
2. COMMITTEE OVERVIEW

B. Provider Advisory Committee

ROLE:

- A. The Provider Advisory Committee (PAC) was established to create a forum for Providers and Practitioners to provide input and advice to the Chief Executive Officer (CEO) on relevant IEHP policies and programs.
- B. The CEO may provides updates, input, and feedback from the PAC at each IEHP Governing Board ~~regular~~.
- ~~B.C.~~ The CEO may utilize information gained from the PAC to make recommendations or address Provider and Practitioner issues with the IEHP Governing Board.

FUNCTION:

- A. The PAC reviews significant policy items related to IEHP functions prior to IEHP management's presentation to the Governing Board. Examples include, but are not limited to:
1. IEHP budget issues;
 2. Changes in contracting methodologies and/or model;
 3. Changes to programs that impact Providers, such as the Pay for Performance (P4P) Quality incentive payments, Health Education programs, etc.;
 4. Review of quality study results with a focus on proposed corrective action plans that impact Providers;
 5. Benefit changes and interpretation; and
 6. Other policy or procedure changes that impact Providers.
- B. PAC has a standing agenda item at each Governing Board meeting to allow direct input regarding items as listed above, or other policies and procedures that impact Providers.

MEETINGS:

- A. The PAC meets every other month, on the Monday prior to an IEHP Governing Board regular meeting.
- B. PAC meeting dates are scheduled one (1) year in advance.

MEMBERSHIP:

- A. Membership consists of eight (8) volunteered IEHP Providers or Practitioners in good standing as follows:

2. COMMITTEE OVERVIEW

B. Provider Advisory Committee

1. Two (2) Hospital representatives selected by the Hospital Association of Southern California (HASC), one (1) Hospital representative from a contracted Hospital and one (1) representative from HASC or a contracted Hospital selected by HASC;
 2. One (1) Physician representative selected by the Riverside County Medical Association. The Physician must be a participating Primary Care Provider (PCP) with IEHP;
 3. One (1) Physician representative selected by the San Bernardino County Medical Society. The Physician must be a participating PCP with IEHP;
 4. One (1) Optometrist who is appointed by the Optometric Society and with IEHP;
 5. One (1) representative from an ~~an Delegated~~ IPA contracted with IEHP;
 6. One (1) representative from a Pharmacy or Pharmacy chain contracted with IEHP; and
 7. One (1) practicing member from a Behavioral Health discipline.
- B. The following IEHP staff that will be available at each meeting:
1. IEHP Chief Executive Officer (CEO), or designee;
 2. IEHP Chief Medical Officer (CMO), or designee;
 3. IEHP Chief Operating Officer (COO), or designee; and
 4. Additional IEHP staff as necessary, or as requested by the PAC.
- C. Members shall not have interests crossing membership categories.
- D. Members cannot be in litigation with IEHP.
- E. Members' terms shall be for two (2) years, and reappointment can occur at the request of the nominating entity or IEHP.
- F. The CEO retains the discretion to remove any particular person from participating in the PAC. The CEO may from time to time adjust the PAC membership by adding or removing seats on the PAC.
- G. Should a member vacate their seat on the PAC, a new member in the appropriate health field or practice shall be appointed in accordance with IEHP Policy and Procedure.

CHAIRMANSHIP:

- A. The Chairperson and Vice Chair of the PAC are selected by the membership by simple majority vote in accordance with IEHP Policy and Procedures.
- B. The Chairperson is responsible for presiding over all PAC meetings and for moving along the agenda items and discussions.
- C. The Chairperson is also responsible for making recommendations or providing input to the

2. COMMITTEE OVERVIEW

B. Provider Advisory Committee

CEO based on the meeting discussions of any particular agenda item.

- D. The Chairperson coordinates with IEHP staff as required prior to each meeting.
- E. The Chairperson may waive a meeting if there are no relevant issues to discuss.

COMMITTEE ORGANIZATION:

- A. IEHP is responsible for all meeting organization and preparation, including agenda and supporting materials, preparation and mailing to PAC members and other meeting logistics.
- B. IEHP staff coordinates meeting preparation with the Chair.

CONFIDENTIALITY

- A. Since the PAC may discuss issues that are proprietary to IEHP and operational in nature, IEHP considers these discussions to be confidential. All information provided to this advisory body will be kept confidential and not discussed or distributed to any non-member of the PAC or any person not employed by or associated with IEHP until such time as the CEO or IEHP's Governing Board may make such information public.

2. COMMITTEE OVERVIEW

B. Provider Advisory Committee

<u>INLAND EMPIRE HEALTH PLAN</u>		
Chief Approval: Signature on file	Original Effective Date:	January 1, 2007
Chief Title: Chief Operating Officer	Revision Date:	January 1, 2023

<u>INLAND EMPIRE HEALTH PLAN</u>		
<u>Regulatory/ Accreditation Agencies:</u>	<input type="checkbox"/> <u>DHCS</u>	<input type="checkbox"/> <u>CMS</u>
	<input type="checkbox"/> <u>DMHC</u>	<input type="checkbox"/> <u>NCQA</u>
<u>Original Effective Date:</u>	January 1, 2007	
<u>Revision Effective Date:</u>	January 1, 2023 4	

2. COMMITTEE STRUCTURE

C. Quality Management Committee

ROLE:

- A. The Quality Management Committee and Health Equity Transformation Committee (QM~~HET~~C) directs the continuous monitoring of all aspects of health care being administered to IEHP Members, with oversight by the IEHP Chief Quality Officer (CQO), Chief Medical Officer (CMO) or physician designee, in collaboration with the Chief Health Equity Officer (CHEO), who functions as the Plan's Chief Health Equity Officer. ~~All Committee findings and recommendations for policy decisions are reported through the IEHP CQO, CMO, or physician designee to the IEHP Governing Board on an annual basis, or as needed.~~
- B. Objectives of the QMC include:
- ~~1.~~ Review, oversight and evaluation of delegated and non-delegated Quality Management (QM) and Quality Improvement (QI) Quality Management and Health Equity Transformation Program (QM~~HET~~P) activities, including the accessibility of health care services and actual care rendered;
 - ~~1.2.~~ Analyzing and evaluating the results of QM~~HET~~P activities including annual review of results of performance measures, utilization data, peer review, grievance information, consumer satisfaction surveys, and findings and activities of other committees, such as the Public Policy Participation Committee.
 - ~~2.3.~~ Ensuring continuity and coordination of care;
 - ~~3.4.~~ Oversight of delegated activities such as Utilization Management (UM), ~~QM, QI~~QM~~HET~~P, Population Health Management (PHM)) and Credentialing/Recredentialing;
 - ~~4.5.~~ Oversight of non-delegated Credentialing/Recredentialing activities, facility and medical record compliance with established standards, Member experience, quality and safety of care and services, access to care, and adequacy of treatment;
 - ~~6.~~ Identifying and tracking of problems using grievance information, peer review and utilization data and implementing corrective actions;
 - ~~5.~~ Instituting corrective actions to address performance deficiencies, including policy recommendations, and ensuring appropriate follow-up of identified performance deficiencies.
 - ~~6.7.~~ Monitoring Member interaction at all levels, representing the entire range of care, from the Member's initial enrollment to final outcomes; and
 - ~~7.8.~~ Reviewing quality of care, potential quality incidents (PQI), practitioner office site quality, interpreter services, and internal file review reports.
- C. The QM~~HET~~C is responsible for annual evaluation, updates, and approval of the QM~~HET~~P Program Description & Culturally Linguistically Appropriate Services (CLAS) including ~~QM~~ policies, procedures, and activities, providing direction for development of the annual Work Plan and Calendar, and making recommendations for improvements to the IEHP Governing Board, as needed.

2. COMMITTEE STRUCTURE

C. Quality Management Committee

D. Ancillary Subcommittees are instituted to assist with study development as needed. The QMHETC reviews subcommittee activity reports and is responsible for periodic assessment and redirection of Subcommittee activities and recommendations.

1. The QMHETC receives updates from [the Public Policy Participation](#), Peer Review, Credentialing, UM, Compliance, ~~QI~~, and Pharmacy and Therapeutics Subcommittees, [and Quality Improvement Council](#) at least quarterly or more frequently, as indicated.
2. IEHP may delegate ~~QM and QI~~ QMHETP activities to those entities with current National Committee for Quality Assurance (NCQA) accreditation. The IEHP QMHETC and Compliance Committees provide oversight of these delegated activities.

