

**JANUARY 2024**  
**IEHP PROVIDER POLICY AND PROCEDURE MANUAL**  
**IEHP Medi-Cal**  
**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>.

| <b>POLICY/<br/>ATTACHMENT</b> | <b>POLICY TITLE</b>   | <b>REVISION/<br/>UPDATE<br/>REASON</b> |
|-------------------------------|---|--|
| 00                            | Table of Contents   | <b>MIN</b>                             |
| 00A                           | Manual Overview   | <b>MOD</b>                             |
| 00B                           | IEHP Overview   | <b>MIN</b>                             |
| 00C                           | Manual Updates  | <b>MOD</b>                             |
| 01.A                          | General   | <b>MIN</b>                             |
| 01.B                          | Joint Powers Agency Governing Board                           | <b>MIN</b>                             |
| 01.C                          | IEHP Committees   | <b>MIN</b>                             |
| 02.A                          | Public Policy Participation Committee (PPPC)                  | <b>MOD</b>                             |
| 02.B                          | Provider Advisory Committee (PAC)                             | <b>MIN</b>                             |
| 02.C                          | Quality Management and Health Equity Transformation Committee | <b>SUBST</b>                           |
| 02.D                          | Peer Review Subcommittee                                      | <b>SUBST</b>                           |
| 02.F                          | Credentialing Subcommittee                                    | <b>SUBST</b>                           |
| 02.G                          | Utilization Management (UM) Subcommittee                      | <b>MIN</b>                             |
| 02.H                          | Pharmacy and Therapeutics Subcommittee                        | <b>MOD</b>                             |
| 03.B                          | Medi-Cal Enrollment Process                                   | <b>MOD</b>                             |
| 03.E                          | Primary Care Provider Assignment                              | <b>MIN</b>                             |

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| 03.F                          | Member Identification Cards   | <b>MIN</b>                             |
| 03.G                          | Post Enrollment Kit   | <b>MIN</b>                             |
| 04.B.2                        | Eligibility Verification Methods - Eligibility Verification Options                       | <b>MOD</b>                             |
| 05.A.1                        | Credentialing Standards - Credentialing Policies (NCQA)                                   | <b>SUBST</b>                           |
| 05.A.3                        | Credentialing Standards - Credentialing Verification                                      | <b>SUBST</b>                           |
| 05.A.7                        | Credentialing Standards - Assessment of Organizational Providers                          | <b>MIN</b>                             |
| 05.A.9                        | Credentialing Standards - Identification of HIV/AIDS Specialists                          | <b>MIN</b>                             |
| 05.B                          | Hospital Privileges   | <b>SUBST</b>                           |
| 05.C                          | Provider Screening and Enrollment Requirements  | <b>MIN</b>                             |
| 06.A                          | Facility Site Review and Medical Record Review  | <b>SUBST</b>                           |
| 06.B                          | Physical Accessibility Review Survey (PARS)   | <b>MIN</b>                             |
| 06.C                          | PCP Sites Denied Participation or Removed from the IEHP Network                           | <b>MOD</b>                             |
| 06.D                          | Residency Teaching Clinics  | <b>MIN</b>                             |
| 06.E                          | Rural Health Clinics  | <b>MIN</b>                             |
| 06.F                          | Advanced Practice Practitioner Requirements   | <b>MIN</b>                             |
| 06.G                          | Urgent Care Center Evaluation   | <b>MIN</b>                             |
| 06.H                          | Interim FSR Monitoring for Primary Care Provider  | <b>MIN</b>                             |
| 07.A                          | Provider and IPA Medical Record Requirements  | <b>MIN</b>                             |
| 07.B                          | Information Disclosure and Confidentiality of Medical Records                             | <b>MIN</b>                             |
| 07.C                          | Informed Consent  | <b>MIN</b>                             |
| 07.D                          | Advance Health Care Directive   | <b>MIN</b>                             |
| 09.A                          | Access Standards  | <b>MIN</b>                             |
| 09.B                          | Missed Appointments   | <b>MIN</b>                             |
| 09.C                          | Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses | <b>MOD</b>                             |
| 09.D                          | Access to Care for Members with Access and Functional Needs                               | <b>MIN</b>                             |

