JANUARY 2023 IEHP PROVIDER POLICY AND PROCEDURE MANUAL IEHP DualChoice SUMMARY OF EFFECTED CHANGES

Revision Status:

<u>MIN</u> = Minimal changes that have no impact on the content, scope and operation. Rephrase to clarify content.

<u>MOD</u> = Procedural and/or operational clarifications of existing processes. Content, scope and operational changes.

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

NEW = Addition of a new policy or attachment.

RETIRED = Retirement of a policy or attachment.

REPLACEMENT (attachment only) = Replacement of a new version that cannot be altered or modified.

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
0	Table of Contents	MOD
0.A	Manual Overview (NCQA)	MOD
0.B	IEHP Overview	MIN
0.C	Manual Updates	MIN
1.A	General	MIN
1.B	Joint Powers Agency Governing Board	MIN
1.C	IEHP Committees	MOD
Attachment 1	IEHP Committee Structure Chart	REPLACEMENT
2.A	02.A. Public Policy Participation Committee	MIN
2.B	02.B. Provider Advisory Committee (PAC)	MIN
2.C	02.C. Quality Management Committee	MOD
2.D	02.D. Peer Review Subcommittee	MIN
2.E	02.E. Pharmacy and Therapeutics (P&T)	MOD
2.F	02.F. Credentialing Subcommittee	MIN
2.G	02.G. Utilization Management (UM) Subcommittee	MIN
2.H	02.H. Persons with Disabilities Workgroup (PDW)	MIN
2.I	02.I. Coordinated Care Initiative (CCI) Stakeholder Advisory Committee	MIN

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
Attachment 2	Persons with Disabilities Workgroup Application	MIN
3.A	IEHP Service Area	MIN
3.B	Primary Care Provider Assignment	MOD
3.C	Member Identification Cards	MIN
3.D	Eligible Members	MIN
3.E	Post Enrollment Kit	MOD
3.F	Enrollment Process	RETIRED
Attachment 03	BIC Card	REPLACEMENT
Attachment 03	IEHP ID Card - IEHP DualChoice	MIN
4.B.1	Eligibility Verification Methods - Eligibility Files	MOD
4.B.2	Eligibility Verification Methods - Eligibility Verification Options	MOD
4.C	Member Co-Payments	MIN
Attachment 04	AEVS Alpha Codes	REPLACEMENT
5.A.1	Credentialing Standards – Credentialing Policies	SUBST
5.A.2	Credentialing Standards – Credentialing Committee	MIN
5.A.3	Credentialing Standards – Credentialing Verification	SUB
5.A.4	Credentialing Standards – Recredentialing Cycle Length	MIN
5.A.5	Credentialing Standards – Ongoing Monitoring and Interventions	MIN
5.A.6	Credentialing Standards – Notification to Authorities and Practitioner Appeal Rights	MIN
5.A.7	Credentialing Standards – Assessment of Organizational Providers	MOD
5.A.8	Credentialing Standards – Delegation of Credentialing	SUBST
5.A.9	Credentialing Standards - Identification of HIV/AIDS Specialists	MIN
5.B	Hospital Privileges (NCQA)	MIN
Attachment 5	Bariatric Surgeon Case Volume Attestation	MIN
Attachment 5	Death Master File Identity Attestation	SUBST

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
Attachment 5	Hospital Admitting Arrangement Attestation - Admitter	MOD
Attachment 5	Hospital Admitting Arrangement Attestation - Hospitalist	MIN
6.A	Facility Site Review and Medical Record Review Survey Requirements and Monitoring	SUBST
6.B	Physician Accessibility Review Survey (PARS)	MOD
6.C	PCP sites Denied Participation or Removed from the IEHP Network	MOD
6.D	Residency Teaching Clinics	MIN
6.E	Rural Health Clinics	MIN
6.F	Advanced Practice Practitioner Requirements	MIN
6.G	Urgent Care Center Evaluation	MOD
6.H	Interim FSR Monitoring for Primary Care Providers	MIN
6.I	Behavioral health Hospital Survey	MIN
Attachment 6	Corrective Action Plan Notification Tool	REPLACEMENT
Attachment 06	DHCS MMCD Facility Site Review (FSR) Standards	REPLACEMENT
Attachment 06	DHCS MMCD Facility Site Review Standards	RETIRED
Attachment 06	DHCS MMCD Facility Site Review Tool	RETIRED
Attachment 6	DHCS MMCD Facility Site Review (FSR) Tool	RETIRED
Attachment 6	DHCS MMCD Medical Record Review (MRR) Standards	RETIRED
Attachment 6	DHCS MMCD Medical Record Review Standards	RETIRED
Attachment 06	DHCS MMCD Medical Record Review Tool	RETIRED
Attachment 06	DHCS MMCD Medical Record Review (MRR) Tool	REPLACEMENT
7.A	Provider and IPA Medical Record Requirements	MOD
07.B	Information Disclosure and Confidentiality of Medical Records	MIN
07.C	Informed Consent	MIN
07.D	Advance Health Care Directive	MIN
08.A	Infection Control	MIN