FUNCTION:

A. The following elements define the function of the QMHETC in monitoring and oversight for care administered to Members:

1. Review
 - a. Review, analyze, and evaluate results of QMHETP/~~QI~~ activities at least annually and revise, as necessary;
 - b. Identify and prioritize quality issues, institute needed actions and ensure follow-up;
 - c. Review behavioral health care reports for quality issues;
 - d. Review and approve clinical practice and preventive health guidelines; and
 - e. Review the Program Descriptions of delegated entities on an annual basis.
2. Evaluation
 - a. Assess the direction of health education resources;
 - b. Seek methods to increase the quality of health care for the served population;
 - c. Design and direct QMHETP ~~Program~~ objectives, goals, and strategies;
 - d. Develop and assign responsibility for achieving goals;
 - e. Develop and monitor Corrective Action Plan (CAP) performance;
 - f. Recommend policy decisions;
 - g. Ensure incorporation of findings based on Member and Provider input/issues into IEHP policies and procedures; [and](#)
 - h. Ensure practitioner participation in the QMHETP/~~QI~~ ~~program~~ through planning, design, implementation, or review;
3. Oversight
 - a. Oversee the identification of trends and patterns of care;
 - b. Provide oversight for the IEHP UM Program and Delegate UM functions;

2. COMMITTEE STRUCTURE

C. Quality Management Committee

- c. Provide oversight and direction for Subcommittees and related programs and activities;
 - d. Provide oversight of behavioral health care services;
 - e. Oversee the IEHP Credentialing Program and delegated credentialing functions;
 - f. Oversee and direct IEHP Disease Management Programs;
4. Monitoring
- a. Monitor quality improvement activities;
 - b. Monitor clinical safety;
 - c. Monitor grievances and appeals for quality issues;
 - d. Report progress, actions taken, progress in meeting QMHETP objectives, improvements made and key issues to the IEHP Governing Board, as needed; and
 - e. Develop and monitor improvement action plan opportunities and performance.

STRUCTURE:

- A. The QMHETC is designated by and accountable to the IEHP Governing Board for oversight and performance responsibility, the supervision of activities by the IEHP CQO, CMO, or physician designee, in collaboration with the Health Equity Officer. and the IEHP ensures that a inclusion of contracted physicians and contracted Providers in the process of quality improvement system development and performance review broad range of network Providers, including but not limited to hospitals, clinics, county partners, physicians, subcontractors, downstream subcontractors, and Members, actively participate in the QMHETC or in any subcommittee that reports to the QMHETC.

MEMBERSHIP:

- A. Appointed Committee membership is comprised of the IEHP CQO, CMO, CHEO or physician designee, IEHP Medical Directors, IEHP HEO, participating IPA Medical Directors, network Providers and Pharmacists, and appointed representatives from the Public Health Departments of Riverside County and/or San Bernardino County, participating pharmacists. IEHP ensures participating Providers are representative of the Plan's network and include, at minimum, network Providers who provide health care services to Members affected by Health Disparities, Limited English Proficiency (LEP) Members, Children with Special Care Needs (CSHCN), Senior Persons with Disabilities (SPDs), and Members with chronic conditions.

Appointed committee membership is representative of the Plan's network and include, at minimum, network Providers who provide health care services to Members affected by health disparities, Limited English Proficiency (LEP) Members, Children with Special Health Care Needs (CSHCN), Seniors and Persons with Disabilities (SPDs) and persons with chronic conditions.

2. COMMITTEE STRUCTURE

C. Quality Management Committee

1. The IEHP CQO, CMO, [CHEO](#) or physician designee serves as the Chairperson.
 2. A Behavioral Health Practitioner representing the appropriate level of knowledge to adequately assess and adopt healthcare standards, is present to assist with behavioral health issues and aspects of the [QM~~HETP~~/QI Program](#). The Behavioral Health Practitioner must be a medical doctor or have a clinical PhD or PsyD and may be a medical director, clinical director or participating practitioner from IEHP or behavioral healthcare delegate (if applicable).
 3. Prospective appointed Physician and non-physician members of the Committee are subject to verification of license, and malpractice history prior to participating on the Committee.
 4. Prospective Physician and non-physician members not providing requested information to perform verification in a timely manner, or who do not meet IEHP's requirements upon verification may not participate on the Committee.
- B. Any external committee members must be screened prior to joining the [QM~~HETC~~](#) to ensure they are not active on either the Office of Inspector General (OIG) or General Services Administration (GSA) exclusion lists.
1. [QM~~HETC~~](#) members must be screened before being confirmed and monthly, thereafter. The Compliance department and QM department collaborate to ensure Committee members undergo an OIG/GSA exclusion screening prior to scheduled [QM~~HETC~~](#) meetings.
 2. QM notifies the Compliance department of any membership changes in advance of the [QM~~HETC~~](#) meeting so that a screening can be conducted prior to the changes taking effect.
- C. ~~IEHP staff that participate in the~~ [QM~~HETC~~](#) includes multidisciplinary representation from IEHP departments, ~~Participating IEHP staff including include~~ but are not limited to [the Health Equity Officer, Civil Rights Coordinator, and representatives from:](#) QM, UM, Behavioral Health and Care Management, Pharmaceutical Services, Member Services, Community Health, Health Education, Grievance and Appeals; and Provider [ServicesExperience](#). IEHP staff participating on the [QM~~HETC~~](#) have been selected to allow input and technical expertise related to Member and Provider experience, encounter data, and to provide links back to other IEHP departments.
- D. The Quality System's [Administrative Assistantanalyst](#) acts as secretary to the Committee.
- E. Non-appointed guests may attend [QM~~HETC~~](#) meetings but are required to sign the Committee attendance record, which includes a statement of confidentiality and conflict of interest disclosure form.
- F. The IEHP CQO, CMO, or physician designee [in collaboration with the CHEO](#) selects Medical Directors, Physicians, and non-physician members for Committee membership from the IEHP Provider Network.

TERMS OF SERVICE:

2. COMMITTEE STRUCTURE

C. Quality Management Committee

- A. IEHP staff attend as permanent members of the QMHETC. The full term of service for a non-IEHP physician or non-physician member is two (2) years, with additional terms as recommended by the Committee. Public Health Department representatives serve for two (2) years and are selected by each County Health Department, with approval by the IEHP CQO, CMO, or physician designee. The determination of whether any Practitioner members or public health representatives may serve additional terms is at the ~~sole~~ discretion of the IEHP CQO, CMO, or physician designee and CHEO.

VOTING RIGHTS:

- A. Voting rights are restricted to the appointed external Committee Members, CQO, CMO, CHEO, Vice President of Quality, ~~Health Equity Officer~~ or physician designee and IEHP Medical Directors. Other IEHP staff do not have voting privileges.

QUORUM:

- A. Voting cannot occur unless there is a quorum of voting members present. For decision purposes, a quorum ~~can be composed of one of the following:~~ is defined as the Chairperson or IEHP Medical Director and two (2) other appointed Committee members.

~~1. The Chairperson and two (2) other appointed Committee members.~~

~~2.1.~~ A Behavioral Health Practitioner must be present for behavioral health issues.

~~3.2.~~ Non-physician Committee members may not vote on medical issues.

MEETINGS:

- A. The QMHETC meets at least quarterly, with additional meetings as necessary. Issues that arise prior to the next scheduled QMHETC meetings that need immediate attention are reviewed by the IEHP CQO, CMO, or physician designee and reported back to the QMHETC when applicable.
- B. Interim issues requiring Committee approval may be approved by an ad hoc teleconference called by the Chairperson.

MINUTES:

- A. IEHP has a standardized format and process for documentation of meetings, attendees, and action items for the QMHETC and related Subcommittees. Detailed minutes are recorded at each meeting, with review by the Chairperson. Minutes include recommendations, actions and activities addressed in committee meetings. Minutes are dated, signed, and reflect responsible persons for follow-up actions. Minutes are stored in a confidential and secure place with access only by authorized staff. The Committee approves minutes at the next scheduled meeting.
- B. Meeting minutes are maintained and submitted to the Department of Health Care Services (DHCS) quarterly.

