop and document program to perform discharge planning functions for ▪ Acute and Skilled Nursing Facility meeting all regulatory and IEHP standards. ▪ Issue timely and appropriate acute facility Detailed Notice of Discharge (DND) letter. ▪ Issue timely and appropriate Skilled Nursing Facility (SNF) and Home Health Agency (HHA) Notice of Medicare Non-coverage (NOMNC) letter.	Monthly	Annual Audit of IPA Policies and Procedures. Monthly log and focused file review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT IV: DELINEATION OF CARE MANAGEMENT

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Guidelines for Care Management	IEHP will provide IPA with guidelines for Policies and Procedures, and guidelines for Care Management Training via IEHP Provider Manual.	The IPA must develop and implement guidelines for Care Management that provides the structure for care management processes and systems that will enable them to provide coordinated care for special needs individuals. The Guidelines for Care Management must include the following elements: ▪ Description of Target Population ▪ Care Management for the Most Vulnerable Subpopulations including California Integrated Care Management (CICM) population of focus. ▪ Staff structure and Care Management Roles ▪ Use of Health Risk Assessment Tool (HRAT) (Provided by Health Plan)	Annually	IPA must demonstrate guidelines for Care Management trainings are conducted annually for personnel and provider network. Submission of documents for training include: ▪ Guidelines for Care	See Corrective Action Plan (CAP) Requirements in MA_25A3.

		▪ Development and essential components of Individualized Care Plan (ICP) ▪ Interdisciplinary Care Team (ICT) ▪ Care Transition Protocols ▪ Provider Network having Specialized Expertise and Use of Clinical Practice Guidelines and Protocols ▪ Guidelines for Care Management **Training for Personnel and Provider Network** ▪ Guidelines for Care Management Quality Performance Improvement Plan ▪ Measurable Goals and Health Outcomes ▪ Measuring Patient Experience of Care (Member Satisfaction) ▪ Ongoing Performance Improvement Evaluation; and ▪ Dissemination of Quality Improvement Performance		Management presentation ▪ Sign in sheet or attestations	
CM 1: Care Management	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	IPAs must submit a monthly care management log that includes the following: 1. Member name (First, Last) 2. Member ID number 3. Date of Birth 4. Case Status (Open or Closed) 5. Case Level 6. Case Open Date 7. Name of Care Coordinator 8. Date of HRA Review 9. Date ICP Created 10. Date ICP Updated 11. Care plan developed/Updated with Member/Authorized Rep Participation 12. Date ICP sent to PCP 13. Date Care Goals Discussed with Member 14. Date of Member Reassessment 15. Last Date of Member Contract 16. Referred to CBAS 17. Referred to county for IHSS 18. Referred to MSSP	Monthly	Annual Audit of IPA Policies and Procedures. Monthly CM log and targeted case file review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