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| 09.E                          | Access to Services with Special Arrangements  | <b>MIN</b>                             |
| 09.F                          | Open Access to Obstetrical or Gynecological Services  | <b>MIN</b>                             |
| 09.G                          | Cancer Treatment Services   | <b>MIN</b>                             |
| 09.H.1                        | Cultural and Linguistic Services - Language Assistance Capabilities   | <b>MIN</b>                             |
| 09.H.3                        | Cultural and Linguistic Services - Non-Discrimination   | <b>MIN</b>                             |
| 10.A                          | Initial Health Appointment  | <b>SUBST</b>                           |
| 10.B                          | Adult Preventive Services   | <b>MOD</b>                             |
| 10.C.1                        | Pediatric Preventive Services - Well Child Visits   | <b>MIN</b>                             |
| 10.C.2                        | Pediatric Preventive Services - Immunization  | <b>MIN</b>                             |
| 10.D                          | Obstetrical Services - PCP Role in Care of Pregnant Members   | <b>MIN</b>                             |
| 10.D.1                        | Obstetrical Services - Guidelines for Obstetrical Services  | <b>MIN</b>                             |
| 10.D.2                        | Obstetrical Services - Obstetric Care by Certified Nurse Midwives, LM and Alternative Freestanding Birthing Centers | <b>MIN</b>                             |
| 10.D.3                        | Obstetrical Services - PCP Provision of Obstetric Care  | <b>MIN</b>                             |
| 10.E                          | Referrals to the Supplemental Food Program for Women, Infants, and Children   | <b>MIN</b>                             |
| 10.F                          | Sterilization Services  | <b>MIN</b>                             |
| 10.G                          | Family Planning Services  | <b>MIN</b>                             |
| 10.H                          | Sexually Transmitted Infection Services   | <b>MIN</b>                             |
| 10.I                          | HIV Testing and Counseling  | <b>MIN</b>                             |
| 10.J                          | Tuberculosis Services   | <b>MIN</b>                             |
| 10.K                          | Reporting Communicable Diseases to Public Health Authorities  | <b>MIN</b>                             |
| 10.L                          | Vision Examination Level Standards  | <b>MIN</b>                             |
| 10.M                          | Mandatory Elder or Dependent Adult Abuse  | <b>MIN</b>                             |
| 10.O                          | Mandatory Domestic Violence Reporting   | <b>MIN</b>                             |

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| 10.Q                          | Maternal Mental Health Program                                | <b>MOD</b>                             |
| 10.S                          | Community Health Worker Services                              | <b>MIN</b>                             |
| 11.A                          | Pharmacy Benefits and Services                                | <b>MIN</b>                             |
| 11.B                          | Member Request for Pharmacy Reimbursement -<br>Medi-Cal       | <b>RETIRED</b>                         |
| 11.B                          | Medical Drug Prior Authorization List                         | <b>MIN</b>                             |
| 12.A.1                        | Care Management Requirements - PCP Role                       | <b>MIN</b>                             |
| 12.A.2                        | Care Management Requirements - Continuity of Care             | <b>SUBST</b>                           |
| 12.A.3                        | Care Management Requirements - Health Risk<br>Assessment      | <b>SUBST</b>                           |
| 12.A.4                        | Care Management Requirements - Individualized                 | <b>RETIRED</b>                         |
| 12.A.5                        | Care Management Requirements - Interdisciplinary<br>Care Team | <b>RETIRED</b>                         |
| 12.B                          | California Children's Services                                | <b>SUBST</b>                           |
| 12.C                          | Early Start Services and Referrals                            | <b>MOD</b>                             |
| 12.D                          | Early and Periodic Screening, Diagnosis and<br>Treatment      | <b>MIN</b>                             |
| 12.E                          | Genetically Handicapped Persons Program                       | <b>MOD</b>                             |
| 12.F                          | In-Home Supportive Services                                   | <b>MOD</b>                             |
| 12.G                          | Organ Transplant  | <b>MIN</b>                             |
| 12.H                          | Community-Based Adult Services                                | <b>MIN</b>                             |
| 12.I                          | Complex Case Management                                       | <b>MOD</b>                             |
| 12.J                          | Dental Services   | <b>MIN</b>                             |
| 12.K.1                        | Behavioral Health - Behavioral Health Services                | <b>MIN</b>                             |
| 12.K.2                        | Behavioral Health - Substance Use Treatment<br>Services       | <b>MIN</b>                             |
| 12.L                          | Vision Services   | <b>MIN</b>                             |
| 12.L.1                        | Vision Services - Vision Exception Request                    | <b>MIN</b>                             |
| 12.L.2                        | Vision Services - Vision Provider Referrals                   | <b>MIN</b>                             |
| 12.M                          | Developmental Disabilities                                    | <b>MIN</b>                             |
| 12.N                          | Multipurpose Senior Services Program                          | <b>MIN</b>                             |
| 12.O                          | Open Access (Foster Care) Program                             | <b>MOD</b>                             |
| 12.P                          | Home and Community-Based Alternatives Waiver                  | <b>MIN</b>                             |