REPORTS:

2. COMMITTEE STRUCTURE

C. Quality Management Committee

- A. QMHETC findings, ~~and~~ recommendations and actions are prepared after each meeting and reported through the IEHP Chief Medical Officer (CMO) to the IEHP Governing Board as needed or as requested. A written summary is submitted to DHCS upon request and made publicly available on IEHP's website at www.iehp.org on at least a quarterly basis. Information in the QMHETP Summary reports sent to the IEHP Governing Board may include but not be limited to: Overview of Delegation Oversight Activities, QMHETP Reports, Review of QMHETP & CLAS Annual Evaluation, QMHETP Program Description, CLAS Program Description, and QMHETP/~~Q~~ and CLAS Work Plan. The QMHETP/~~Q~~ and CLAS Work Plan includes yearly comprehensive plan of reports to be performed including studies that adequately address the health care and demographics pertinent to IEHP Members.

CONFIDENTIALITY:

- A. All appointed members of the QMHETC, participating IEHP staff and guests are required to sign the Committee attendance record, which includes a statement of confidentiality and conflict of interest disclosure form, at each meeting. IEHP complies with Health Insurance Portability and Accountability Act (HIPAA) regulatory requirements for confidentiality and avoidance of conflict of interest. All records are maintained in a manner that preserves the integrity in order to assure Member and Practitioner confidentiality is protected.

RECUSAL POLICY:

- A. If a Committee member has an interest that may affect or be perceived to affect the member's independence of judgment, the member must recuse himself/herself from the voting process. This recusal includes but is not limited to refraining from deliberation or debate, making recommendations, volunteering advice, and/or participating in the decision-making process in any way.
- B. The Chairperson will review the criteria that Committee members should use to determine whether to recuse themselves from the voting process at the beginning of each meeting and ask whether any member needs to recuse themselves.

AFFIRMATION STATEMENT:

- A. The QMHETC attendance record signed by all QMHETC members, IEHP participating staff and guests includes an affirmation statement acknowledging that utilization decisions made by the Committee for IEHP Members are based solely on medical necessity. IEHP does not compensate or offer financial incentives to Practitioners or individuals for denials of coverage or service. The affirmation statement also addresses conflict of interest and confidentiality issues:

“As a member of the IEHP (~~name of~~) Subcommittee Quality Management & Health Equity Transformation Committee charged with the duties of evaluation and improvement of the quality of care rendered to Members of IEHP, I recognize that confidentiality is vital to the free, candid and objective discussions necessary for effective management. Therefore, I agree to respect and maintain the confidentiality of

2. COMMITTEE STRUCTURE

C. Quality Management Committee

all discussions, deliberations, records and other information generated in connection with all committees and other activities, and I understand that by signing this agreement, I am binding myself by contract to maintain such confidentiality. I agree that I will not make any voluntary disclosure of such confidential information except to persons authorized to receive such information. I also understand that as a Committee member I cannot vote on matters where I have an interest and that I must declare that interest and refrain from voting until the issue has been resolved. Utilization decisions for Members are based on medical necessity. There are no financial incentives for denial of coverage or service.”

- B. IEHP abides by the California Health and Safety Code that includes the following statement: “A health care service plan that authorizes a specific type of treatment by a provider shall not rescind or modify this authorization after the provider renders the health care service in good faith and pursuant to the authorization. This section shall not be construed to expand or alter the benefits available to the enrollee or subscriber under a plan.”¹

¹ California Health and Safety Code (Health & Saf. Code), § 1371.8

2. COMMITTEE STRUCTURE

C. Quality Management Committee

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	September 1, 1996
Chief Title: Chief Medical Officer	Revision Date:	January 1, 2023

<u>INLAND EMPIRE HEALTH PLAN</u>		
<u>Regulatory/ Accreditation Agencies:</u>	<input type="checkbox"/> <u>DHCS</u>	<input checked="" type="checkbox"/> <u>CMS</u>
	<input type="checkbox"/> <u>DMHC</u>	<input checked="" type="checkbox"/> <u>NCQA</u>
<u>Original Effective Date:</u>	<u>September 1, 1996</u>	
<u>Revision Effective Date:</u>	<u>January 1, 2024</u>	

2. COMMITTEE STRUCTURE

D. Peer Review Subcommittee

ROLE:

~~A. The Peer Review Subcommittee performs peer review for IEHP. This Subcommittee is responsible for reviewing Member, Practitioner or Provider grievances and/or appeals, Practitioner-related quality of care and service issues including Facility Site and Medical Record Reviews, sanctioning, and other peer review matters as directed by the IEHP Medical Director.~~

~~B.A. The Peer Review Subcommittee performs oversight of the credentialing activities of Delegates that are delegated credentialing responsibilities. It is also responsible for quality reviews of Providers directly credentialed by IEHP. Quality reviews can be requested as part of the Grievance and Appeal monitoring process, IEHP Chief Medical Officer (CMO), IEHP Medical Director or a Practitioner appealing an adverse credentialing decisions. The Peer Review Subcommittee is reported reports to the Quality Management and Health Equity Transformation (QM) Committee responsibility of to monitor Practitioner compliance and development of action plans regarding clinical quality issues, Practitioner quality of care concerns, and Practitioner grievances.²~~

~~C. The Subcommittee monitors the IEHP Credentialing and Recredentialing Program including the grievance and appeals processes between credentialing cycles if they are referred by IEHPs Grievance and Appeals Department or IEHP Medical Director, with recommendations for modification as necessary.~~

~~D. The Subcommittee is reported to the Quality Management responsibility of monitor Practitioner compliance and development of action plans regarding clinical quality issues, Practitioner quality of care concerns, and Practitioner grievances to address problem areas is appointed by the IEHP QM Committee to the Peer Review Subcommittee.¹~~

~~E. The Subcommittee reviews and makes recommendations on the appropriate reporting of any actions against Providers related to quality of care issues and/or any applicable federal and state laws.²~~

FUNCTION:

~~A. The function of the Peer Review Subcommittee is to:~~

~~A. The following elements define the functions of the Peer Review Subcommittee in monitoring peer review matters:~~

~~1. The Peer Review Subcommittee performs peer review for IEHP. This Subcommittee is responsible for rreviewings Member, Practitioner or Provider grievances and/or appeals, Practitioner-related quality of care and service issues including Facility Site and Medical Record Reviews, sanctioning, and other peer review matters as directed by the IEHP~~

¹National Committee for Quality Assurance (NCQA), 2022 Health Plan Standards and Guidelines, CR 5, Element A, Factor 3

²California Business and Professions Code (Bus. & Prof. Code) § 805

2. COMMITTEE STRUCTURE

D. Peer Review Subcommittee

Medical Director

- ~~2. The Subcommittee monitors the IEHP's Credentialing and Recredentialing Program including the grievance and appeals processes;~~
- ~~1. Serves as the committee for clinical quality review of Practitioners;~~
3. Evaluates, assesses, and makes decisions regarding Practitioner or Member grievances and clinical quality of care exception cases referred by various groups including: Grievance and Appeals, IEHP Chief Medical Officer (CMO), or IEHP Medical Director; Practitioner or Delegate-IPA/Networks; In addition, the Subcommittee
- ~~2.4. Reviews credentialing or recredentialing issues, sanctions, and other network related concerns are reviewed and develops or recommends action plans, as required;~~
- ~~3.5. Retrospectively reviews credentialed network Practitioners with potential or suspected quality issues who are referred by the IEHP Medical Director; These Practitioners have been credentialed and approved for participation in IEHP's network by Delegated IPA/Networks that are delegated credentialing and recredentialing activities or directly credentialed by IEHP;~~
- ~~4.6. Reviews all Practitioner or Provider appeals related to clinical issues or adverse credentialing/recredentialing decisions;~~
7. Providers that are suspended from Medi-Cal or are identified as a sanctioned Provider on the U.S. Health and Human Services Office of Inspector General (OIG) report or are on the Medicare Opt-Out Report or Precluded from participating in the Medicare Program, are reported to Compliance and Quality Management Committee.^{3,4,5,6, 7}
- ~~5.8. Reviews, analyzes, and recommends any changes to the IEHP Credentialing and Recredentialing Program policies and procedures on an annual basis or as deemed necessary; and~~
9. Reviews and makes recommendations on the appropriate reporting of any actions against Providers related to quality of care issues and/or any applicable federal and state laws.
- ~~6. Monitors the delegated credentialing and recredentialing process, facility review, and outcomes for Practitioners and Delegates.⁸~~