		19. Completion of Annual Cognitive Assessment for Member 65 years and older IPAs must submit a monthly care plan outreach log that includes the following: 7. Member name (First, Last) 8. Member ID number 9. Date of Birth 10. Date of Outreach Attempt 11. Outreach Method 12. Outreach Disposition 13. Care Team Member Title 14. Clinical Care Team Member All Members must have activity that aligns with their assigned stratification. (Sources: Medicare CM Log V2.0 and Att 12- CM Outreach Log V1.0)			
Care Management	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	▪ Delegate should demonstrate care management policies and Program Description with evidence used to develop the program, criteria for identifying Members who are eligible, services offered to Member's, defined program goals, and how case management services are integrated with the services of others involved in the member's care. ▪ Annually assess the characteristics and needs of its member population and relevant subpopulations, Reviews and updates its care management processes to address Member needs, and Reviews and updates its care management resources to address member needs. Delegates must have a policy that describes how D-SNP risk stratification of Member's will account for identified member needs covered by Medi-Cal. At a minimum, this	Monthly	Annual Audit of IPA Policies and Procedures. Monthly CM log review and targeted case file review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Care Management	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	process must include a review of: any available utilization data,~~;~~ any other relevant and available data from delivery systems outside of the managed care plans such as In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), other 1915(c) and home-and community based waiver programs, behavioral health (both mental health and substance use disorder data, if available), and pharmacy data; the results of previously administered Medi-Cal Health Risk Assessments (HRAs), including those completed by IEHP and shared with the Delegate, when available; and any data and risk stratification available through the DHCS Population Health Management Platform. (DHCS-CalAIM-D-SNP-Policy Guide) IEHP is responsible for completing initial and annual reassessment HRAs, however, in the event the Delegate will need to complete an assessment, the assessment must have the following elements: • Medi-Cal services the member currently accesses. • Any Long-Term Services and Supports (LTSS) needs the member may have or potentially need, utilizing the LTSS questions provided the D-SNP Policy Guide or similar questions. • Populations that may need additional screening or services	Monthly	Annual Audit of IPA Policies and Procedures. Monthly CM log review and targeted case file review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Care Management	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	specific to that population, including dementia and Alzheimer's disease. If a member identifies a caregiver, assessment of caregiver support needs should be included as part of the assessment process. HRAs must directly inform the development of member's Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT), per federal requirements. Policy and procedures to demonstrate ICP components that include but are not limited to: Member self-management goals and objectives; the Member's personal healthcare preferences; description of services specifically tailored to the Member's needs; roles of the Members' caregiver(s); and identification of goals met or not met. (CMS Model of Care Chapter 5) When the Member's goals are not met, provide a detailed description of the process employed to reassess the current ICP and determine appropriate alternative actions. (CMS Model of Care Chapter 5) Policy and procedures that demonstrate how both the ICP and ICT meeting will include, to the extent possible, services and providers from the Medi-Cal managed care and carved-out delivery systems, as appropriate for the member and consistent with their preferences. Delegates must encourage participation of both members and primary care providers in development of the ICP and ICT activities. The ICP should be person-centered and informed by the member's HRA and past utilization of both Medicare and	Monthly	Annual Audit of IPA Policies and Procedures. Monthly CM log review and targeted case file review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Care Management	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	Medi-Cal services. One ICP should be used to meet both Medicare and Medi-Cal ICP requirements. To the extent that Medi-Cal and Medicare guidance for ICPs conflict, plans should follow Medicare guidance. The ICP should be developed and updated by, and/or shared with the Member's palliative care team, as appropriate. (DHCS-CalAIM-D-SNP-Policy Guide) Policies and procedures that demonstrate how initial ICPs will be developed within the first 90 days of enrollment, with Member and/or Caregiver(s) participation. If unable to develop ICP within the first 90 days of enrollment due to Member being unwilling or unable to contact, Delegate must clearly document the reason and three (3) outreach attempts to engage, if unable to contact. (DHCS reporting requirement ICP1) Policies and procedures that demonstrate how the ICP must identify any carved-out services the member needs and how the Delegate 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 • County mental health and substance use disorder services • Housing and homelessness providers • Community Supports providers in the aligned MCP network • 1915(c) waiver programs, including MSSP	Monthly	Annual Audit of IPA Policies and Procedures. Monthly CM log review and targeted case file review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Care Management	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	• LTSS programs, including IHSS and Community-Based Adult Services (CBAS) • Medi-Cal transportation to access Medicare and Medi-Cal services. • Denti-Cal services (DHCS-CalAIM-D-SNP-Policy Guide) Policies that explain how D-SNP care coordinators/care managers participating in the ICT must be trained to identify and understand the full spectrum of Medicare and Medi-Cal LTSS programs, including home- and community-based services and long-term institutional care. How the ICT will include providers of any Medi-Cal services the member is receiving, including LTSS and Community Supports. (DHCS-CalAIM-D-SNP-Policy Guide) Irrespective of having a formal Alzheimer's or dementia diagnosis, if the member has documented dementia care needs, including but not limited to: wandering, home safety concerns, poor self-care, behavioral issues, issues with medication adherence, poor compliance with management of co-existing conditions, and/or inability to manage ADLs/IADLS, 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. Policies and procedures that demonstrate how dementia care specialists are trained in understanding Alzheimer's Disease and Related Dementias (ADRD); symptoms and progression; understanding and managing behaviors and	Monthly	Annual Audit of IPA Policies and Procedures. Monthly CM log review and targeted case file review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Care Management	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	communication problems caused by ADRD; caregiver stress and its management; and, community resources for enrollees and caregivers. D-SNPs should leverage available training content from community-based organizations with expertise in serving people with dementia when developing training content for dementia care specialists. Delegate must identify individuals to serve as liaisons for the LTSS provider community to help facilitate member care transitions. These staff must be trained to identify and understand the full spectrum of Medicare and Medi-Cal LTSS, including home- and community-based services and long-term institutional care, including payment and coverage rules. Liaisons for the LTSS provider community should be engaged in the ICT, as appropriate for members accessing those services. It is not required that an LTSS liaison be a licensed position. Delegate must identify these individuals and their contact information in materials for providers and beneficiaries. These ICT members must be included in the development of the member's ICP to the extent possible and as consistent with the member's preference. (DHCS-CalAIM-D-SNP-Policy Guide) • Delegates must have policies and procedures that demonstrates efforts to provide sufficient care management to Members to ensure that Members who would otherwise qualify for Medi-Cal ECM are not adversely impacted by			See Corrective Action Plan (CAP) Requirements in MA_25A3.

		receiving care management exclusively through their D-SNP. • Delegates must engage with each Member who would otherwise qualify for ECM to receive care management primarily through in-person contact. When in-person communication is unavailable or does not meet the needs of the Member, the Delegates must use alternative methods (including innovative use of telehealth) to provide culturally appropriate and accessible communication in accordance with Member choice. (DHCS-CalAIM-D-SNP-Policy Guide)			
Care Management	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	▪ Annually measures the effectiveness of its care management program by using three (3) measures to identify a relevant process or outcome; uses valid methods that provide quantitative results; Sets a performance goal; Clearly identifies measure specifications; Analyzes results; Identifies opportunities for improvement; Implements at least one intervention for each of the three (3) opportunities identified and develops a plan for evaluation of the intervention and re-measurement.	Monthly	Annual Audit of IPA Policies and Procedures. Monthly CM log review and targeted file review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Care Management Care Transitions	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	The IPA makes a special effort to coordinate care when members move from one setting to another, such as when they are discharged from a hospital. ▪ The IPA facilitates safe transitions by identifying transitions, sharing the sending setting's care plan with the receiving setting within one business day of notification of the transition, and notifying the patient's usual practitioner of the transition within twenty-four (24) hours. ▪ The IPA facilitates safe transitions by communicating with the members or responsible party about the care transition process, about the changes to the health status and plan of care within 1-2 business days, not to exceed three business days of notification of a hospital or skilled nursing facility admission and provides a consistent person or unit within the organization who is responsible for supporting the member through transitions. ▪ The IPA annually analyzes its performance on the entire process of managing all care transitions. ▪ The IPA identifies unplanned transitions by reviewing hospital admissions within one business day of admission reports and long-term care facilities within one business day of admission reports. ▪ The IPA minimizes unplanned transitions and works to maintain members in the least restrictive	Monthly	Annual Audit of IPA Policies and Procedures. Monthly CM log review and targeted file review.	See Corrective Action Plan (CAP) Requirements in MA_25A3.
Care Management Care Transitions	IEHP will provide IPA with guidelines for Policies and Procedures via IEHP Provider Manual.	setting possible by analyzing data at least monthly and analyzing rates at least annually of all member admissions to hospitals and ED visits to identify areas for improvement. The IPA also implements at	Monthly	Annual Audit of IPA Policies and Procedures.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

		least one intervention related to the opportunities identified during the analysis of all member admissions to hospitals and ED visits. ▪ Based on the findings from its monthly analysis of data to identify individual members at risk of a transition, the IPA works to reduce unplanned transitions and to maintain members in the least restrictive setting possible by coordinating services for members at high risk of having a transition and educating members or responsible parties about transitions and how to prevent unplanned transitions.		Monthly CM log review and targeted file review.	