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
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9.B	Missed Appointments	MOD
9.C	Access to Care for Members with Access and Functional Needs	SUBST
9.C.1	Access to Care for People with Disabilities - Members who are Deaf or Hard-of-Hearing	RETIRED
9.E	Open Access to Obstetrical or Gynecological Services	MIN
9.H.1	Cultural and Linguistic Services - Language Assistance Capabilities	MOD
9.H.2	Cultural and Linguistic Services - Language Competency Study	SUBST
9.H.3	Cultural and Linguistic Services - Non- Discrimination	MIN
9.I	Access to Care During a Federal, State or Public Health Emergency	MIN
Attachment 9	Video Remote Interpretation Approved Devices and Technical Specifications	SUBST
10.A	Initial Preventive Physical Exam	MIN
10.B	Adult Preventive Services	MIN
10.C	Initial Health Assessment	MIN
10.D	Obstetrical Services - PCP Role in Care of Pregnant Members	MIN
10.D.1	Obstetrical Services - Guidelines for Obstetrical Services	SUBST
10.D.2	Obstetrical Services - Obstetric Care by Certified Nurse Midwives, LM and Alternative Birthing Centers	MIN
10.D.3	Obstetrical Services - PCP Provision of Obstetric Care	MIN
10.E	Referrals to the Supplemental Food Program for Women, Infants, and Children (WIC)	MIN
10.F	Sterilization Services	MIN
10.G	Family Planning Services	MIN
10.H	HIV Testing and Counseling	MIN
10.I	Tuberculosis Services	MIN
10.J	Reporting Communicable Diseases to Public Health Authorities	MIN

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
10.K	Family Planning Services	MIN
10.L	Mandatory Elder or Dependent Adult Abuse Reporting	MOD
10.M	Mandatory Domestic Violence Reporting	MIN
10.N	Maternal Mental Health Program	MIN
10.O	Vision Examination Level Standards	MIN
Attachment 10	Contraceptive Informed Choice Form - English	MIN
Attachment 10	Contraceptive Informed Choice Form - Spanish	MIN
Attachment 10	Recommended Adult Immunization Schedule	REPLACEMENT
11.A	Formulary Management	MIN
11.B	Coverage Determination	MIN
11.C	IEHP DualChoice Vaccine Coverage	MOD
11.D	Claims for Drug Prescribed or Dispensed by Excluded, Sanctioned, and Precluded Providers	MIN
11.E	Pharmacy Access During a Federal Disaster or Other Public Health Emergency Declaration	MIN
11.F	Coverage Determination – Part B vs D Determination	MIN
11.G.	Coordination of Benefits	MIN
11.H	Best Available Evidence (BAE)	MIN
11.I	Transition Process	MOD
11.J	Pharmacy Access Standards	MIN
11.K	Medication Therapy Management Program	SUBST
11.L	Insulin Administration Devices and Diabetic Testing Supplies	MIN
11.M	Member Request for Pharmacy Reimbursement	MIN
11.N	Pharmacy Credentialing and Recredentialing	MIN
11.O	Drug Management Program	MIN