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| 12.Q                          | Medi-Cal Waiver Program  | <b>MOD</b>                             |
| 13.B                          | QM Program & Health Equity Transformation Program Overview for Members and Providers | <b>MOD</b>                             |
| 14.A                          | Utilization Management   | <b>MOD</b>                             |
| 14.A.1                        | Review Procedures - Primary Care Provider Referrals                                  | <b>MIN</b>                             |
| 14.A.2                        | Review Procedures - Standing Referral/Extended Access to Specialty Care              | <b>MIN</b>                             |
| 14.A.3                        | Review Procedures - Other Health Coverage  | <b>MIN</b>                             |
| 14.B                          | Second Opinions  | <b>MIN</b>                             |
| 14.C                          | Emergency Services   | <b>MIN</b>                             |
| 14.D                          | Pre-Service Referral Authorization Process   | <b>MIN</b>                             |
| 14.E                          | Referral Procedures for Powered Mobility Devices                                     | <b>MIN</b>                             |
| 14.F.1                        | Long Term Care (LTC) - Custodial Level   | <b>MIN</b>                             |
| 14.F.2                        | Long Term Care (LTC) - Skilled Level   | <b>MIN</b>                             |
| 14.G                          | Acute Inpatient Admission and Concurrent Review                                      | <b>SUBST</b>                           |
| 14.I                          | My Path Palliative Care Program  | <b>MIN</b>                             |
| 15.A                          | Health Education   | <b>MIN</b>                             |
| 15.B                          | Weight Management  | <b>MIN</b>                             |
| 15.D                          | IEHP Diabetes Self-Management Program  | <b>MIN</b>                             |
| 15.E                          | Perinatal Program  | <b>MIN</b>                             |
| 15.F                          | Pediatric Health and Wellness  | <b>MIN</b>                             |
| 16.A                          | Member Grievance Resolution Process  | <b>MIN</b>                             |
| 16.C.1                        | Dispute and Appeal Resolution Process for Providers - Initial                        | <b>MIN</b>                             |
| 17.A.2                        | Primary Care Providers Transfers - Involuntary                                       | <b>MIN</b>                             |
| 17.B.2                        | Involuntary Disenrollment from IEHP - Member   | <b>MIN</b>                             |
| 17.C                          | Loss of Medi-Cal Eligibility - PCP Responsibilities                                  | <b>MIN</b>                             |
| 17.D                          | Episode of Care - Inpatient  | <b>MIN</b>                             |
| 18.A.1                        | Primary Care Provider - IPA and Hospital Affiliation                                 | <b>MIN</b>                             |
| 18.A.2                        | Primary Care Provider - Enrollment Capacity  | <b>SUBST</b>                           |
| 18.B                          | Provider Directory   | <b>MOD</b>                             |

