



# Provider Services

MONTHLY POLICY UPDATES

**To:** All IPAs, PCPs, Specialists, Ancillary, BH and BHT Providers  
**From:** IEHP Compliance  
**Date:** April 16, 2024  
**Subject:** **Interim Changes – Provider Policy and Procedure Manuals for IEHP Medi-Cal**

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Inland Empire Health Plan (IEHP) has made the following interim changes to the 2024 Provider Policy and Procedure Manuals for IEHP Medi-Cal.

It is important that you and your staff familiarize yourselves with these interim changes as updates may impact current business processes and reporting requirements. Interim changes are posted here:

Provider Website at <https://www.providerservices.iehp.org/> > Provider Central > Provider Manuals & Trainings > 2024 Manuals and Regulatory Trainings

Provider Website at <https://www.providerservices.iehp.org/> > Resources > Provider Resources > Forms

If you have any questions regarding the enclosed, please contact our Provider Call Center at (909) 890-2054 or (866) 223-4347.

Sincerely,

A handwritten signature in blue ink, appearing to read 'LNery', is positioned below the 'Sincerely,' text.

Lourdes Nery, MPA, CHC  
Vice President, Compliance  
IEHP Compliance Officer

<b>LINES OF BUSINESS</b>	<b>POLICY/ ATTACHMENT</b>	<b>POLICY TITLE</b>	<b>DESCRIPTION OF CHANGE</b>	<b>REVISION STATUS*</b>	<b>REVISION EFFECTIVE DATE</b>
Medi-Cal	05A1	<b>Credentialing Standards - Credentialing Policies (NCQA)</b>	Added more detail to the language regarding NCQA CR1C.1-5; and CR1D.1-3, Included definitions for "Qualitative analysis" and "Quantitative analysis" to align with NCQA language Included language/table to describe Credentialing System Controls process and compliance with Credentialing controls, as it is performed by Credentialing team.	<b>SUBSTANTIAL</b>	<b>1/1/2024</b>
Medi-Cal	06G	<b>Urgent Care Center Evaluation</b>	Outlined additional urgent care evaluation requirements, including medications Providers must have access onsite, and supervision requirements.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	07D	<b>Advance Health Care Directive</b>	Added definition of "Health Care Decision" as not including consent by a patient's agent, conservator, or surrogate to convulsive treatment, psychosurgery, sterilization, or abortion. This update aligns with new AB 1029.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	12H	<b>Community-Based Adult Services</b>	Outlined the Plan's responsibilities for coordinating the Member's care with CBAS centers, as well as CBAS centers' responsibilities when a Member is discharged from the center.	<b>SUBSTANTIAL</b>	<b>1/1/2024</b>
Medi-Cal	12I	<b>Complex Case Management</b>	Described the Plan's responsibility to ensure non-duplication of services for Members receiving Transitional Care Management.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	12K2	<b>Behavioral Health - Substance Use Treatment Services</b>	Described the Plan's responsibility to share data with the County Mental Health Plan for purposes of medical and behavioral health care coordination.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	20A	<b>Claims Processing</b>	Updated policy for payment of ICF/DD and Subacute Care Facilities are paid at published per diem rate.	<b>MODERATE</b>	<b>2/16/2024</b>

LINES OF BUSINESS	POLICY/ ATTACHMENT	POLICY TITLE	DESCRIPTION OF CHANGE	REVISION STATUS*	REVISION EFFECTIVE DATE
Medi-Cal	20G	<b>Claims and Provider Dispute Reporting</b>	Described the Plan's responsibility to track and trend Provider Dispute Resolution data and report to DHCS on an annual basis.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	26B	<b>Glossary</b>	Defined "Medical Information" per CA Civil Code 56.05	<b>MODERATE</b>	<b>1/1/2024</b>
EDI	11	<b>Standard Medi-Cal Companion Guide (CG) Transaction Information</b>	Loop 2400-CN1-Contract Information table updated: Diagnosis Related Group (DRG) code and note.	<b>MODERATE</b>	<b>1/1/2024</b>

**Enclosures:** Available upon request, please contact Provider Call Center at (909) 890-2054 or (866) 223-4347.

**cc:**

IPA Medical Director  
 IPA Administrator  
 IPA Care Management Manager  
 IPA Utilization Management Manager

**\*Revision Status:**

**MINOR** = minor grammatical/punctuation corrections are mostly grammatical in nature, or involve changes in terminology for consistency throughout the manual

**MODERATE** = involve mostly procedural and/or operational clarifications of existing processes

**SUBSTANTIAL** = are those that involve major revisions or a complete rewrite of a policy, or reflect changes that affect the Provider or PCP operationally, such as a change to a reporting timeframe or standards

**REPLACEMENT** = replacing a new copy of attachment