STRUCTURE:

- A. The Peer Review Subcommittee is designated by and accountable to the QMHETC for structured to provide oversight and performance responsibility, the supervision of activities

³ NCQA, 2023 HP Standards and Guidelines, CR 5, Element A, Factor 1

⁴ Medicare Managed Care Manual, Chapter 6 "Relationships with Providers", Section 60.3

⁵ Department of Health Care Services (DHCS) All Plan Letter (APL) 22-013-004 Supersedes APL 19-004 "Provider Credentialing/Rec credentialing and Screening/Enrollment"

⁶ 2019 Medicare Program Final Rule, "Preclusions List Requirements"

⁸ NCQA, 2022 HP Standards and Guidelines, CR 5, Element A, Factor 5

2. COMMITTEE STRUCTURE

D. Peer Review Subcommittee

~~by the IEHP CMO or designee. IEHP ensures that a broad range of network Providers, including but not limited to any other Specialist, not represented by committee member, serve on an ad hoc basis for related issues. The Peer Review Subcommittee reports all activities to the QMHETC on a quarterly basis or more frequently for issues of a more serious nature of quality of care concerns, delegated credentialing activities and the overall credentialing program to ensure compliance with IEHP requirements. Practitioners with medically related grievances that cannot be resolved at the Provider level may be referred to the Peer Review Subcommittee.~~

~~A.~~

~~B. Activities of the Subcommittee including minutes and appropriate reports back all activities to the QM Committee on a quarterly basis or more frequently for issues of a more serious nature.~~

~~C.A. Providers that are suspended from Medi-Cal or are identified as a sanctioned Provider on the U.S. Health and Human Services Office of Inspector General (OIG) report or are on the Medicare Opt Out Report or Precluded from participating in the Medicare Program, are reported to Compliance and Quality Management Committee.^{9,10,11,12,13}~~

~~D.A. The Peer Review Subcommittee meets bi-monthly, with additional meetings as necessary.~~

MEMBERSHIP:

A. Subcommittee membership is comprised of the IEHP Chief Medical Officer (CMO), IEHP Medical Director and at least four (4) ~~Delegated~~ IPA Medical Directors or designated physician, representatives of network Practitioners. An Optometrist, Behavioral Health Provider and any other specialty not represented by Subcommittee members serve on an ad hoc basis for related issues.

1. Prospective appointed physician members of the Subcommittee are subject to verification of license, Drug Enforcement Agency (DEA) certification and malpractice history prior to participating on the Subcommittee.
2. Prospective physician members not providing requested information to perform verification in a timely manner or who do not meet IEHP's requirements upon verification may not participate on the Subcommittee.

B. IEHP staff participating on the Subcommittee consists of the Chief Operating Officer (COO),

⁹ NCQA, 2023² HP Standards and Guidelines, CR 5, Element A, Factor 1

¹⁰ Medicare Managed Care Manual, Chapter 6 "Relationships with Providers", Section 60.3

¹¹ Department of Health Care Services (DHCS) All Plan Letter (APL) 19-004 Supersedes APL 17-019 "Provider Credentialing/Recredentialing and Screening/Enrollment"

¹² 2019 Medicare Program Final Rule, "Preclusions List Requirements"

2. COMMITTEE STRUCTURE

D. Peer Review Subcommittee

~~Director Vice President~~ of Quality ~~Management~~, Director of Provider Network, Credentialing Manager, and representatives from the Pharmacy, Compliance and Legal departments.

- C. A Provider ~~Services—Experience~~ Administrative Assistant acts as secretary to the Subcommittee.

TERMS OF SERVICE:

- A. IEHP staff attend as permanent members of the Peer Review Subcommittee.
- B. The full term for a Peer Review Subcommittee voting member is two (2) years, with replacements selected from the IEHP network. The determination of whether any physician Subcommittee member may serve additional terms is at the sole discretion of the IEHP Medical Director, with approval by the Subcommittee. The initial term(s) of Subcommittee members are staggered to ensure consistent Subcommittee operation.

VOTING RIGHTS:

- A. All physician Subcommittee members have voting rights. In case of a tie, the Credentialing chairperson will have a vote. IEHP non-physician staff members do not have voting privileges.

QUORUM:

- A. Voting cannot occur unless there is a quorum of voting members present. For decision purposes, a quorum is composed of the Chairperson, IEHP Medical Director, and three (3) appointed Subcommittee members; or
- B. The Chairperson or IEHP Medical Director and two (2) appointed Subcommittee members.
- C. All specialists including optometry and behavioral health are available on an ad hoc basis for issues related to those fields.

MEETINGS:

- A. The Peer Review Subcommittee meets every other bi-monthly, with additional meetings as necessary.

~~C.~~

MINUTES:

- A. In-depth Minutes are recorded at each meeting by a Provider Experience Administrative Assistant, with review by the Credentialing Manager and the IEHP Medical Director, and approval by the Committee. Minutes include all activities addressed in Subcommittee meetings including credentialing appeals and Practitioner improvement plans, grievances and resolution, and reportable deficiencies with actions taken including status/completion of

2. COMMITTEE STRUCTURE

D. Peer Review Subcommittee

~~action plans. Minutes are dated, signed, and reflect responsible person for follow-up actions. Minutes are stored in a confidential and secure location with access restricted to authorized staff only. A Provider Services Administrative Assistant records in depth minutes at each meeting with review by the Credentialing Manager and the IEHP Medical Director and approval by the Committee. Minutes include all activities addressed in Subcommittee meetings, including credentialing appeals and Practitioner improvement plans, grievances and resolution, and reportable deficiencies with actions taken including status/completion of action plans. Minutes are dated, signed, and reflect responsible person for follow-up actions. Minutes are stored in a confidential and secure location with access restricted to authorized staff only.~~

CONFIDENTIALITY AND AFFIRMATION STATEMENT:

- A. All members of the Peer Review Subcommittee, participating IEHP staff, and guests are required to sign the Subcommittee attendance record, a statement of confidentiality and a conflict-of-interest disclosure form, at each meeting. It includes an affirmation statement acknowledging that credentialing decisions are based solely on quality of care and a statement that credentialing and recredentialing decisions are not based on an applicant's race, ethnic/national identity, gender, age, sexual orientation or Member type in which the Practitioner specializes. IEHP does not compensate or offer financial incentives to Practitioners or individuals for denials of coverage or service.¹⁴

¹⁴ NCQA, 2023~~2~~ HP Standards and Guidelines, CR 1, Element A, Factor 6

2. COMMITTEE STRUCTURE

D. Peer Review Subcommittee

<u>INLAND EMPIRE HEALTH PLAN</u>		
<u>Chief Approval:</u> <i>Signature on file</i>	<u>Original Effective Date:</u>	January 1, 2007
<u>Chief Title:</u> <i>Chief Operating Officer</i>	<u>Revision Date:</u>	January 1, 2024 3

<u>INLAND EMPIRE HEALTH PLAN</u>		
<u>Regulatory/ Accreditation Agencies:</u>	<input checked="" type="checkbox"/> <u>DHCS</u>	<input checked="" type="checkbox"/> <u>CMS</u>
	<input type="checkbox"/> <u>DMHC</u>	<input checked="" type="checkbox"/> <u>NCQA</u>
<u>Original Effective Date:</u>	September 1, 1996	
<u>Revision Effective Date:</u>	January 1, 2024	

2. COMMITTEE STRUCTURE

E. Pharmacy and Therapeutics Subcommittee

ROLE:

A. Delegated by the Quality Management ~~(QM)~~ and Health Equity ~~Transformation~~ ~~Transformation~~ Committee (QMHETC), the Pharmacy and Therapeutics (P&T) Subcommittee monitors the formulary for IEHP DualChoice (HMO D-SNP) and covered physician administered drugs (PADs) under both Medi-Cal and IEHP DualChoice, IEHP Formulary, oversees medication prescribing practices by IEHP Providers, assesses usage patterns by Members, reviews and updates pharmaceutical management procedures annually, and assists with study design and development of clinical therapeutic guidelines that are primarily drug-related.