ATTACHMENT V: DELINEATION OF CREDENTIALING and RECREDENTIALING

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Credentialing Policies (NCQA CR 1 Element A)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	Delegate has policies and procedures that specify: 1. The types of practitioners it credentials and recredentials. 2. The verification sources it uses. 3. The criteria for credentialing and recredentialing. 4. The process for making credentialing and recredentialing decisions. 5. The process for managing credentialing files that meet the organizations established criteria. 6. The criteria for practitioner sanctions, complaints and other adverse events found during ongoing monitoring that need to be reviewed by the Credentialing Committee or other designated peer-review body. 7. The process for requiring that credentialing and recredentialing are conducted in a nondiscriminatory manner. 8. The process for notifying practitioners if information obtained during the organization's credentialing process varies substantially from the information they provided to the organization.	Annually, at minimum	Annual Audit of Delegate's Policies and Procedures.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Credentialing Policies (NCQA CR 1 Element A continued)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	9. The process for notifying practitioners of the credentialing and recredentialing decision within 30 calendar days of the credentialing committee's decision. 10. The Medical Director or other designated physician's direct responsibility and participation in the credentialing program. 11. The process for securing the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law. 12. The process for confirming listings in practitioner directories and other materials for members are consistent with credentialing data, including education, training, board certification and specialty. 13. The process for documenting information and activities in credentialing files.	Annually, at minimum	Annual Audit of Delegate's Policies and Procedures.	See Corrective Action Plan (CAP) Requirements in MA_25A3.
Practitioner Rights (NCQA CR 1 Element B)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	Delegate notifies practitioners about their right to: 1. Review information submitted to support their credentialing application. 2. Correct erroneous information. 3. Receive the status of their credentialing or recredentialing application, upon request.	Annually, at minimum	Annual Audit of Delegate's Policies and Procedures.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

CMS/DHCS Performance Monitoring for Recredentialing (Medicare Managed Care Manual, Chapter 6 § 60.3; DHCS All Plan Letter (APL) 22-013 and Exhibit A, Attachment 4 of Plan Contract)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	Delegate's recredentialing policies and procedures require information from quality improvement activities and member complaints in the recredentialing decision making process. (Source: Medicare Managed Care Manual, Chapter 6 § 60.3; MMCD 02-03 and Exhibit A, Attachment 4 of Plan Contract)	Annually, at minimum	Annual Audit of IPA Policies and Procedures.	See Corrective Action Plan (CAP) Requirements in MA_25A3.
CMS Contracts – Opt-Out Provisions (Medicare Managed Care Manual, Chapter 6 § 60.2)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	Delegate has policies and procedures to ensure that it only contracts with physicians who have not opted out. (Source: Medicare Managed Care Manual; Chapter 6 § 60.2)	Annually, at minimum	Annual Audit of Delegate's Policies and Procedures.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

CMS/DHCS Medicare – Exclusions/Sanctions (Medicare Managed Care Manual, Chapter 6 § 60.3; DHCS All Plan Letter (APL) 22-013 and Exhibit A, Attachment 4 of Plan Contract)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	Delegate must have policies and procedures that prohibit employment or contracting with practitioners (or entities that employ or contract with such practitioners) that are excluded/sanctioned from participation (practitioners or entities found on OIG Report) (Source: Medicare Managed Care Manual, Chapter 6 § 60.2)	Annually, at minimum	Annual Audit of Delegate's Policies and Procedures.	See Corrective Action Plan (CAP) Requirements in MA_25A3.
Credentialing Committee (NCQA CR 2 Element A)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate's Credentialing Committee: 1. Uses participating practitioners to provide advice and expertise for credentialing decisions. 2. Reviews credentials for practitioners who do not meet established thresholds. 3. Ensures that files that meet established criteria are reviewed and approved by a Medical Director, designated physician or Credentialing Committee.	Annually, at minimum	Audit of Delegate's Policies and Procedures and Credentialing Committee Meeting Minutes	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Verification of Credentials (NCQA CR 3 Element A*, DHCS, CMS)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	Delegate verifies that the following are within the prescribed time limits*: 1. A current and valid license to practice. 2. A valid DEA or CDS certificate, if applicable. 3. Education and training as specified in the explanation. 4. Board Certification status, if applicable. 5. Work history. 6. A history of professional liability claims that resulted in settlement or judgment paid on behalf of the practitioner.	Annually, at minimum	IEHP reviews verification of credentials within a random sample of up to 40 initial credentialing files and 40 recredentialing files from the decision made during the look-back period.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Sanction and Exclusion Information (NCQA CR 3 Element B*, DHCS, CMS)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate verifies the following sanction information for credentialing*: 1. State sanctions, restrictions on licensure or limitations on scope of practice. 2. Medicare and Medicaid sanctions a. Medicare and Medicaid Sanctions, OIG must be the verification source. b. Medicaid Sanctions, the Medi-Cal Suspended and Ineligible List must be the verification source. 3. Medicare and Medicaid Exclusions. a. The IPA obtains Medicaid exclusion information from the State Medicaid agency and from one of the following additional sources: - List of Excluded Individuals and Entities, maintained by OIG and available over the internet, ***or*** - NPDB. b. The organization obtains Medicare exclusion information from any of the following sources: - Medicare Exclusion Database. - List of Excluded Individuals and Entities, maintained by OIG	Annually, at minimum	IEHP reviews verification of credentials within a random sample of up to 40 initial credentialing files and 40 recredentialing files from the decision made during the look-back period.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