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| 18.C                          | PCP, Vision and Behavioral Health Provider Network Changes                           | <b>MIN</b>                             |
| 18.D.1                        | IPA Reported Changes - PCP Termination   | <b>MIN</b>                             |
| 18.D.2                        | IPA Reported Changes - Specialty and Ancillary                                       | <b>MIN</b>                             |
| 18.E                          | Management Services Organization Changes   | <b>MIN</b>                             |
| 18.G                          | Provider Resources   | <b>SUBST</b>                           |
| 18.I                          | Leave of Absence   | <b>MIN</b>                             |
| 18.K                          | Hospital Network Participation Standards   | <b>MIN</b>                             |
| 18.L                          | Providers Charging Members   | <b>MIN</b>                             |
| 18.M                          | Outsourcing Standards and Requirements   | <b>MOD</b>                             |
| 18.N                          | IPA Medical Director Responsibilities  | <b>MOD</b>                             |
| 18.P                          | Virtual Care   | <b>MIN</b>                             |
| 19.A                          | IPA Financial Viability  | <b>MIN</b>                             |
| 19.B                          | IPA Financial Supervision  | <b>MIN</b>                             |
| 19.D                          | Third-Party Liability  | <b>MIN</b>                             |
| 19.E                          | Public and Private Hospital Directed Payment   | <b>MOD</b>                             |
| 20.A                          | Claims Processing  | <b>SUBST</b>                           |
| 20.B                          | Billing of IEHP Members  | <b>SUBST</b>                           |
| 20.C                          | Claims Deduction from Capitation - 7-Day Letter                                      | <b>SUBST</b>                           |
| 20.D                          | Claims and Compliance Audits   | <b>SUBST</b>                           |
| 20.G                          | Claims and Provider Dispute Reporting  | <b>MIN</b>                             |
| 20.H                          | Claims Processing - Provider Dispute Resolution Process - Initial Claims Disputes    | <b>MOD</b>                             |
| 20.H.1                        | Claims Processing - Provider Dispute Resolution Process - Health Plan Claims Appeals | <b>MOD</b>                             |
| 21.A                          | Encounter Data Submission Requirements   | <b>MOD</b>                             |
| 22.A                          | Members' Rights and Responsibilities   | <b>MIN</b>                             |
| 22.B                          | Providers' Rights and Responsibilities   | <b>MIN</b>                             |
| 23.A                          | Non-Monetary Member Incentive - The California Department of Health Care Services    | <b>MIN</b>                             |
| 23.B                          | HIPAA Privacy and Security   | <b>SUBST</b>                           |

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| 23.C                          | Health Care Professional Advice to Members  | <b>MIN</b>                             |
| 23.D                          | Monitoring of First Tier Downstream Entities  | <b>NEW</b>                             |
| 24.A                          | Disability Program Description  | <b>MIN</b>                             |
| 24.B                          | Cultural & Linguistic Services Program Description (NCQA)   | <b>MIN</b>                             |
| 24.C                          | Quality Management & Health Equity Transformation Program and Quality Improvement Program Description | <b>SUBST</b>                           |
| 24.D                          | Fraud, Waste and Abuse Program Description  | <b>MIN</b>                             |
| 24.E                          | Compliance Program Description  | <b>MIN</b>                             |
| 24.F                          | Enhanced Care Management Program Description  | <b>SUBST</b>                           |
| 25.A.1                        | Delegation Oversight - Delegated Activities   | <b>MIN</b>                             |
| 25.A.2                        | Delegation Oversight - Audit  | <b>SUBST</b>                           |
| 25.A.4                        | Delegation Oversight - Corrective Action Plan Requirements  | <b>MIN</b>                             |
| 25.B.1                        | Credentialing Standards - Credentialing Policies  | <b>SUBST</b>                           |
| 25.B.3                        | Credentialing Standards - Credentialing Verification  | <b>SUBST</b>                           |
| 25.B.8                        | Credentialing Standards - Delegation of CR  | <b>SUBST</b>                           |
| 25.C.1                        | Care Management - Delegation and Monitoring   | <b>SUBST</b>                           |
| 25.C.2                        | Care Management - Reporting Requirements  | <b>MIN</b>                             |
| 25.D.1                        | Quality Management - Quality Management Reporting Requirements  | <b>MIN</b>                             |
| 25.D.2                        | Quality Management - Quality Management Program Structure Requirements                                | <b>MIN</b>                             |
| 25.E.1                        | Utilization Management - Reporting Requirements   | <b>MIN</b>                             |
| 25.E.2                        | Utilization Management - Referral and Denial Audits   | <b>MIN</b>                             |
| 26.A                          | Quick Reference Guide   | <b>MOD</b>                             |
| 26.B                          | Glossary  | <b>MOD</b>                             |
| 26.C                          | Index   | <b>RETIRED</b>                         |