FUNCTION:

- A. The primary functions of the P&T Subcommittee include, but are not limited to:^{1,2}
1. Develops and documents procedures to ensure appropriate drug review and inclusion;
 2. Bases clinical decisions on the strength of scientific evidence and standards of practice, including assessing peer-reviewed medical literature, pharmacoeconomic studies, outcome research data, and other related information as it determines appropriate;
 3. Considers the therapeutic advantages of drugs in terms of safety and efficacy when selecting formulary drugs;
 4. Reviews policies that guide exceptions and other utilization management processes, including drug utilization review, quantity limitations, generic distributionsubstitutions, and therapeutic interchange;
 5. Evaluates and analyzes treatment protocols and procedures related to the Plan's formulary at least annually;
 6. Reviews and approves all clinical prior authorization criteria, step therapy protocols, and quantity limit restrictions applicable to each covered drug;
 7. Reviews new United States Food and Drug Administration (FDA)-approved drugs and new uses for existing drugs;
 8. Ensures that IEHP's formulary drug list covers a range of drugs across a broad distribution of therapeutic categories and classes and recommended drug treatment regimens that treat all disease states and do not discourage enrollment by any group of Members;
 9. Ensures that IEHP's formulary drug list provides appropriate access to drugs that are included in broadly accepted treatment guidelines and that are indicative of general best

¹ Medicare Prescription Drug Benefit Manual, "Chapter 6 – Part D Drugs and Formulary Requirements", Section 30.1.5

² California Health and Safety Code (Health & Saf. Code) § 1367.41(f)

2. COMMITTEE STRUCTURE

E. Pharmacy and Therapeutics Subcommittee

practice at the time; and

10. Evaluates new drug-related technologies or products, specifically their scope and limitations based on research and investigation, before making a recommendation for inclusion as an IEHP benefit.

~~B.—In addition, the P&T Subcommittee:~~

~~1.B. Provides provides recommendations regarding educational materials and programs regarding drug products and their usage to all IEHP Providers who need to know the information (physicians, pharmacists, nurses, etc.);~~

~~2.—Develops review programs such as Drug Utilization Review (DUR) and Drug Use Evaluation (DUE) programs, and monitors quality issues in regard to correct drug use for IEHP and its Members.~~

STRUCTURE:

- A. The P&T Subcommittee is delegated by the QM Committee to oversee pharmaceutical activities related to ~~Formulary~~formulary, policies, ~~clinical practice guidelines~~ and drug criteria. The P&T Subcommittee reports all activities to the QM Committee quarterly or more frequently depending on the acuity of the issue.³

MEMBERSHIP:

- A. All Subcommittee members are professionals who have recognized knowledge or expertise in one or more of the following:
 1. Prescribing clinically appropriate covered outpatient drugs;
 2. Dispensing and monitoring clinically appropriate covered outpatient drugs;
 3. Drug use review, evaluation, and intervention; and
 4. Medical quality assurance.
- B. Membership of the P&T Subcommittee shall include a majority of members who are practicing Physicians or practicing pharmacists with:
 1. At least one (1) practicing physician and at least one (1) practicing pharmacist, who do not have a conflict of interest with respect to IEHP and pharmaceutical manufacturers;
 2. At least one (1) practicing physician and one (1) practicing pharmacist, who are experts regarding care of elderly or disabled Members; and

³ Medicare Prescription Drug Benefit Manual, “Chapter 6 – Part D Drugs and Formulary Requirements,” Section 30.1.4

⁴ Medicare Prescription Drug Benefit Manual, “Chapter 6 – Part D Drugs and Formulary Requirements,” Section 30.1.1

2. COMMITTEE STRUCTURE

E. Pharmacy and Therapeutics Subcommittee

3. Representation from various clinical specialties.
- C. All Subcommittee members must be free of any and all sanctions as verified against the Office of Inspector General (OIG) exclusion list. The OIG exclusion list is reviewed monthly.
- D. Prospective appointed licensed professional members of the Subcommittee are subject to verification of license and malpractice history prior to participating on the Subcommittee.
- E. Prospective licensed professional members not providing requested information to perform verification in a timely manner, or who do not meet IEHP's requirements upon verification, may not participate on the Subcommittee.
- F. The IEHP Senior Director of Pharmaceutical Services or designee shall serve as chairperson. A Pharmaceutical Services representative acts as secretary to the Subcommittee.
- G. Changes to Subcommittee membership shall be reported to Centers for Medicare & Medicaid Services (CMS) during the contract year.⁵

TERMS OF SERVICE:

- A. IEHP appointed staff attends as permanent members of the P&T Subcommittee. The full term of service for physician or pharmacist members is two (2) years, with replacements selected from network providers. –Members may be re-appointed to serve additional terms at the discretion of the Chairperson with approval by the Subcommittee. –The initial term(s) of Subcommittee members are staggered to ensure consistent Subcommittee operation.

VOTING RIGHTS:

- A. Voting rights are restricted to the IEHP Senior Director of Pharmaceutical Services or designee as Chairperson, at least one (1) practicing Physician and one (1) practicing pharmacist, as described in the Membership section.

QUORUM:

- A. Voting cannot occur unless there is a quorum of voting members present. For decision purposes, a quorum is composed of the Chairperson and at minimum, two (2) appointed Subcommittee members.

MEETINGS:

- A. The P&T Subcommittee meets quarterly with additional meetings, as necessary.⁶

⁵ Medicare Prescription Drug Benefit Manual, "Chapter 6 – Part D Drugs and Formulary Requirements," Section 30.1.3

⁶ Medicare Prescription Drug Benefit Manual, "Chapter 6 – Part D Drugs and Formulary Requirements," Section 30.1.4

2. COMMITTEE STRUCTURE

E. Pharmacy and Therapeutics Subcommittee

MINUTES:

- A. In-depth minutes are recorded at each meeting by a Pharmaceutical Services representative with review and approval by the Chairperson of the Subcommittee. Minutes include Subcommittee activities, decisions regarding formulary development or revision,⁷ actions taken, findings, feedback, action plans, monitoring, reassessment, and status/completion of action plans. Minutes are dated, signed, and reflect responsible person for follow-up actions. Minutes are stored in a confidential and secure place with access only by authorized staff. The P&T Subcommittee approves minutes at the next scheduled meeting.

REPORTS:

- A. Quarterly updates regarding the IEHP Formulary, pharmaceutical usage among Members, prior authorization trends, concurrent review trends, DUR updates, formulary compliance and suggested study areas or targets for improvement are submitted to the QM Committee. Reports encompass all activities undertaken by the P&T Subcommittee, including assessments, action plans, feedback, and subsequent monitoring activities. Issues may be reported more frequently, depending on severity.

CONFIDENTIALITY:

- A. All members of the P&T Subcommittee, participating IEHP staff and guests are required to sign the Subcommittee attendance record. Additionally, a signed statement of confidentiality and conflict of interest disclosure form is required for all P&T Subcommittee Members.

RECUSAL POLICY:

- A. If a member has an interest that may affect or be perceived to affect the member's independence of judgment, the member must recuse himself/herself from the voting process for the drug class concerned. This recusal includes but is not limited to refraining from deliberation or debate, making recommendations, volunteering advice, and/or participating in the decision-making process in any way.
- B. The Chairperson will review the criteria that P&T Subcommittee members should use to determine whether to recuse themselves from the voting process at the beginning of each meeting and ask whether any member need to recuse themselves from consideration of a particular drug or class of drugs.