		and available over the internet. - NPDB.			
Credentialing Application (NCQA CR 3 Element C*)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate verifies that applications for credentialing include the following*: 1. Reasons for inability to perform the essential functions of the position. 2. Lack of present illegal drug use. 3. History of loss of license and felony convictions. 4. History of loss or limitation of privileges or disciplinary actions. 5. Current malpractice insurance coverage. 6. Practitioner race, ethnicity, and language. 7. Current and signed attestation confirming the correctness and completeness of the application.	Annually, at minimum	IEHP reviews application and attestation within a random sample of up to 40 initial credentialing files and 40 recredentialing files from the decision made during the look-back period.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Practitioner must have clinical privileges in good standing. CMS/DMHC/DHCS (Medicare Managed Care Manual, Chapter 6 § 60.3; DHCS All Plan Letter (APL) 22-013 and Exhibit A, Attachment 4 of Plan Contract)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	Delegate verifies the practitioner has privileges in good standing. Practitioner must indicate their current hospital affiliation or admitting privileges at a participating hospital. (Source: Medicare Managed Care Manual, Chapter 6 § 60.3; MMCD Policy Letter 02-03 and DMHC TAG 06/09/14)	Annually, at minimum	IEHP reviews verification of credentials within a random sample of up to 40 initial credentialing files and 40 recredentialing files from the decision made during the look-back period.	See Corrective Action Plan (CAP) Requirements in MA_25A3.
CMS Contracts – Opt-Out Provisions (Medicare Managed Care Manual, Chapter 6 § 60.2)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	Delegate monitors its credentialing files to ensure that it only contracts with practitioners who have not opted out. (Source: Medicare Managed Care Manual, Chapter 6 § 60.2)	Annually, at minimum	IEHP reviews verification of credentials within a random sample of up to 40 initial credentialing files and 40 recredentialing files from the decision made during the look-back period.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

CMS/DHCS Review of Performance Information (Medicare Managed Care Manual, Chapter 6 § 60.3; DHCS All Plan Letter APL 22-013)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	Delegate includes information from quality improvement activities and member complaints in the recredentialing decision-making process. (Source: Medicare Managed Care Manual, Chapter 6 § 60.3; MMCD 02-03 and Exhibit A: Attachment 4 of Plan Contract)	Annually, at minimum	IEHP reviews verification of credentials within a random sample of up to 40 recredentialing files from the decision made during the look-back period.	See Corrective Action Plan (CAP) Requirements in MA_25A3.
Recredentialing Cycle Length (NCQA CR 4 Element A*)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate conducts timely recredentialing. The length of the recredentialing cycle is within the required thirty-six (36) month time frame*.	Annually, at minimum	IEHP reviews verification of credentials within a random sample of up to 40 initial credentialing files and 40 recredentialing files from the decision made during the look-back period.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Performance Standards and Thresholds (NCQA MED 3 Element A)	IEHP sets site performance standards and thresholds for: 1. Accessibility equipment. 2. Physical accessibility. 3. Physical appearance. 4. Adequacy of waiting and examining room space. 5. Adequacy of medical/treatment medical record keeping.	The Delegate is responsible for ensuring the providers are compliant with IEHP Facility Site Review and Medical Record Audits.	Not Applicable	Not Applicable	Not Applicable

Site Visits and Ongoing Monitoring (NCQA MED 3 Element B)	IEHP implements appropriate interventions by: 1. Continually monitoring member complaints for all practitioner sites. 2. Conducting site visits of offices within 60 calendar days of determining that the complaint threshold was met. 3. Instituting actions to improve offices that do not meet thresholds. 4. Evaluating the effectiveness of the actions at least every six months, until deficient offices meet the site standards and thresholds. 5. Documenting follow-up visits for offices that had subsequent deficiencies.	The Delegate is responsible for ensuring the providers are compliant with IEHP Facility Site Review and Medical Record Audits.	Not Applicable	Not Applicable	Not Applicable

Ongoing Monitoring and Interventions (NCQA CR 5 Element A)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate develops and implements policies and procedures for ongoing monitoring of practitioner sanctions, complaints, and quality issues between recredentialing cycles and takes appropriate action against practitioners when it identifies occurrences of poor quality by: 1. Collecting and reviewing Medicare and Medicaid sanctions. 2. Collecting and reviewing Medicare and Medicaid exclusions. 3. Collecting and reviewing sanctions and limitations on licensure and expiration on licensure. 4. Collecting and reviewing complaints. 5. Collecting and reviewing information from identified adverse events.	Annually, at minimum Delegate provides immediate notification of all providers identified through ongoing monitoring to the health plan's Credentialing Manager, with the delegate's plan of action for the identified provider and date it was reviewed by their Credentialing /Peer Review Committee.	IEHP reviews the organization's policies and procedures, monitoring reports, and documentation of interventions.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Appropriate Interventions (NCQA CR 5 Element B)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate reports the findings from Element A to the Credentialing Committee, or other designated peer-review body, and implements interventions as needed.	Annually, at minimum	IEHP reviews the organization's policies and procedures, monitoring reports, and documentation of interventions.	See Corrective Action Plan (CAP) Requirements in MC_25 A4.
CMS Contracts – Opt-Out Provisions (Medicare Managed Care Manual, Chapter 6 § 60.2)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate maintains a documented process for monitoring whether network physicians have opted out of participating in the Medicare Program. (Source: Medicare Managed Care Manual, Chapter 6 § 60.3)	Annually, at minimum The Delegate provides immediate notification of all providers identified through ongoing monitoring to the health plan, with the Delegate's plan of action for the identified provider	IEHP reviews the Delegate's Policies and Procedures, Monitoring Reports, and Documentation of Interventions	See Corrective Action Plan (CAP) Requirements in MA_25A3.

DHCS Monitoring Medi-Cal Suspended and Ineligible Provider Reports (DHCS All Plan Letter APL 22-013)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate verifies that their contracted providers have not been terminated as a Medi-Cal provider or have not been placed on the Suspended and Ineligible Provider List (Source: Exhibit A: Attachment 4, Plan Contract)	Annually, at minimum The Delegate provides immediate notification of all providers identified through ongoing monitoring to the health plan, with the IPA's plan of action for the identified provider.	IEHP reviews the Delegate's Policies and Procedures, Monitoring Reports, and Documentation of Interventions	See Corrective Action Plan (CAP) Requirements in MA_25A3.

