



# Provider Services

MONTHLY POLICY UPDATES

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**To:** All IPAs, PCPs, Specialists, Ancillary, BH and BHT Providers  
**From:** IEHP Compliance Policy & Regulatory Operations  
**Date:** February 05, 2024  
**Subject:** **Interim Changes – Provider Policy and Procedure Manuals**

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Inland Empire Health Plan (IEHP) has made the following interim changes to the 2024 Provider Policy and Procedure Manuals.

It is important that you and your staff familiarize yourselves with these interim changes as updates may impact current business processes and reporting requirements. All interim changes have also been posted here:

Provider Website at <https://www.providerservices.iehp.org/> > Provider Central > Provider Manuals & Trainings > 2024 Manuals and Regulatory Trainings

Provider Website at <https://www.providerservices.iehp.org/> > Resources > Provider Resources > Forms

If you have any questions regarding the enclosed, please contact our Provider Call Center at (909) 890-2054 or (866) 223-4347.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Lourdes Nery'.

Lourdes Nery, MPA  
Senior Director, Compliance

<b>LINES OF BUSINESS</b>	<b>POLICY/ ATTACHMENT</b>	<b>POLICY TITLE</b>	<b>DESCRIPTION OF CHANGE</b>	<b>REVISION STATUS*</b>	<b>REVISION EFFECTIVE DATE</b>
Medi-Cal	00A	<b>Manual Overview</b>	Clarified review and development of new and/or revised policies and procedures within the Provider Manual, including soliciting feedback from appropriate committees.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	02A	<b>Public Policy Participation Committee (PPPC)</b>	Committee functions updated per DHCS contract requirements.	<b>MODERATE</b>	<b>1/1/2024</b>
IEHP Covered (CCA)	04H	<b>Access to Care During a Federal, State or Public Health Emergency</b>	Add that the Plan and its Delegates are to encourage Members to maintain routine care through all applicable means, including telehealth, in case of a public health emergency.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	07B	<b>Information Disclosure and Confidentiality of Medical Records</b>	Described the Plan's responsibility to disclose PHI to County Mental Health Plan partners for purposes of care coordination.	<b>MODERATE</b>	<b>1/1/2024</b>
IEHP DualChoice (HMO D-SNP)	09A	<b>Access Standards</b>	2024 Medicare Advantage and Part D Final Rule (CMS-4201-F).	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	09E	<b>Access to Services with Special Arrangements</b>	Clarified consent and access requirements for minor Members.	<b>MODERATE</b>	<b>1/1/2024</b>

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Medi-Cal	09H1	<b>Cultural and Linguistic Services - Language Assistance Capabilities</b>	Clarified that language assistance must be offered to both Members and potential Members and at defined key points of contact.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal & IEHP DualChoice (HMO D-SNP)	09I	<b>Access to Care During a Federal State or Public Health Emergency</b>	Add that the Plan and its Delegates are to encourage Members to maintain routine care through all applicable means, including telehealth, in case of a public health emergency.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	10B	<b>Adult Preventive Services</b>	Clarified revised requirements around Initial Health Appointments and sunseting of the Staying Healthy Assessment requirement.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	10C2	<b>Pediatric Preventive Services - Immunization Services</b>	Describe how the Plan educates Providers on requirements for vaccine administration and reimbursement.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	12C	<b>Early Start Services and Referrals</b>	Updated to include IEHP reviews IFSP and collaborates with IPAs to provide case management and care coordination.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	12D	<b>Early and Periodic Screening, Diagnosis and Treatment</b>	Clarified that contracted Providers are reimbursed for BH or BHT services at contracted rates.	<b>MODERATE</b>	<b>1/1/2024</b>

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Medi-Cal	12F	<b>In-Home Supportive Services</b>	Updated footnote to reflect effective date of MOU for IHSS.	<b>SUBSTANTIAL</b>	<b>01/01/2024</b>
Medi-Cal	12P	<b>Home and Community-Based Alternatives Waiver Program</b>	Clarified IEHP and its Delegates' responsibility to coordinate medically necessary services non-waiver services.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	13E	<b>Management of Critical Incidents</b>	New policy developed regarding Critical Incident review process.	<b>NEW</b>	<b>1/1/2024</b>
IEHP DualChoice (HMO D-SNP)	13F	<b>Management of Critical Incidents</b>	New policy developed regarding Critical Incident review process.	<b>NEW</b>	<b>1/1/2024</b>
Medi-Cal	14C	<b>Emergency Services</b>	Clarified coverage of emergency medical transportation as the Plan's financial responsibility.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	14F2	<b>Long Term Care (LTC) - Skilled Level</b>	Added language around IEHP and IPA responsibilities for LTC facilities per Title 22 of CCR and 2024 DHCS Primary Operations Contract.	<b>SUBSTANTIAL</b>	<b>1/1/2024</b>

