
PROVIDER POLICY AND PROCEDURE MANUAL

IEHP DUALCHOICE

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INTRODUCTION

A. Manual Overview

The Inland Empire Health Plan’s (IEHP) Provider Policy and Procedure Manual helps its contracted entities, including but not limited to Independent Physician Associations (IPAs), Hospitals, Providers and other delegates, understand how the health plan functions in compliance with rules and regulations set forth by the California Department of Health Care Services (DHCS), California Department of Managed Health Care (DMHC), the Centers for Medicare and Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA). IEHP’s contracted entities are expected to adhere to the provisions set forth in this Manual.

This Manual is intended to incorporate the statutory, regulatory, and contractual requirements imposed by DHCS, DMHC, CMS, NCQA, and other agencies such as medical professional licensing boards. It is not intended to replace or exclude any statutory, regulatory, or contractual requirement not stated herein.

In addition to this Manual, a CMS link to the Benefit Manual <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html> is included in the annual mailing and electronic mailing to IEHP’s contracted entities. The CMS Benefit Manual is offered as a guideline to determine benefit eligibility and is not intended to be construed as or to serve as a standard of medical care, or as a contractual agreement for payment.

IEHP’s contracted entities are responsible for ensuring the appropriate personnel within their organization review and understand the information contained in this Manual. Policies and procedures are updated periodically to remain current with regulatory, accreditation, contractual, and Plan requirements. Policy updates are sent to IEHP’s contracted entities, as appropriate, as well as published on the IEHP website at www.iehp.org.

IEHP trains its contracted entities, as appropriate, to assist in learning IEHP’s policies and procedures as outlined in this Manual.

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	<input type="checkbox"/> DHCS	<input type="checkbox"/> CMS
	<input type="checkbox"/> DMHC	<input type="checkbox"/> NCQA
Original Effective Date:	January 1, 2007	
Revision Effective Date:	January 1, 2024	

INTRODUCTION

B. IEHP Overview

Inland Empire Health Plan (IEHP) is a not-for-profit public entity that is a Health Maintenance Organization (HMO) serving Medi-Cal, IEHP DualChoice (HMO D-SNP) and Covered California (CCA) beneficiaries residing in Riverside and San Bernardino Counties.

IEHP is a Knox-Keene licensed Health Plan and is regulated by the California Department of Managed Health Care (DMHC), the California Department of Health Services (DHCS), and the Centers for Medicare and Medicaid Services (CMS).

IEHP was formed on July 26, 1994 as a Joint Powers Agency (JPA) created by the two (2) counties to administer the Two-Plan Model as the Local Initiative Medi-Cal Managed Health Care Plan. IEHP commenced operations on September 1, 1996.

Mission, Vision and Values

- A. Mission: We heal and inspire the human spirit.
- B. Vision: We will not rest until our communities enjoy optimal care and vibrant health.
- C. Values: We do the right thing by:
 - 1. Placing our Members at the center of our universe.
 - 2. Unleashing our creativity and courage to improve health & well-being.
 - 3. Bringing focus and accountability to our work.
 - 4. Never wavering in our commitment to our Members, Providers, Partners, and each other.

INLAND EMPIRE HEALTH PLAN		
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Original Effective Date:	January 1, 2007	
Revision Effective Date:	January 1, 2024	

INTRODUCTION

C. Manual Updates

The Inland Empire Health Plan (IEHP) Provider Policy and Procedure (Provider Manual) is reviewed and updated in its entirety no less than once a year. IEHP Provider Manual can be accessed through the IEHP website at www.iehp.org.

The Provider Manual annual update includes the following:

- A. Provider Policy and Procedure Manuals:
- B. Electronic Data Interchange (EDI) Manual
- C. CMS r Benefit Manual
- D. Summary of Effected Changes
- E. IEHP Code of Business Conduct and Ethics
- F. IEHP DualChoice (HMO D-SNP) Model of Care Training
- G. General Compliance, Fraud, Waste and Abuse (FWA) and Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Training
- H. Distribution Letter
- I. Acknowledgment of Receipt (AOR) – Providers are required to sign and return this AOR to IEHP to signify receiving and reviewing the electronic copies of the Provider Manual and Trainings.

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	<input type="checkbox"/> DHCS	<input type="checkbox"/> CMS
	<input type="checkbox"/> DMHC	<input type="checkbox"/> NCQA
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