CMS Monitoring Preclusions List	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual. IEHP will provide Delegate with Preclusions List through the SFTP portal	The Delegate maintains a documented process for monitoring providers and prescribers who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare Beneficiaries. Delegates are responsible for reviewing these reports within thirty (30) days of its release and notify IEHP of any providers identified, to include the delegate's plan of action.	Annually, at minimum	IEHP reviews the Delegate's Policies and Procedures, Monitoring Reports, and Documentation of Interventions The Delegate provides immediate notification of all providers identified through ongoing monitoring to the health plan, with the Delegate's plan of action for the identified provider.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

CMS Monitoring Death Master File (DHCS All Plan Letter APL22-013)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual. IEHP maintains a documented process for monitoring providers who are identified on the Death Master File	The Delegate is required to submit SSN for all new and existing providers to screen against the Death Master File. (Source: Department of Health Care Services (DHCS) All Plan Letter (APL) APL 17-019 supersedes APL 16-012, "Provider Credentialing/Recredentialing and Screening/Enrollment)	Ongoing	Not Applicable	Not applicable
DHCS – Monitoring the Restricted Provider Database. (DHCS All Plan Letter APL 19-004)	IEHP will review the Restricted Provider Database, on a monthly basis, and notify the Delegate of any identified practitioners.	Delegated Practitioners identified with payment suspensions, reimbursements for Medi-Cal covered services will be withheld. If the Delegate continues to continue their contractual relationship with practitioners who pare placed on payment suspensions, the Delegate must allow out-of-network access to members currently assigned to the practitioner by approving the request. Delegated Practitioners placed on a temporary suspension while under investigation for fraud or abuse, or enrollment violations. Delegates must terminate their contract and submit appropriate documentation.	As needed	As needed	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Notification to Authorities and Practitioner Appeal Rights - Actions Against Practitioners (NCQA CR 6 Element A)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	Delegates that have taken action against a practitioner for quality reasons reports the action to the appropriate authorities and offers the practitioner a formal appeal process. The Delegate has policies and procedures for: 1. The range of actions available to the organization. 2. Making the appeal process known to practitioners.	Annually, at minimum	IEHP reviews evidence that the organization reports to authorities and the health plan's Credentialing Manager, Information may be de-identified for confidentiality purposes. IEHP reviews the organization's policies and procedures.	See Corrective Action Plan (CAP) Requirements in MA_25D 3.
CMS– Appeals Process for Termination/ Suspension	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate's policies and procedures regarding suspension or termination of a participating physician require the organization to ensure that the majority of the hearing panel members are peers of the affected physician. (Source: Medicare Managed Care Manual, Chapter 6 § 60.4)	Annually, at minimum	IEHP reviews the information sent to practitioners.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Review and Approval of Providers (NCQA CR 7 Element A)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate's policy for assessing a health care delivery provider specifies that before it contracts with a provider, and for at least every 36 months thereafter, it: 1. Confirms that the provider is in good standing with state and federal regulatory bodies. 2. Confirms that the provider has been reviewed and approved by an accrediting body. 3. Conducts an onsite quality assessment if the provider is not accredited.	Annually, at minimum	IEHP reviews Delegate's policies and procedures	See Corrective Action Plan (CAP) Requirements in MA_25D 3.

Medical Providers (NCQA CR 7 Element B)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate includes at least the following medical providers in its assessment: • Hospitals • Home health agencies. • Skilled nursing facilities. • Free-standing surgical centers. • Clinical Laboratories (IEHP Requirement) • Hospices • Comprehensive Outpatient Rehabilitation Facilities • Outpatient Physical Therapy Providers • Outpatient Speech Pathology providers • End-stage renal disease services providers • Outpatient diabetes self-management training providers • Portable X-Ray suppliers • Rural Health Clinics • Federally Qualified Health Centers	Annually, at minimum	IEHP reviews Delegate's policies and procedures	See Corrective Action Plan (CAP) Requirements in MA_25D 3.
Assessing Medical Providers (NCQA CR 7 Element D)	1. IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate assesses contracted medical health care providers against the requirements and within the time frame in Element A. The Delegate maintains a checklist, spreadsheet, or other record that it assessed providers against the requirements.	Annually, at minimum	IEHP reviews evidence that the organization assessed the providers in NCQA CR7 Element A	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Accreditation/Certification of Free-Standing Surgical Centers in California - CH & SC (California Health and Safety Code § 1248.1)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate has documentation of assessment of free-standing surgical centers to ensure that if the organization is not accredited by an agency accepted by the State of California, the organization is certified to participate in the Medicare Program, in compliance with California Health and Safety Code § 1248.1	Annually, at minimum	IEHP reviews evidence that the organization assessed the providers	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Protecting the Integrity of Credentialing Information (NCQA CR 8 Element A)		The organization has credentialing information integrity policies and procedures that specify: 1. The scope of credentialing information. The IPA's policies and procedures specify protection of each of the following types of credentialing information: a) The practitioner application and attestation. b) Credentialing documents received from the source or agent. c) Documentation of credentialing activities: - Verification dates. - Report dates (e.g., sanctions, complaints, identified adverse events). - Credentialing decisions. - Credentialing decision dates. - Signature or initials of the verifier or reviewer. d) Credentialing Committee minutes. e) Documentation of clean file approval, if applicable. f) Credentialing checklist, if used. 2. The staff responsible for performing credentialing activities. The IPA's policies and procedures specify the titles of staff who are: a. Responsible for documenting credentialing activities.	Annually, at minimum	Annual audit of Delegate's policies and procedures	See Corrective Action Plan (CAP) Requirements in MC_25 A4.