⁷ Medicare Prescription Drug Benefit Manual, "Chapter 6 – Part D Drugs and Formulary Requirements," Section 30.1.4

2. COMMITTEE STRUCTURE

E. Pharmacy and Therapeutics Subcommittee

DISCLOSURE STATEMENT:

- A. All P&T Subcommittee members must disclose their conflicts (Conflict of Interest Statement) such as financial holdings, participation in investigational drug programs, participation in Pharmaceutical Companies' advisory programs, and all receipts of gifts, hospitalities, or subsidies with a value \geq \$100 annually. At least one (1) practicing Physician and at least one (1) practicing pharmacist are independent and free of conflict with respect to IEHP and Pharmaceutical manufacturers.⁸

AFFIRMATION STATEMENT:

- A. Each member must sign the following affirmation statement acknowledging that utilization decisions are based on appropriateness of care and service. IEHP does not compensate or offer incentives to practitioners or individuals for denials. The affirmation statement also addresses code of conduct, conflict of interest and confidentiality issues:

“As a member of the IEHP P&T Subcommittee, charged with the duties of evaluation and improvement of the quality of care rendered to Members of IEHP, I recognize that confidentiality is vital to the free, candid and objective discussions necessary for effective management. Therefore, I agree to respect and maintain the confidentiality of all discussions, deliberations, records, and other information generated in connection with all committees and other activities, and I understand that by signing this agreement, I am binding myself by contract to maintain such confidentiality. I agree that I will not make any voluntary disclosure of such confidential information except to persons authorized to receive such information. I also understand that as a Subcommittee member I cannot vote on matters where I have an interest and that I must declare that interest and refrain from voting until the issue has been resolved. Utilization decisions for Members are based on medical necessity. There are no financial incentives for denial of coverage or service.”

- B. IEHP abides by the California Health and Safety Code, Section 1371.8 that includes the following statement: “A health care service plan that authorizes a specific type of treatment by a Provider shall not rescind or modify this authorization after the provider renders the health care service in good faith and pursuant to the authorization. This section shall not be construed to expand or alter the benefits available to the enrollee or subscriber under a plan.”⁹

⁸ Medicare Prescription Drug Benefit Manual, “Chapter 6 – Part D Drugs and Formulary Requirements,” Section 30.1.2

⁹ CA Health & Saf. Code § 1371.8

2. COMMITTEE STRUCTURE

E. Pharmacy and Therapeutics Subcommittee

<u>INLAND EMPIRE HEALTH PLAN</u>		
<u>Regulatory/ Accreditation Agencies:</u>	<input type="checkbox"/> DHCS	<input checked="" type="checkbox"/> CMS
	<input type="checkbox"/> DMHC	<input type="checkbox"/> NCQA
<u>Original Effective Date:</u>	<u>January 1, 2007</u>	
<u>Revision Effective Date:</u>	<u>January 1, 2023</u>	

INLAND EMPIRE HEALTH PLAN		
Chief Approval: Signature on file	Original Effective Date:	January 1, 2007
Chief Title: Chief Medical Officer	Revision Date:	January 1, 2023

2. COMMITTEE OVERVIEW

F. Credentialing Subcommittee

ROLE:

- A. The Credentialing Subcommittee is responsible for reviewing and approving or denying individual Practitioners who are directly contracting with IEHP for denial or approval of Practitioner's participation in the IEHP network. The Subcommittee monitors the IEHP Credentialing and Recredentialing Program and makes recommendations for modification, as necessary.

FUNCTIONS:

- A. The following elements define the function of the Credentialing Subcommittee in reviewing individual Practitioners for participation in the IEHP network:
1. Review credentials for Practitioners who do not meet established thresholds and give thoughtful consideration of the credentialing information for those Practitioners directly contracted or applying with IEHP;¹
 2. Approve Practitioner's continued participation in IEHP's network every ~~thirty-six (36)~~ months, at minimum in conjunction with National Committee for Quality Assurance (NCQA) guidelines;²
 3. ~~Ensure that the decision to credential and recredential a Practitioner for continued participation in IEHP's network is conducted in a nondiscriminatory manner by not basing the decision on an applicant's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures (e.g., abortions) or patients (e.g., Medicaid) in which the Practitioner specializes. This does not preclude the organization from including in its network Practitioners who meet certain demographic or specialty needs. For example, to meet cultural needs of Members.~~³ Ensure the process for notifying Practitioners of the credentialing and recredentialing decision that notification to approve or deny a Practitioner's application occurs within sixty (60) calendar days of the credentialing subcommittee decision.⁴
 4. Review, analyze and recommend any changes to the IEHP Credentialing and Recredentialing Program policies and procedures on an annual basis or as deemed necessary.
 5. Ensures that files that meet established criteria are reviewed and approved by a medical director, designated physician or the Subcommittee.⁵

4.—

¹ National Committee for Quality Assurance (NCQA), [2022-2023 Health Plan Standards and Guidelines, CR 2, Element A, Factor 3](#)

² NCQA, [2022-2023 HP Standards and Guidelines, CR 4, Element A](#)

³ ~~NCQA, 2022 HP Standards and Guidelines, CR 1, Element A, Factor 6~~

⁴ NCQA, [2022-2023 HP Standards and Guidelines, CR 1, Element A, Factor 8](#)

⁵ [NCQA, 2023 HP Standards and Guidelines, CR 2, Element A, Factor 3](#)

2. COMMITTEE OVERVIEW

F. Credentialing Subcommittee

STRUCTURE:

- A. The Credentialing Subcommittee is structured to provide review of Practitioners applying for participation with IEHP and to ensure compliance with IEHP requirements. Activities of the Subcommittee are reported to the [Quality Management and Health Equity Transformation QM Committee \(QMHETC\)](#) on a quarterly basis or more frequently for issues of a more serious nature.

MEMBERSHIP:

- A. [Subcommittee Membership](#) is composed of an IEHP Medical Director or designee as Chairperson, Chief Medical Officer (CMO), at least four (4) multidisciplinary participating Primary Care Providers (PCPs) or specialty Physicians, representative of network Practitioners. Any other specialty not represented by Subcommittee membership including vision and behavioral health serves on an ad hoc basis for related issues.⁶
1. Prospective appointed physician members of the Subcommittee are subject to verification of license, Drug Enforcement Agency (DEA) and malpractice history prior to participating on the Subcommittee.
 2. Prospective physician members not providing requested information to perform verification in a timely manner, or who do not meet IEHP's requirements upon verification may not participate on the Subcommittee.
- B. IEHP staff participating on the Subcommittee consists of the Chief Operating Officer (COO), Director of Quality ~~Management~~, Director of Provider Relations, Director of Provider Network, Credentialing Manager, QM Manager, and other IEHP staff, as necessary.
- C. A Provider ~~Services—Experience~~ Administrative Assistant acts as secretary to the Credentialing Subcommittee.

TERMS OF SERVICE:

- A. IEHP staff attends as permanent members of the Credentialing Subcommittee.
- B. The full term for practicing primary care and specialist Subcommittee voting members is two (2) years, with replacements selected from network Practitioners. The determination of whether any Practitioner Member may serve additional terms is at the sole discretion of the Chief Medical Officer and Medical Director, with approval of the Subcommittee. The initial term(s) of Subcommittee members are staggered to ensure consistent Subcommittee operations.

VOTING RIGHTS:

- A. Voting rights are restricted to the Chairperson, the Chief Medical Officer (CMO) and appointed Subcommittee members (physicians only). IEHP non-physician staff does not have

⁶ NCQA, [2022-2023](#) HP Standards and Guidelines, CR 2, Element A, Factor 1

2. COMMITTEE OVERVIEW

F. Credentialing Subcommittee

voting privileges.

QUORUM:

- A. Voting cannot occur unless there is a quorum of voting members present. For decision purposes a quorum can be composed of one of the following:
1. The Chairperson, CMO, IEHP Medical Director, and three (3) appointed Subcommittee members; or
 2. The Chairperson, or CMO and two (2) appointed Subcommittee members.

MEETINGS:

- A. The Credentialing Subcommittee meets monthly with additional meetings as needed.

MINUTES:

- A. In-depth minutes are recorded at each meeting by a Provider Services Administrative Assistant, with ~~review by~~ the Credentialing Manager and IEHP Medical Director ~~review~~ and approval by the Committee. Minutes include all activities addressed in Subcommittee meetings, including credentialing and recredentialing decisions, and other business related to credentialing and recredentialing of Practitioners including thoughtful discussion and consideration of all Practitioners being credentialed and recredentialed before a credentialing decision is determined. Minutes are dated, signed, and reflect the responsible person for follow-up actions. Credentialing Subcommittee minutes are stored in a confidential and secure location with access only to authorized staff.⁷

REPORTS:

- A. Updates of activities including minutes and appropriate reports are submitted to the QM ~~HETC Committee~~ on a quarterly basis, or more frequently as needed.

