

JANUARY 2024
IEHP PROVIDER POLICY AND PROCEDURE MANUAL
IEHP DualChoice (HMO D-SNP)
SUMMARY OF EFFECTED CHANGES

Revision Status:

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

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

SUBST = 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.

RETIRED = Retirement of a policy.

Note: All Attachments have either been retired or relocated to the non-secure Provider website found at <https://www.iehp.org/en/providers/provider-resources?target=forms>.

POLICY	POLICY TITLE	REVISION/ UPDATE REASON
00	Table of Contents	MIN
00A	Manual Overview	MOD
00B	IEHP Overview	MIN
00C	Manual Updates	MIN
01.A	General	MIN
01.B	Joint Powers Agency Governing Board	MIN
01.C	IEHP Committees	MIN
02.A	Public Policy Participation Committee (PPPC)	MOD
02.B	Provider Advisory Committee (PAC)	MIN
02.C	Quality Management and Health Equity Transformation Committee	SUBST
02.D	Peer Review Subcommittee	SUBST
02.F	Credentialing Subcommittee	SUBST
02.G	Utilization Management (UM) Subcommittee	MIN
02.H	Persons with Disabilities Workgroup (PDW)	MOD
03.B	Primary Care Provider Assignment	MOD
03.C	Member Identification Cards	MOD

POLICY	POLICY TITLE	REVISION/ UPDATE REASON
03.D	Eligible Members	MIN
03.E	Post Enrollment Kit	MIN
04.A	Eligibility Verification	MIN
04.B.2	Eligibility Verification Methods - Eligibility Verification Options	MOD
05.A.1	Credentialing Standards - Credentialing Policies	SUBST
05.A.2	Credentialing Standards - Credentialing Committee	MIN
05.A.3	Credentialing Standards - Credentialing Verification	SUBST
05.A.4	Credentialing Standards - Recredentialing Cycle Length	MIN
05.A.5	Credentialing Standards - Ongoing Monitoring and Interventions	SUBST
05.A.6	Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	MIN
05.A.7	Credentialing Standards - Assessment of Organizational Providers	MIN
05.A.8	Credentialing Standards - Delegation of Credentialing	MIN
05.A.9	Credentialing Standards - Identification of HIV/AIDS Specialists	MIN
05.B	Hospital Privileges	MOD
06.A	Facility Site Review and Medical Record Review Survey Requirements and Monitoring	SUBST
06.B	Physical Accessibility Review Survey (PARS)	MIN
06.C	PCP sites Denied Participation or Removed from the IEHP Network	MOD
06.D	Residency Teaching Clinics	MIN
06.E	Rural Health Clinics	MIN
06.F	Advanced Practice Practitioner Requirements	MIN
06.G	Urgent Care Center Evaluation	MIN
06.H	Interim FSR Monitoring for Primary Care Providers	MIN
06.I	Behavioral health Hospital Survey	MIN
07.A	Provider and IPA Medical Records Requirements	MIN
07.B	Information Disclosure and Confidentiality of Medical Records	MIN

POLICY	POLICY TITLE	REVISION/ UPDATE REASON
07.C	Informed Consent	MIN
07.D	Advance Health Care Directive	MIN
09.A	Access Standards	MIN
09.B	Missed Appointments	MIN
09.C	Access to Care for Members with Access and Functional Needs	MOD
09.D	Access to Services with Special Arrangements	MIN
09.F	Cancer Treatment Services	MIN
09.G	Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses	MOD
09.H.1	Cultural and Linguistic Services - Language Assistance Capabilities	MIN
09.H.2	Cultural and Linguistic Services - Language Competency Study	MIN
10.A	Initial Preventive Physical Exam	MIN
10.B	Adult Preventive Services	MOD
10.C	Initial Health Appointment	MOD
10.D.1	Obstetrical Services - Guidelines for Obstetrical Services	MIN
10.D.2	Obstetrical Services - Obstetric Care by Certified Nurse Midwives, License Midwives, and Freestanding 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	Sexually Transmitted Infection (STI) Services	MIN
10.H	HIV Testing and Counseling	MIN
10.J	Reporting Communicable Diseases to Public Health Authorities	MIN
10.K	Family Planning Services	MIN
10.L	Mandatory Elder or Dependent Adult Abuse Reporting	MIN
10.M	Mandatory Domestic Violence Reporting	MIN
10.N	Maternal Mental Health Program	MOD

POLICY	POLICY TITLE	REVISION/ UPDATE REASON
10.P	Community Health Worker Services	NEW
11.A	Formulary Management	MIN
11.B	Coverage Determination	MOD
11.C	IEHP DualChoice Vaccine Coverage	MIN
11.D	Claims for Drugs 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	SUBST
11.G	Coordination of Benefits	MIN
11.H	Best Available Evidence (BAE)	MIN
11.I	Transition Process	MIN
11.J	Pharmacy Access Standards	MIN
11.L	Insulin Administration Devices and Diabetic Testing Supplies	MIN
11.M	Member Request for Pharmacy Reimbursement	MIN
11.N	Pharmacy Credentialing and Re-Credentialing	MIN
12.A.1	Care Management Requirements - PCP Role	MIN
12.A.2	Care Management Requirements - Health Risk Assessment	MIN
12.A.3	Care Management Requirements - Individualized Care Plan	MOD
12.A.4	Care Management Requirements - Interdisciplinary Care Team	MOD
12.A.5	Care Management Requirements - Continuity of Care	SUBST
12.A.6	Care Management Requirements - Model of Care Training	MIN
12.A.7	Care Management Requirements - Transition of Care	MIN
12.B	Multipurpose Senior Services Program	MIN
12.C	Organ Transplant	MIN
12.D.1	Behavioral Health - Behavioral Health Services	MIN