		b. Authorized to modify (edit, update, delete) credentialing information. - Policies and procedures state if no staff are authorized to modify credentialing information under any circumstances. c. Responsible for oversight of credentialing information integrity functions, including auditing. 3. The process for documenting updates to credentialing information. The IPA's policies and procedures: a. Specify when updates to existing credentialing information is appropriate (e.g., to update expiring credentials). b. Describe the IPA's process for documenting the following when updates are made to credentialing information: - When (date and time) the information was updated. - What information was updated. - Why the information was updated. - Staff who updated the information. 4. Inappropriate documentation and updates. The IPA's policies and procedures specify that the following documentation and updates to credentialing information are inappropriate:			

		a) Falsifying credentialing dates (e.g., licensure date, credentialing decision date, staff verifier date, ongoing monitoring dates). b) Creating documents without performing the required activities (e.g., photocopying a prior credential and updating information as a new credential). c) Fraudulently altering existing documents (e.g., credentialing minutes, clean file reports, ongoing monitoring reports). d) Attributing verification or review to an individual who did not perform the activity. e) Updates to information by unauthorized individuals. 5. The IPA audits CR staff and the process for documenting and reporting identified information integrity issues. a) Specify that the organization audits credentialing staff documentation and updates. - The organization does not have to include the audit methodology, but must indicate that an annual audit is performed. b) Describe the process for documenting and reporting inappropriate and documentation and updates to:			

		- The IPA's designated individual(s) when identified, and - The organization, when it identifies fraud and misconduct. c) Specify consequences for inappropriate documentation and updates.			

Information Integrity Training (NCQA CR 8 Element B)		The IPA annually trains credentialing staff on: 1. Inappropriate documentation and updates. a) The IPA trains credentialing staff on inappropriate documentation and updates to UM information, as defined in Elements CR 8A, factor 4. 2. IPA audits of staff, documenting and reporting information integrity issues. The IPA's training informs UM staff of: a) IPA audits of staff documentation and updates in UM files. b) The process for documenting and reporting inappropriate documentation and updates to: - The IPA's designated individual(s) when identified. - The organization, when the IPA identifies fraud and misconduct. c) The consequences for inappropriate documentation and updates.	Annually, at minimum	Annual audit of Delegate's policies and procedures	See Corrective Action Plan (CAP) Requirements in MC_25 A4.

Audit and Analysis (NCQA CR 8 Element C)		The IPA annually: 1. Audits for inappropriate documentation and updates to credentialing information. The IPA annually audits credentialing information used in the credentialing process for the following inappropriate documentation and updates: a) Falsifying credentialing dates (e.g., licensure dates, credentialing decision dates, staff verifier dates, ongoing monitoring dates). b) Creating documents without performing the required activities. c) Fraudulently altering existing documents (e.g., credentialing minutes, clean-file reports, ongoing monitoring reports). d) Attributing verification or review to an individual who did not perform the activity. e) Updates to information by unauthorized individuals. The audit universe includes practitioner files for all initial credentialing decisions and all recredentialing decisions made or due during the look-back period. The organization randomly audits a sample of practitioner files from the audit universe using 5% or 50 files, whichever is less.	Annually, at minimum	Annual audit of Delegate's policies and procedures	See Corrective Action Plan (CAP) Requirements in MC_25 A4.

		The random sample includes at least 10 credentialing files and 10 recredentialing files. If fewer than 10 practitioners were credentialed or recredentialed within the look-back period, the organization audits all files. The organization may choose to audit more practitioner files than NCQA requires. The organization provides an auditing and analysis report that includes: a) The report date. b) The title of individuals who conducted the audit. c) The 5% or 50 files auditing methodology. – Auditing period. – File audit universe size (described in the paragraph above). – Audit sample size. d) The audit log (as a referenced attachment) – File identifier (individual practitioner). – Type of credentialing information audited (e.g., licensure). e) Findings for each file. – A rationale for inappropriate documentation and updates. f) The number or percentage and total inappropriate documentation and updates by type of credentialing information.			

		The IPA must provide a completed audit report even if no inappropriate documentation and updates were found. 2. Conducts qualitative analysis of inappropriate documentation and updates to UM denial receipt and notification dates. The IPA annually conducts qualitative analysis of each instance of inappropriate documentation and update identified in the audit (factor 1) to determine the cause. b) The IPA's auditing and analysis report also includes: - Titles of credentialing staff involved in the qualitative analysis. - The cause of each finding.			

Improvement Actions (NCQA CR 8 Element D)		The IPA: 1. Implements corrective actions to address all inappropriate documentation and updates found in Element C. a) The IPA documents corrective actions taken or planned, including dates of actions, to address all inappropriate documentation and updates (findings) identified in Element C. One action may address more than one finding, if appropriate. Annual training (Element B) may not be the only corrective action. b) The IPA identifies the staff (by title) who are responsible for implementing corrective actions. 2. Conducts an audit of the effectiveness of corrective actions (factor 1) on the findings 3–6 months after completion of the annual audit in Element C. a) The IPA audits the effectiveness of corrective actions (factor 1) on findings within 3–6 months of the annual audit completed for Element C. The audit universe includes practitioner files for all credentialing decisions	Annually, at minimum	Annual audit of Delegate's policies and procedures	See Corrective Action Plan (CAP) Requirements in MC_25 A4.

		made, or due to be made, 3–6 months after the annual audit. b) The IPA conducts a qualitative analysis if it identifies noncompliance with integrity policies and procedures during the follow-up audit.			
Written Delegation Agreement (NCQA CR 9 Element A)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate remains responsible for credentialing and recredentialing its practitioners, even if its delegates all or part of these activities. The written delegation agreement: 1. Is mutually agreed upon. 2. Describes the delegated activities and the responsibilities of IEHP and the Delegate. 3. Requires at least semiannual reporting of the delegate to IEHP. 4. Describes the process by IEHP evaluates the Delegate's performance. 5. Specifies that IEHP retains the right to approve, suspend and terminate individual practitioners, providers and sites, even if IEHP delegates decision making. 6. Describes the remedies available to IEHP if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement	Annually, at minimum	IEHP reviews delegation agreements from up to four randomly selected delegates, or all delegates if the organization has fewer than four delegates.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Written Delegation Agreement (NCQA CR 9 Element A continued)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual	7. Describes the remedies available to IEHP if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement	Annually, at minimum	IEHP reviews delegation agreements from up to four randomly selected delegates, or all delegates if the organization has fewer than four delegates.	See Corrective Action Plan (CAP) Requirements in MA_25A3.
Written Delegation Agreement	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate retains the right to approve, suspend and terminate individual practitioners, providers, and sites in situation where it has delegated decision making. This right is reflected in the delegation document	Annually, at minimum	IEHP reviews delegation agreements from up to four randomly selected delegates, or all delegates if the organization has fewer than four delegates.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