CONFIDENTIALITY AND AFFIRMATION STATEMENT:

- A. All members of the Credentialing Subcommittee, participating IEHP staff, and guests are required to sign the Subcommittee attendance record, including a statement of confidentiality and a conflict-of-interest disclosure form at each meeting. It includes an affirmation statement acknowledging that credentialing decisions are based solely on quality of care and a statement that credentialing and recredentialing decisions are not based ~~solely~~ on an applicant's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures (e.g., abortions) or patients-types (e.g., Medicaid) in which the Practitioner specializes. This does not preclude the organization from including in its network Practitioners who meet certain demographic or specialty needs; for example, to meet cultural needs of Members.⁸ IEHP does not compensate or offer financial incentives to Practitioners or individuals for denials of

⁷ NCQA, [2022-2023 HP Standards and Guidelines, CR 2, Element A, Factor 2-3](#)

⁸ [NCQA, 2023 HP Standards and Guidelines, CR 1, Element A, Factor 6](#)

2. COMMITTEE OVERVIEW

F. Credentialing Subcommittee

coverage or service.⁹

<u>INLAND EMPIRE HEALTH PLAN</u>		
<u>Regulatory/ Accreditation Agencies:</u>	<input type="checkbox"/> <u>DHCS</u>	<input type="checkbox"/> <u>CMS</u>
	<input type="checkbox"/> <u>DMHC</u>	<input type="checkbox"/> <u>NCQA</u>
<u>Original Effective Date:</u>	<u>January 1, 2020</u>	
<u>Revision Effective Date:</u>	<u>January 1, 2024</u>	

⁹ NCQA, 2022-2023 HP Standards and Guidelines, CR 1, Element A, Factor 6

2. COMMITTEE STRUCTURE

G. Utilization Management Subcommittee

ROLE:

- A. The Utilization Management (UM) Subcommittee directs the continuous monitoring of all aspects of UM and Behavioral Health (BH), including the development of appropriate standards administered to Members, with oversight by the IEHP Chief Medical Officer or physician designee. All Subcommittee findings and recommendations for policy decisions are reported to the Quality Management (QM) Committee through the IEHP Chief Medical Officer or physician designee on a quarterly basis, or more frequently, as needed.

FUNCTION:

- A. The function of the UM Subcommittee is to:
1. Annually review and approve UM and BH Program Descriptions and applicable work plans;¹
 2. Annually review UM and BH policies, procedures and criteria utilized in the evaluation of appropriate clinical and behavioral health care services, coordination and continuity of care interventions;^{2,3}
 3. Develop special studies based on data obtained from UM reports to review areas of concern and to identify utilization and/or quality problems that affect outcomes of care;
 4. Retrospectively evaluate potential over and underutilization issues through review of the UM data reports against determined thresholds Action plans in areas not meeting thresholds are developed including standards, timelines, interventions, and evaluations;
 5. Review results and findings from interrater reliability surveys to ensure that UM decision-making is based on the appropriateness of care and services, and consistent application of established criteria;
 6. Evaluate Member surveys for satisfaction with the UM process annually and report results to the QM Committee;
 7. Evaluate the effectiveness of the UM Program using data on Member and Practitioner satisfaction;
 8. Review proposed new technologies and new applications of existing technologies that are not primarily medication-related, and recommend these to the QM Committee for inclusion as an IEHP benefit;
 9. Review literature and set standards for clinical care guidelines with subsequent recommendation to the QM Committee; ~~and~~
 10. [Review and approve revisions to automated authorization \(auto-auth\) rules; and](#)
 - 10.11. [Provide information to Contracts Administration regarding the local delivery](#)

¹ [California Health & Safety Code \(Health & Saf. Code\), §1367.01](#)

² [CA Health & Saf. Code, §1363.5\(b\)](#)

³ [CA Health & Saf. Code, §1367.01](#)

2. COMMITTEE STRUCTURE

G. Utilization Management Subcommittee

system and new contract needs.

STRUCTURE:

- A. The UM Subcommittee is delegated by the QM Committee to direct the continuous monitoring of utilization management activities related to outpatient and inpatient UM and BH programs, including the development of appropriate clinical criteria. The UM Subcommittee reports all activities to the QM Committee quarterly or more frequently, as needed.

MEMBERSHIP:

- A. Appointed Subcommittee membership is comprised of the IEHP Chief Medical Officer, Vice President-Medical Director, Medical Directors, at least four (4) participating IPA Medical Directors or physician designees, representative of their network Practitioners, and other community Providers.^{4,5}
1. The IEHP Chief Medical Officer or physician designee serves as the Chairperson.
 2. A Behavioral Health Practitioner, representing the appropriate level of knowledge to adequately assess and adopt healthcare standards, is present to assist with behavioral health issues and aspects of the UM Program.
 3. Prospective appointed licensed professional (physicians, etc.) members of the Subcommittee are subject to verification of license and malpractice history prior to participating on the Subcommittee.
 4. Prospective licensed professional members not providing requested information to perform verification in a timely manner, or who do not meet IEHP's requirements upon verification may not participate on the Subcommittee.
- B. IEHP staff participating on the UM Subcommittee include the following: Senior Director of Medical Management, ~~Clinical~~ Senior Director of ~~UM~~ Integrated Transitional Care, Operations Senior Director of UM Operations, Director of UM Operations, UM Managers, Director of HealthCare Informatics, Senior Director of Pharmaceutical Services, Clinical Pharmacists, Director of QM, QM Manager, and Director of Grievance and Appeals. Additional staff attends on an ad hoc basis.
- C. A Utilization Management Administrative Assistant or Health Services Coordinator acts as secretary to the Subcommittee.

TERMS OF SERVICE:

- A. IEHP staff attend as permanent members of the UM Subcommittee. The full term of service for non-IEHP physician members is for two (2) years, with replacements selected from network Physicians. Terms are staggered to ensure consistent Subcommittee operation.

⁴ [CA Health & Saf. Code, §1367.01](#)

⁵ [California Code of Regulations \(CCR\), §1300.74.72\(g\)](#)

2. COMMITTEE STRUCTURE

G. Utilization Management Subcommittee

Members may be re-appointed to serve additional terms at the discretion of the IEHP Chief Medical Officer or physician designee with approval by the Subcommittee.

VOTING RIGHTS:

- A. Voting rights are restricted to the Chairperson and appointed Subcommittee members. Except for the IEHP Chief Medical Officer, Vice President-Medical Director or physician designee and Medical Directors. IEHP staff members do not have voting privileges.

QUORUM:

- A. Voting cannot occur unless there is a quorum of voting members present. For decision purposes, a quorum can be comprised of the following:
 1. The Chairperson and two (2) other appointed external Subcommittee members.
 2. A BH Practitioner must be present for behavioral health-related issues.

MEETINGS:

- A. The UM Subcommittee meets at least quarterly. Issues that arise prior to scheduled UM Subcommittee meetings that need immediate attention are reviewed by the IEHP Chief Medical Officer or physician designee and reported back to the UM Subcommittee when applicable.
- B. Interim issues requiring Subcommittee approval may be approved by an ad hoc teleconference meeting called by the Chairperson or physician designee.

MINUTES:

- A. In-depth minutes are recorded at each meeting by a Utilization Management Administrative Assistant or Health Services Coordinator, with review by IEHP Chief Medical Officer or physician designee. Minutes include Subcommittee activities addressed in Subcommittee meetings. Minutes are dated, signed, and reflect responsible person for follow-up actions. Minutes are stored in a confidential and secure place with access only by authorized staff. The UM Subcommittee approves minutes at the next scheduled meeting.

REPORTS:

- A. Updates of activities including minutes and appropriate reports are submitted to the QM Committee on a quarterly basis, or more frequently as needed.

CONFIDENTIALITY:

- A. At each meeting, all appointed UM Subcommittee members, participating IEHP staff, and guests are required to sign the Subcommittee attendance record that includes a statement of confidentiality and conflict of interest disclosure form.
- B. All UM Subcommittee members are held to honoring the privacy and security of Protected

2. COMMITTEE STRUCTURE

G. Utilization Management Subcommittee

Health Information (PHI).