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Attachment 11	Pharmacy Attachment Index	SUBST
Attachment 11	Appointment of Representative - CMS Form 1696 - Chinese	NEW
Attachment 11	Appointment of Representative - CMS Form 1696 - Vietnamese	NEW
Attachment 11	Coverage Determination Form - Provider and Member - Chinese	NEW
Attachment 11	Coverage Determination Form - Provider and Member - Vietnamese	NEW
Attachment 11	Member Request for Pharmacy Reimbursement- IEHP DualChoice - English	RETIRED
Attachment 11	Member Request for Pharmacy Reimbursement- IEHP DualChoice - Spanish	RETIRED
Attachment 11	Notice of Case Status - Chinese	RETIRED
Attachment 11	Notice of Case Status - English	RETIRED
Attachment 11	Notice of Case Status - Spanish	RETIRED
Attachment 11	Notice of Case Status - Vietnamese	RETIRED
Attachment 11	Notice of Denial of Prescription Drug Coverage - Chinese	RETIRED
Attachment 11	Notice of Denial of Prescription Drug Coverage - English	RETIRED
Attachment 11	Notice of Denial of Prescription Drug Coverage - Spanish	RETIRED
Attachment 11	Notice of Denial of Prescription Drug Coverage - Vietnamese	RETIRED
Attachment 11	Notice of Formulary Change - English	RETIRED
Attachment 11	Notice of Formulary Change - Spanish	RETIRED
Attachment 11	Notice of Redetermination - Chinese	NEW
Attachment 11	Notice of Redetermination - Vietnamese	NEW
Attachment 11	Notice of Right to an Expedited Grievance - Pharmacy - English	RETIRED
Attachment 11	Notice of Right to an Expedited Grievance - Pharmacy - Spanish	RETIRED

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
12	Coordination of Care Attachment Index	MIN
12.A.1	Care Management Requirements – PCP Role	MIN
12.A.2	Care Management Requirements – Health Risk Assessment	MOD
12.A.3	Care Management Requirements – Individualized Care Plan	MIN
12.A.4	Care Management Requirements – Interdisciplinary Care Team	MOD
12.A.5	Care Management Requirements - Continuity of Care	MOD
12.A.6	Care Management Requirements Model of Care Training	SUBST
12.A.7	Care Management Requirements - Transition of Care	NEW
12.B	Multipurpose Senior Services Program	MIN
12.C	Organ Transplant	MOD
12.D.1	Behavioral Health – Behavioral Health Services	MIN
12.D.2	Behavioral Health – Substance Use Treatment Services	MIN
12.D.3	Behavioral Health – Admission and Concurrent Review – Global and Shared Risk Delegated IPAs	RETIRED
12.E	Care Plan Option Services	RETIRED
12.E	In-Home Supportive Services	MIN
12.G	Vision Services	MIN
12.G.1	Vision Services - Vision Exception Requests	MIN
12.G.2	Vision Services – Vision Provider Referral	MIN
12.F	Community Based Adult Services	MIN
Attachment 12	Ophthalmologist Referral Form	MIN
Attachment 12	Risk Stratification Mechanism	RETIRED
13.A	Quality Studies Medical Records Access	MIN
13.B	QM Program Overview for Members and Providers	MIN
13.C	Chaperone Guidance	MIN
13.D	Reporting Requirements Related to Provider Preventable Conditions	MIN

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
14.A.1	Review Procedures - Primary Care Provider Referrals	MOD
14.A.2	Review Procedures – Standing Referral/Extended Access to Specialty Care	MIN
14.B	Second Opinions	MIN
14.C	Emergency Services	MIN
14.D	Pre-Service Referral Authorization Process	MOD
14.E	Referral Procedures for Custom Wheelchairs and Powered Mobility Devices	MOD
14.F.1	Long Term Care – Custodial Level	MIN
14.F.2	Long Term Care- Skilled Level	MIN
14.G	Acute and Behavioral Health Admission and Concurrent Review	MOD
14.H	Hospice Services	MIN
14.I	Expedited Initial Organization Determinations	MIN
15.A	Health Education	MIN
15.B	Weight Management	MOD
15.C	IEHP Family Asthma Program	MOD
15.D	IEHP Diabetes Self-Management Program	MIN
15.E	Perinatal Program	MIN
15.F	Diabetes Prevention Program	MIN
15.G	Individual Health Education Behavioral Assessment (IHEBA) and Staying Healthy	MOD
15	Heath Education Attachment Index	MOD
Attachment 15	SHA Form - Adult - Chinese	NEW
Attachment 15	SHA Form - Adult - Vietnamese	NEW
Attachment 15	SHA Form - Senior - Chinese	NEW
Attachment 15	SHA Form - Senior - Vietnamese	NEW
16.A	Member Grievance Resolution Process	MIN