CMS Adherence to Medicare Advantage (MA) requirements	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	All Delegation agreements include a statement that Delegate's must adhere to MA requirements. (Source: Medicare Managed Care Manual, Chapter 11 § 110.2)	Annually, at minimum	IEHP reviews Delegation Agreements from up to four randomly selected delegates, or all delegates if the organization has fewer than four delegates	See Corrective Action Plan (CAP) Requirements in MA_25A3.
Pre-delegation Evaluation (NCQA CR 9 Element B)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	For new delegation agreements initiated in the look-back period, IEHP evaluated delegate capacity to meet NCQA requirements before delegation began.	Annually, at minimum	IEHP reviews the delegates pre-delegation evaluation from up to four randomly selected delegates, or all delegates if the organization has fewer than four delegates.	See Corrective Action Plan (CAP) Requirements in MC_25 A4.

Review of Credentialing Activities (NCQA CR 9 Element C)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	For delegation agreements in effect for 12 months or longer, the organization: 1. Annually reviews the Delegate's credentialing policies and procedures. 2. Annually audits credentialing and recredentialing files against NCQA standards for each year that delegation has been in effect. 3. Annually evaluates the Delegate's performance against NCQA standards for delegated activities. 4. Semi-annually evaluates regular reports as specified in Element A. 5. Annually monitors the IPA's credentialing information integrity to ensure that the IPA monitors its compliance with the delegation agreement or with the IPA's policies and procedures. 6. Annually acts on all findings from factor 5 for each IPA and implements a quarterly monitoring process until each IPA demonstrates improvement for one finding over three (3) consecutive quarters.	Annually, at minimum	IEHP reviews a sample of up to four randomly selected delegates, or all delegates if the organization has fewer than four delegates	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Opportunities for Improvement (NCQA CR 9 Element D)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years, the organization identified and followed up on opportunities for improvement, if applicable.	Annually, at minimum	IEHP reviews reports for opportunities for improvement if applicable and appropriate actions to resolve issues from up to or four randomly selected delegates, or all delegates if the organization has fewer than four delegates	See Corrective Action Plan (CAP) Requirements in MA_25A3.
Identification of HIV/AIDS Specialists – Written Process (CA H&SC §1374.16; DMHC TAG QM-004). (DHCS MMCD All-Plan Letter 01001)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate has a written policy and procedure describing the process that the organization identifies or reconfirms the appropriately qualified physicians who meet the definition of an HIV/AIDS Specialist, according to California State regulations on an annual basis	N/A	IEHP reviews Delegate Policies and Procedures	See Corrective Action Plan (CAP) Requirements in MA_25A3.

Evidence of Implementation (CA H&SC §1374.16; DMHC TAGQM-004). (DHCS MMCD All-Plan Letter 01001)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	On an annual basis, the Delegate identifies or reconfirms the appropriately qualified physician who meet the definition of an HIV/AIDS, specialist according to California State Regulations	Annually, at minimum	IEHP reviews evidence that the organization identified or reconfirmed the appropriate qualified physicians	See Corrective Action Plan (CAP) Requirements in MA_25A3.
Distribution of Findings (CA H&SC §1374.16; DMHC TAG QM-004). (DHCS MMCD All-Plan Letter 01001)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider P=Manual.	The Delegate is to provide the list of identified qualifying physicians to the department responsible for authorizing standing referrals.	Annually, at minimum	IEHP reviews evidence that the organization provided the list of identified qualifying physicians to the department responsible for authorizing standing referrals.	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT VI: DELINEATION OF ENCOUNTER DATA

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
ENC 1: Encounter Data Reporting		The Delegate is required by DMHC, CMS and DHCS to submit Encounter Data for the effective management of IEHP health care delivery system. A. Data must be submitted using the HIPAA compliant 5010 837 file format. B. The Encounter Data must be complete and accurate. C. Submit complete Encounter data within ninety (90) days after each month of service.	Submit Encounter Data within ninety (90) days after each month of service	Initial Onsite Assessment Monthly assessment of encounter data submission rates	See Corrective Action Plan (CAP) Requirements in MA_25A3. IEHP may withhold no more than one percent (1%) of the monthly Capitation Payment for failure to submit complete and accurate Encounter Data within ninety (90) days after each month of service.

ATTACHMENT VII: DELINEATION OF CLAIMS ADJUDICATION

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Correct Claim Determination (CMS MA Manual Ch. 4 Section 10)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate must make correct claim determinations, which include developing the claim for additional information, when necessary, for: A. Services obtained from a non-contracting Provider when the services were authorized by the IPA. B. Ambulance services dispatched through 911. C. Emergency services D. Urgently needed services. E. Post-stabilization care services F. Renal dialysis services that Medicare members obtain while temporarily out of the service area.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	May result in Request for Corrective Action (CAP) or Focused Audit as defined in MA_20D.
Reasonable Reimbursement for Covered Services (CMS MA Manual Ch. 4 Section 110.1.3)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate must provide reasonable reimbursement for: A. Services obtained from a non-contracting Provider when the services were authorized by the IPA. B. Ambulance services dispatched through 911. C. Emergency services D. Urgently needed services. E. Post-stabilization care services F. Renal dialysis services that Medicare members obtain while temporarily out of the service area.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	May result in Request for Corrective Action (CAP) or Focused Audit as defined in MA_20D.