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Medi-Cal	14H	<b>Hospice Services</b>	Clarified Plan expectations for submitting referral requests, forms and clinical documents. Added language of Hospice Notice of Election (NOE). Included Out of Network (OON) referral fax #. Added Hospice network Provider requirement.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	16B	<b>Member Appeal Resolution Process</b>	Language around 14-day extensions for expedited appeals was removed to align with MED_GRV 02 and MED_GRV 04.	<b>MINOR</b>	<b>1/1/2024</b>
Medi-Cal	18A2	<b>Primary Care Provider - Enrollment Capacity</b>	Described how the Plan monitors adherence to physician to non-physician ratios.	<b>MODERATE</b>	<b>1/1/2024</b>
IEHP DualChoice (HMO D-SNP)	18F	<b>Specialty Network Requirements</b>	Updated Member to Provider ration based 2024 Medicare Advantage and Part D Final Rule (CMS-4201-F).	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal & IEHP DualChoice (HMO D-SNP)	19A	<b>IPA Financial Viability</b>	Updated the financial statement submission guidelines from quarterly to monthly. Added IPAs to use IEHP's Financial Statement Template and IEHP's right and obligation to perform focused financial audits on an annual basis.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	19A1	<b>Financial Viability - Network Providers, Subcontractors and Downstream Contractors</b>	New policy developed for Financial Viability - Network Providers, Subcontractors and Downstream Contractors, stating that contractors will self-report annually to IEHP using Self-Reporting Financial Viability Questionnaire.	<b>NEW</b>	<b>1/1/2024</b>

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Medi-Cal	22A	<b>Members' Rights and Responsibilities</b>	Policy and procedures updates to reflect Member rights and responsibilities	<b>SUBSTANTIAL</b>	<b>1/1/2024</b>
Medi-Cal	23D	<b>Monitoring of Subcontractors and Downstream Subcontractors</b>	Policy references updated to align with monitoring requirements as outlined in APL 23-006 and new DHCS contract references.	<b>MINOR</b>	<b>1/1/2024</b>
Medi-Cal	25A1	<b>Delegation Oversight - Delegated Activities</b>	Described IEHP's delegation model.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	25A3	<b>Delegation Oversight - IPA Performance Evaluation</b>	Described how the IPA Performance Evaluation Tool is factored into determining an IPA's ability to participate in incentive programs.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal & IEHP DualChoice (HMO D-SNP)	FORMS_DOA	<b>IPA Reporting Requirements Schedule - Medi-Cal/Medicare</b>	Updated reporting requirement schedule. Added Financial templates and updated the submission date from quarterly to monthly.	<b>REPLACEMENT</b>	<b>1/1/2024</b>
Medi-Cal	FORMS_DOA	<b>Referral Universe</b>	Revised column to indicate whether extension was taken and date the notice of delay was issued to Member. Added column to indicate whether extension was taken and date the notice of delay was issued to Provider; updated Instructions tab.	<b>REPLACEMENT</b>	<b>1/1/2024</b>

**Enclosures:**

MC\_00A - Manual Overview (approved and redlined)  
MC\_02A - Public Policy Participation Committee (PPPC) (approved and redlined)  
CCA\_04H - Access to Care During a Federal, State or Public Health Emergency (approved and redlined)  
MC\_07B - Information Disclosure and Confidentiality of Medical Records (approved and redlined)  
MA\_09A - Access Standards (approved and redlined)  
MC\_09E - Access to Services with Special Arrangements (approved and redlined)  
MC\_09H1 - Cultural and Linguistic Services - Language Assistance Capabilities (approved and redlined)  
MC;MA\_09I - Access to Care During a Federal State or Public Health Emergency (approved and redlined)  
MC\_10B - Adult Preventive Services (approved and redlined)  
MC\_10C2 - Pediatric Preventive Services - Immunization Services (approved and redlined)  
MC\_12C - Early Start Services and Referrals (approved and redlined)  
MC\_12D - Early and Periodic Screening, Diagnosis and Treatment (approved and redlined)  
MC\_12F - In-Home Supportive Services (approved and redlined)  
MC\_12P - Home and Community-Based Alternatives Waiver Program (approved and redlined)  
MC\_13E - Management of Critical Incidents (approved)  
MA\_13F - Management of Critical Incidents (approved)  
MC\_14C - Emergency Services (approved and redlined)  
MC\_14F2 - Long Term Care (LTC) - Skilled Level (approved and redlined)  
MC\_14H - Hospice Services (approved and redlined)  
MC\_16B - Member Appeal Resolution Process (approved and redlined)  
MC\_18A2 - Primary Care Provider - Enrollment Capacity (approved and redlined)  
MA\_18F - Specialty Network Requirements (approved and redlined)  
MC;MA\_19A - IPA Financial Viability (approved and redlined)  
MC\_19A1 - Financial Viability - Network Providers, Subcontractors and Downstream Contractors (approved)  
MC\_22A - Members' Rights and Responsibilities (approved and redlined)  
MC\_23D - Monitoring of Subcontractors and Downstream Subcontractors (approved and redlined)  
MC\_25A1 - Delegation Oversight - Delegated Activities (approved and redlined)  
MC\_25A3 - Delegation Oversight - IPA Performance Evaluation (approved and redlined)  
FORMS\_DOA - IPA Reporting Requirements Schedule - Medi-Cal/Medicare (replacement)  
FORMS\_DOA - Referral Universe (replacement)

**cc:**

IPA Medical Director  
IPA Compliance Manager  
IPA Care Management Manager  
IPA Utilization Management Manager

**\*Revision Status:**

**MIN** = minor grammatical/punctuation corrections are mostly grammatical in nature, or involve changes in terminology for consistency throughout the manual

**MOD** = involve mostly procedural and/or operational clarifications of existing processes

**SUBST** = are those that involve 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

**REPLACEMENT** = replacing a new copy of attachment