POLICY/ ATTACHMENT	POLICY TITLE	REVISION/ UPDATE REASON
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16.B.2	Member Appeal Resolution Process - Part B and Part D Redeterminations	MIN
16.C.1	Grievance and Appeal Resolution Process for Providers - Initial	MIN
16.C.2	Grievance and Appeal Resolution Process for Providers - Health Plan	MIN
16.C.3	Grievance and Appeal Resolution Process for Providers - IPA, Hospital and Practitioner	MIN
16	Grievance Resolution System Attachment Index	MOD
Attachment 16	Member Appeal and Grievance Form - IEHP DualChoice - Chinese	NEW
Attachment 16	Member Appeal and Grievance Form - IEHP DualChoice - Vietnamese	NEW
Attachment 16	Provider Grievance Resolution Letter	MIN
17.A.1	Primary Care Provider Transfers - Voluntary	MIN
17.A.2	Primary Care Provider Transfers - Involuntary	MOD
17.B.1	Disenrollment from IEHP – Voluntary	SUBST
17.B.2	Involuntary Disenrollment from IEHP - Member Behavior	MOD
17.B.3	Involuntary Disenrollment from IEHP - Member Status Changes	SUBST
17.c	Episode of Care – Inpatient	MIN
18.A.1.	Primary Care Providers - IPA and Hospital Affiliation	MIN
18.A.2	Primary Care Provider - Enrollment Capacity	SUBST
18.B	Provider Directory	MIN
18.C	PCP, Vision, and Behavioral Health Provider Network Changes	MIN
18.D.1	IPA Reported Changes - PCP Termination	MIN
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18.F	Specialty Network Requirements	SUBST
18.G	Provider Resources	MIN
18.H	Hospital Affiliations	MIN
18.I	Leave of Absence	MIN
18.J	IEHP Termination of PCPs, Specialist, Vision and Behavioral Health Providers	MIN
18.K	Hospital Network Participation Standards	SUB
18.L	Provider Charging Members	MIN
18.M	Outsourcing Standards and Requirements	MIN
18.N	IPA Medical Director Responsibilities	MIN
18.O	Provider Disruptive Behavior	MIN
18	Provider Network Attachment Index	MIN
Attachment 18	California Health and Safe Code 123110	RETIRED
19.A	IPA Financial Viability	MIN
19.B.1	Medicare Capitation – IPA	MIN
19.B.2	Medicare Capitation - IEHP Direct Providers	MOD
19.C.1	Pay For Perfomance (P4P) - Medicare DualChoice Annual Visit	RETIRED
19.C.2	Pay For Perfomance (P4P) - Medicare P4P IEHP Direct Program	RETIRED
19.D	IPA Financial Supervision	MIN
Attachment 19	Capitation Data File Format	MOD
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20.A	Claims Processing	MOD
20.A.1	Claims Processing - Claims Appeals - Denied Claims	MOD
20.A.2	Claims Processing – Provider Payment Dispute Resolution	MIN
20.C	Claims Deduction From Capitation - 7 Days Letter	MIN
20.D	Claims and Compliance Audits	MIN
20.E	Coordination of Benefits	MIN
20.F	Claims and Payment Appeal Reporting	MOD
20.G	Third Party Liability	MIN