ATTACHMENT VII: DELINEATION OF CLAIMS ADJUDICATION

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Reasonable Reimbursement for Covered Services (CMS MA Manual Ch. 4 Section 110.1.3 (continued)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	G. Services for which coverage has been denied by the Delegate but found to be services the member was entitled to upon appeal. H. The Delegate must use the appropriate fee-for-service payment mechanisms when determining amounts to pay non-contracted Providers. Note: if the IPA has negotiated lower amounts or if a Provider bills lower amounts than is possible under fee-for-service, paying non-contracted Providers these lower amounts is appropriate.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	May result in Request for Corrective Action (CAP) or Focused Audit as defined in MA_20D.
Timely Payment of Non-Contracting Provider Clean Claims (CMS MA Manual Ch. 11 Section 100.2 and CMS MA Manual Ch. 13 Section 40.10)	IEHP will provide Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate must pay 95 percent of "clean" claims from non-contracting Providers within thirty (30) calendar days of the earliest receipt date.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	May result in Request for Corrective Action (CAP) or Focused Audit as defined in MA_20D.
Interest on Clean Claims Paid Late (CMS MA Manual Ch. 11 Section 100.2)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	If the Delegate pays clean claims from non-contracting Providers in over thirty (30) calendar days, it must pay interest in accordance with 1816 (c)(2)(B) and 1842(c)(2)(B)	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	May result in Request for Corrective Action (CAP) or Focused Audit as defined in MA_20D.

ATTACHMENT VII: DELINEATION OF CLAIMS ADJUDICATION

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Timely Adjudication of Non-Clean Claims (CMS MA Manual Ch. 11 Section 100.2 and CMS MA Manual Ch. 13 Section 40.10)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate must pay all non-contracted claims that do not meet the definition of "clean claims" within sixty (60) calendar days of the earliest receipt date.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	May result in Request for Corrective Action (CAP) or Focused Audit as defined in MA_20D.
Claim Denials (Notice Content). (CMS MA Manual Ch. 13 Section 40.12.1).	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	If the Delegate denies payment resulting in Member liability, a written denial notice must be sent to the member. The written denial must clearly state the service denied and the specific denial reason. The notice must also inform the beneficiary of his or her right to a standard reconsideration and describe the appeal process.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	See Corrective Action Plan (CAP) Requirements in MA_20D.
Medicare Secondary Payer (CMS MA Manual 4 Section 130)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate must have procedures to identify payers that are primary to Medicare, determine the amounts payable, and coordinate benefits. The Delegate must have written policies and procedures which ensure that claims involving coordination of benefits are identified and paid correctly.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	See Corrective Action Plan (CAP) Requirements in MA_20D.

ATTACHMENT VII: DELINEATION OF CLAIMS ADJUDICATION

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Submission Standards	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	The Delegate must allow: A. Contracted Providers ninety (90) days to submit claims. B. Non-contracted Providers three hundred and sixty-five (365) days to submit claims. C. Claims denied for untimely submission to be considered for adjudication upon receipt of a Provider's request for a redetermination and demonstration of good cause for delay.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	See Corrective Action Plan (CAP) Requirements in MA_20D.
Misdirected Claims	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	95% of misdirected claims must be forwarded to the appropriate financially responsible entity within ten (10) calendar days.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	See Corrective Action Plan (CAP) Requirements in MA_20D.

ATTACHMENT VII: DELINEATION OF CLAIMS ADJUDICATION

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Denials	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	A. 100% of member denial notices are written and include the denied service and give a specific reason for the denial which is not confusing and/or misleading to the member. B. 100% of member denial notices for payment use the CMS approved format and language. C. 100% of provider denial determinations include a valid explanation on the remittance advice (RA) which includes language for non-participating providers stating to submit all appeals to IEHP. 100% of all claim denials must be mailed to the member and/or Provider within 60 calendar days of the earliest receipt date.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual DOA	See Corrective Action Plan (CAP) Requirements in MA_25A3.
Overpayments (CMS MFM Manual Ch. 3 & 4)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	100% of requests for overpayments must: A. Clearly identify the claim, the name of the member, the date of service and a clear explanation of the basis upon which the payor believes the overpayment occurred. B. Be made following federal guidelines and no retractions can be made prior to forty-one (41) calendar days after the overpayment was identified. C. Not recover overpayments after December 31 of the 4th calendar year in which the overpayment was identified.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT VII: DELINEATION OF CLAIMS ADJUDICATION

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Contract Standards (CMS MA Manual Ch. 11 Section 100)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	A. All written contracts with downstream entities and providers of service contain a prompt payment provision. B. All written contracts with downstream entities and providers of service contain a provision that Medicare members are held harmless for payment.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	See Corrective Action Plan (CAP) Requirements in MA_25A3.
Provider Payment Disputes	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	A. Provider Payment Disputes must be filed within one hundred and twenty (120) calendar days after the notice of initial determination. B. Provider Payment Disputes may be accepted after one hundred and twenty (120) calendar days if a written request for an extension of the timeframe is for good cause. C. Provider Payment Disputes must be resolved with a valid determination, and written determination is sent to the Provider within thirty (30) calendar days. D. Provider Payment disputes in which additional information is requested allows the provider fourteen (14) calendar days to respond.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Quarterly Assessment Annual Oversight Assessment	See Corrective Action Plan (CAP) Requirements in MA_25A3.

ATTACHMENT VII: DELINEATION OF CLAIMS ADJUDICATION

Delegated Activity	IEHP Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Effectuation of Third-Party Claims Reconsideration Reversals (42 CFR 422.618)	IEHP will provide the Delegate with guidelines for Policies and Procedures via IEHP Provider Manual.	If the Delegate's determination is reversed in whole or in part by the health plan, the IPA must pay for the service no later than seven (7) calendar days from the date it receives the notice reversing the organization determination. The IPA must also inform the health plan that the organization has effectuated the decision. If the Delegate's determination is reversed in whole or in part by an administrative law judge (ALJ), or at a higher level of appeal, the IPA must authorize or provide the service under dispute as expeditiously as the member's health requires, but no later than sixty (60) calendar days from the date it received notice of the reversal.	See Attachment IPA Reporting Requirements Schedule in Section 25	Initial Onsite Assessment Monthly Assessment Annual Oversight Assessment	See Corrective Action Plan (CAP) Requirements in MA_25A3.