POLICY	POLICY TITLE	REVISION/ UPDATE REASON
12.D.2	Behavioral Health - Substance Use Treatment Services	MIN
12.E	In-Home Supportive Services	SUBST
12.F	Community Based Adult Services	SUBST
13.B	Quality Management & Health Equity Transformation Program Overview for Members and Providers	MOD
13.E	Chronic Care Improvement Program (CCIP)	MIN
14.A	Utilization Management	MOD
14.A.1	Review Procedures - Primary Care Provider Referrals	MIN
14.A.2	Review Procedures - Standing Referral/Extended Access to Specialty Care	MIN
14.B	Second Opinions	MIN
14.C	Emergency Services	MOD
14.D	Pre-Service Referral Authorization Process	MOD
14.E	Referral Procedures for Custom Wheelchairs and Powered Mobility Devices	MIN
14.F.1	Long Term Care - Custodial Level	MIN
14.F.2	Long Term Care - Skilled Level	MIN
14.G	Acute Inpatient and Behavioral Health Admission and Concurrent Review	MIN
14.I	Expedited Initial Organization Determinations	SUBST
15.A	Health Education	MIN
15.B	Weight Management	MIN
15.D	IEHP Diabetes Self-Management Program	MIN
15.E	Perinatal Program	MIN
15.G	Individual Health Education Behavioral Assessment and Staying Healthy Assessment	RETIRED
15.G	Pediatric Health and Wellness	NEW
16.A	Member Grievance Resolution Process	MIN
16.B.2	Member Appeal Resolution Process - Part B and Part D Redeterminations	MIN

POLICY	POLICY TITLE	REVISION/ UPDATE REASON
16.C.2	Grievance and Appeal Resolution Process for Providers - Health Plan	MIN
17.A.2	Primary Care Providers Transfers - Involuntary	MIN
17.B.1	Disenrollment from IEHP - Voluntary	SUBST
17.B.2	Involuntary Disenrollment from IEHP - Member Behavior	SUBST
17.B.3	Involuntary Disenrollment from IEHP - Member Status Changes	SUBST
18.A.2	Primary Care Providers - Enrollment Capacity	SUBST
18.B	Provider Directory	MOD
18.C	PCP, Vision and Behavior Health Provider Network Changes	MIN
18.D.1	IPA Reported Changes - PCP Termination	MIN
18.D.2	IPA Reported Changes - Specialty and Ancillary Provider Termination	MIN
18.E	Management Services Organization Changes	MIN
18.F	Specialty Network Requirements	MIN
18.G	Provider Resources	SUBST
18.I	Leave of Absence	MIN
18.K	Hospital Network Participation Standards	MIN
18.L	Provider Charging Members	MIN
18.M	Outsourcing Standards and Requirements	MOD
18.N	IPA Medical Director Responsibilities	MOD
18.O	Provider Disruptive Behavior	MIN
18.P	Virtual Care	MIN
19.A	IPA Financial Viability	MIN
19.C	IPA Financial Supervision	MIN
20.A	Claims Processing	MIN
20.A.1	Claims Processing - Claims Appeals - Denied Claims	SUBST

POLICY	POLICY TITLE	REVISION/ UPDATE REASON
20.A.2	Claims Processing - Provider Payment Dispute Resolution	MIN
20.B	Billing of IEHP Members	SUBST
20.C	Claims Deduction from Capitation - 7 Days Letter	SUBST
20.D	Claims and Compliance Audits	SUBST
20.E	Coordination of Benefits	SUBST
20.F	Claims and Payment Appeal Reporting	MIN
21.A	Encounter Data Submission Requirements	MIN
21.B	Medicare Risk Adjustment and Hierarchical Condition Categories	MIN
22.B	Providers' Rights and Responsibilities	MIN
23.A	Monitoring of First Tier Downstream Entities	MIN
23.B	HIPAA Privacy and Security	MIN
23.C	Health Care Professional Advice to Members	MIN
24.A	Disability Program Description	MIN
24.C	Quality Management & Health Equity Transformation Program and Quality Improvement Program Description	SUBST
24.E	Compliance Program Description	MIN
25.A.1	Delegation Oversight - Delegated Activities	MIN
25.A.2	Delegation Oversight - Audit	MOD
25.A.3	Delegation Oversight - Corrective Action Plan Requirements	MIN
25.B.1	Credentialing Standards - Credentialing Policies	SUBST
25.B.2	Credentialing Standards - Credentialing Committee	MIN
25.B.3	Credentialing Standards - Credentialing Verification	SUBST
25.B.4	Credentialing Standards - Recredentialing Cycle Length	MIN
25.B.5	Credentialing Standards - Ongoing Monitoring and Interventions	MIN

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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 CR	SUBST
25.B.9	Credentialing Standards - Identification of HIV/AIDS Specialists	MIN
25.B.10	Credentialing Standards - Credentialing Quality Oversight of Delegates	MIN
25.C.1	Care Management - Delegation and Monitoring	SUBST
25.C.2	Care Management - Reporting Requirement	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 - Reporting Requirements	MIN
25.E.2	Utilization Management - Referral and Denial Audits	MIN
25.F.1	Medicare Reporting Requirements - IEHP DualChoice (HMO D-SNP)	MIN
26.A	Quick Reference Guide	MOD
26.B	Glossary	MOD
26.C	Index	RETIRED