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Attachment 20	Part C Organization Determinations, Appeals, and Grievances (ODAG)	REPLACEMENT
Attachment 20	Table 3 Payment Organization Determinations and Reconsiderations (PYMT_C)	REPLACEMENT
Attachment 20	Notice of Denial of Payment - English	MIN
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21.A	Encounter Data Submission Requirements	MIN
21.B	Medicare Risk Adjustment and Hierarchical Condition Categories	SUBST
21.C	Encounter Data Submission Requirements for Directly Contracted Capitated Providers	MIN
21	Encounter Data Reporting Attachment Index	MIN
Attachment 21	Encounter Data Submission Schedule	RETIRED
22.A	Members' Rights and Responsibilities	MIN
22.B	Providers' Rights and Responsibilities	MIN
23.A	Monitoring of First Tier, Downstream Entities	MIN
23.B	HIPAA Privacy and Security	MOD
23.C	Health Care Professional Advice to Members	MIN
23	Compliance Attachment Index	MIN
Attachment 23	IEHP Code of Business Conduct and Ethics	REPLACEMENT
24.A	Disability Program Description	MOD
24.B	Cultural & Linguistic Services Program Description	MOD
24.C	Quality Management and Quality Improvement Program Description	SUBST
24.D	Fraud, Waste and Abuse Program Description	MIN
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25.A.1	Delegation Oversight - Delegated Activities	SUBST
25.A.2	Delegation Oversight - Audit	SUBST

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25.B.1	Credentialing Standards - Credentialing Policies	SUBST
25.B.2	Credentialing Standards – Credentialing Committee	MIN
25.B.3	Credentialing Standards - Credentialing Verification	MOD
25.B.4	Credentialing Standards - Recredentialing Cycle Length	MIN
25.B.5	Credentialing Standards - Ongoing Monitoring and Interventions	MIN
25.B.6	Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	MIN
25.B.7	Credentialing Standards - Assessment of Organizational Providers	MIN
25.B.8	Credentialing Standards - Delegation of Credentialing	SUBST
25.B.9	Credentialing Standards - Identification of HIV/AIDS Specialists	MIN
25.B.10	Credentialing Standards - Credentialing Quality Oversight of Delegates	SUBST
25.C.1	Care Management - Delegation and Monitoring	MOD
25.C.2	Care Management - Reporting Requirements	MIN
25.D.1	Quality Management - Quality Management Reporting Requirements	MIN
25.D.2	Quality Management - Quality Management Program Structure Requirements	MIN
25.E.1	Utilization Management - Delegation and Monitoring	MOD
25.E.2	Utilization Management - Reporting Requirements	MOD
25.E.3	Utilization Management - Referral and Denial Audits	MOD
25.F.1	Medicare MMP Reporting Requirements - IEHP DualChoice Cal MediConnect Plan (Medicare - Medicaid Plan)	SUBST

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Attachment 25	Approval Referral Audit Tool	REPLACEMENT
Attachment 25	Care Coordinator to Member Ratio Template 5.1	REPLACEMENT
Attachment 25	Care Coordinator Training for Supporting Self- Direction	REPLACEMENT
Attachment 25	Care Management - Delegation Oversight Data Validation Tool	RETIRED
Attachment 25	Care Transition Cases Log	REPLACEMENT
Attachment 25	Compliance and FWA Delegation Oversight Audit Tool - IEHP DualChoice	RETIRED
Attachment 25	Compliance and FWA Tool	RETIRED
Attachment 25	CPE Delegation Oversight Annual Audit Tool	RETIRED
Attachment 25	Credentialing DOA Audit Tool	REPLACEMENT
Attachment 25	Delegation Oversight Audit Preparation Instructions - IEHP DualChoice	SUBST
Attachment 25	Denial Log Review Tool - IEHP DualChoice	REPLACEMENT
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Attachment 25	HIPAA Privacy Delegation Oversight Annual Audit Tool	RETIRED
Attachment 25	IEHP Universe M_SAR Table 1 Standard and Expedited Service Authorization Requests	REPLACEMENT
Attachment 25	IEHP Universe PYMT_C Table 3 Payment Organization Determinations and Reconsiderations	REPLACEMENT
Attachment 25	IEHP Universe Standard Auth MSSAR Data Dictionary	REPLACEMENT
Attachment 25	IEHP Universe Standard Auth MSSAR Template	REPLACEMENT
Attachment 25	IPA Biographical Information Sheet	MOD

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Attachment 25	IPA Delegation Agreement - IEHP DualChoice	SUBST
Attachment 25	Medicare Provider Reporting Requirements Schedule	SUBST
Attachment 25	Monthly Medicare Care Management Log	MIN
Attachment 25	Precontractual Audit Preparation Instructions - IEHP DualChoice	MIN
Attachment 25	Request for UM Criteria Log	MIN
Attachment 25	Response to Request for UM Criteria Letter	MIN
26.B	Glossary	MIN