AFFIRMATION STATEMENT:

- A. Annually, each Subcommittee member must sign an affirmation statement that UM decisions are based on appropriateness of care and service and their understanding that IEHP does not compensate or offer incentives to Practitioners or individuals for denials. The affirmation statement also addresses conflict of interest and confidentiality issues.
- B. IEHP abides by the California Health and Safety Code, Section 1371.8 that includes the following statement: “A health care service plan that authorizes a specific type of treatment by a Provider shall not rescind or modify this authorization after the Provider renders the health care service in good faith and pursuant to the authorization. This section shall not be construed to expand or alter the benefits available to the enrollee or subscriber under a plan”.⁶

⁶ California Health and Safety Code (Health & Saf. Code) § 1371.8

2. COMMITTEE STRUCTURE

G. Utilization Management Subcommittee

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

<u>INLAND EMPIRE HEALTH PLAN</u>		
<u>Chief Approval:</u> <i>Signature on file</i>	<u>Original Effective Date:</u>	<u>January 1, 2007</u>
<u>Chief Title:</u> Chief Medical Officer	<u>Revision Date:</u>	<u>January 1, 2023</u>

2. COMMITTEE STRUCTURE

H. Persons with Disabilities Workgroup

ROLE:

- A. The Persons with Disabilities Workgroup (PDW) is an IEHP workgroup which provides IEHP with recommendations on the provision of health care services, educational priorities, communication needs, and the coordination of and access to services for Members with disabilities.

FUNCTION:

- A. The following elements define the functions of the PDW:
1. Review policies, procedures, and the Member grievance process;
 2. Review IEHP Member educational materials and programs for Members with disabilities;
 3. Recommend, prioritize, and review educational materials and programs designed for Members with disabilities;
 4. Recommend priorities for the education of Physicians and other Providers connected to IEHP regarding disability issues;
 5. Review and advise IEHP on ways to improve the selection of Specialists and referrals to said Specialists for Members with disabilities; and
 6. Review and recommend methods to streamline access to durable medical equipment (DME) for Members with disabilities.

STRUCTURE:

- A. The PDW reports to the Quality Management [and Health Equity Transformation Committee \(QM~~H~~ETC\)](#) Committee. IEHP's Governing Board delegates responsibility of oversight and direction for processes affecting the delivery of health care for Members to the Chief Medical Officer, Medical Directors, and QM~~H~~ETC Committee.

MEMBERSHIP:

- A. The PDW consists of IEHP Members with disabilities and/or their designee(s) (e.g., family), and other members as outlined below and/or as appointed by the Chief Executive Officer (CEO) or their designee.
- B. Representatives from Community-Based Organizations (CBO) are welcome and encouraged to attend.
- C. Members are recruited on a cross-disability basis to ensure comprehensive and diverse representation. [Members are recruited through outreach activities such as, but not limited to, notices in IEHP newsletters, referrals from IEHP Team Members and Providers, Member self-](#)

2. COMMITTEE STRUCTURE

H. Persons with Disabilities Workgroup

[referral, and information distributed to Members with disabilities and their families. \(See “Attachment/Persons with Disabilities Workgroup Application”⁺ in IEHP Portal\).](#)

C.D.

1. An individual may cover multiple categories since some disabilities fall into more than one (1) grouping and/or because the Member has multiple disabilities. Ensuring valid cross-disability representation requires recruitment based on the primary disability with which an individual self-identifies.
2. General disability categories (based on how disability manifests) for workgroup Membership include, but are not limited to:²

Category	Examples
Physical/Mobility	Neurological (spina bifida, spinal cord injury); Musculoskeletal (multiple sclerosis); Neuromuscular (muscular dystrophy); Cerebrovascular (stroke); Immunologic (multiple sclerosis, AIDS, diabetes, arthritis/rheumatism); Chronic lung conditions (asthma); Cardiovascular disease (hypertension, cardiac arrhythmia); Brain disorders and damage to motor areas (Parkinson's disease, Cerebral Palsy); Viral (polio/post-polio syndrome); Loss of limb/digit; and other physical/mobility disabilities.
Psychological	Mood and anxiety disorders such as depression, bipolar disorder (manic-depressive), posttraumatic stress disorder (PTSD), panic disorder, obsessive-compulsive disorder, schizophrenia; and other psychological disabilities.
Cognitive	Learning disabilities; ADD/ADHD; head injury/Traumatic Brain Injury (TBI), genetic diseases; and other cognitive disabilities.
Sensory	Low vision/blind; and hard-of-hearing/deaf.

3. Whenever possible, PDW membership will include Members or representatives of Members who:
 - a. Participate in the Community-Based Adult Services (CBAS) program, and/or;
 - b. Receive In-Home Supportive Services (IHSS).

⁺<https://www.iehp.org/en/providers/provider-resources?target=forms>

² Title 28 Code of Federal Regulations § 36.105(b)

2. COMMITTEE STRUCTURE

H. Persons with Disabilities Workgroup

~~D.E.~~ ~~Members are recruited through outreach activities such as, but not limited to, notices in IEHP newsletters, referrals from IEHP Team Members and Providers, Member self-referral, and information distributed to Members with disabilities and their families (See Attachment, “Persons with Disabilities Workgroup Application” in Section 2).~~

~~E.F.~~ Members’ applications are reviewed and approved by the CEO or designee for appointment.

~~F.G.~~ Membership consists of:

1. Six (6) to twenty-five (25) Members with disabilities and/or their designee(s) (e.g., family); and
2. The following IEHP staff may attend to help facilitate and/or serve as liaisons: Community Health Leaders and Team Members, Manager of Social Determinants of Health, Independent Living and Diversity Services Team Members, Member Services, Behavioral Health & Care Management program representatives, and other designated IEHP Team Members as needed.

~~G.H.~~ Member compensation:

1. All PDW Members present are provided a ~~stipend of \$75 per meeting, an in-kind benefit,~~ except for CBO representatives, who are ineligible for the stipend.
2. Transportation is available to and from the PDW meeting for Members who request it.

~~H.I.~~ Members will adhere to the Code of Conduct of the PDW (See ~~“Attachment/,”~~ “The Code of Conduct of the Persons with Disabilities Workgroup”³ in ~~IEHP Portal~~Section 2).

TERMS OF SERVICE:

A. The full term of service for a PDW Member is one (1) calendar year. Members may serve additional terms at the request of IEHP upon approval by the Chief Executive Officer or designee.

MEETINGS:

- A. The PDW meets at least quarterly with additional meetings as necessary.
- B. Accommodations are provided for Members who require them to facilitate attendance and participation in meetings including ADA accommodations and language assistance.

MINUTES:

Minutes are recorded and transcribed for all meetings. The minutes include the date, hours and location of the meeting, notice of the meeting, names of the PDW Members and staff present and absent, and all discussions that take place. Written reports or other forms of written communication reviewed are included in the minutes. Meeting minutes are provided to all PDW members and action items are provided to appropriate program directors. Meeting minutes can be

³ <https://www.iehp.org/en/providers/provider-resources?target=forms>

2. COMMITTEE STRUCTURE

H. Persons with Disabilities Workgroup

provided in alternative formats upon request.

2. COMMITTEE STRUCTURE

H. Persons with Disabilities Workgroup

<u>INLAND EMPIRE HEALTH PLAN</u>		
<u>Regulatory/ Accreditation Agencies:</u>	<input type="checkbox"/> <u>DHCS</u>	<input type="checkbox"/> <u>CMS</u>
	<input type="checkbox"/> <u>DMHC</u>	<input type="checkbox"/> <u>NCQA</u>
<u>Original Effective Date:</u>	<u>July 1, 2015</u>	
<u>Revision Effective Date:</u>	<u>January 1, 20243</u>	

<u>INLAND EMPIRE HEALTH PLAN</u>		
<u>Chief Approval:</u> <i>Signature on file</i>	<u>Original Effective Date:</u>	<u>July 1, 2015</u>
<u>Chief Title:</u> <i>Chief Medical Officer</i>	<u>Revision Date:</u>	<u>January 1, 2023</u>