



## DualChoice

2025

### IEHP Provider Policy Procedure Manual

#### IEHP DualChoice (HMO D-SNP)

#### Summary of Changes

**Revision Status:**

**NO CHANGE**= No change

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

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

**SUBSTANTIAL**= 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.

Policy Number	Policy Title	Degree of Change	Description of Change
<b>00. INTRODUCTION</b>			
0.00	00. Table of Contents	Retired	Retired policies
00A.	00A. Manual Overview	Moderate	Described how Providers may access the Provider Manual
00B.	00B. IEHP Overview	No Change	No Change
00C.	00C. Manual Updates	Moderate	Updated online location of Provider Manuals and content of annual updates
<b>01. ORGANIZATIONAL STRUCTURE</b>			
01.A.	01.A. General	No Change	No Change
01.B.	01.B. Joint Powers Agency Governing Board	No Change	No Change
01.C.	01.C. IEHP Committees	Minor	Updated list and structure of committees
<b>02. COMMITTEE OVERVIEW</b>			
02.A.	02.A. Public Policy Participation Committee (PPPC)	Retired	Committee was replaced by Community Advisory Committee
02.A.	02.A. Provider Advisory Committee (PAC)	No Change	No Change; renumbered as MA_02.A



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Policy Number	Policy Title	Degree of Change	Description of Change
02.B.	02.B. Quality Management and Health Equity Transformation Committee	Moderate	Updated list of committees that provide updates to the QMHETC; renumbered as MC_02.B
02.C.	02.C. Peer Review Subcommittee	No Change	No Change; renumbered as MA_02.C
02.D.	02.D. Pharmacy and Therapeutics (P&T) Subcommittee	No Change	No Change; renumbered as MA_02.D
02.E.	02.E. Credentialing Subcommittee	No Change	No Change; renumbered as MA_02.E
02.F.	02.F. Utilization Management (UM) Subcommittee	Moderate	Clarified that the committee is responsible for developing programs to review and monitor for quality issues; and required disclosure of conflicts of interest at every meeting; renumbered as MA_02.F
02.H.	02.H. Persons with Disabilities Workgroup (PDW)	Retired	The Persons with Disabilities Workgroup (PDW) is no longer be a committee as of May 2024.
<b>03. ENROLLMENT AND ASSIGNMENT</b>			
03.A.	03.A. IEHP Service Area	No Change	No Change
03.B.	03.B. Primary Care Provider Assignment	No Change	No Change
03.C.	03.C. Member Identification Cards	Moderate	Clarified Plan's responsibility to mail the Member identification card
03.D.	03.D. Eligible Members	Minor	Updated Link to DHCS Aid Code Chart
03.E.	03.E. Post Enrollment Kit	No Change	No Change
<b>04. ELIGIBILITY and VERIFICATION</b>			
04.A.	04.A. Eligibility Verification	Minor	Updated information reported about the Member when verifying eligibility
04.B.1.	04.B.1. Eligibility Verification Methods - Eligibility Files	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
04.B.2.	04.B.2. Eligibility Verification Methods - Eligibility Verification Options	Minor	Updated information reported about the Member when verifying Eligibility
04.C.	04.C. Member Co-Payments	No Change	No Change
<b>05. CREDENTIALING AND RECREDENTIALING</b>			
05.A.1.	05.A.1. Credentialing Standards - Credentialing Policies	Moderate	Added credentials required for E-Consult Specialist Reviewers
05.A.2.	05.A.2. Credentialing Standards - Credentialing Committee	Minor	Updated Quality Committee Name
05.A.3.	05.A.3. Credentialing Standards - Credentialing Verification	Moderate	Added other sources for DEA license verification
05.A.4.	05.A.4. Credentialing Standards - Recredentialing Cycle Length	No Change	No Change
05.A.5.	05.A.5. Credentialing Standards - Ongoing Monitoring and Interventions	Minor	Wordsmithing
05.A.6.	05.A.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	No Change	No Change
05.A.7.	05.A.7. Credentialing Standards - Assessment of Organizational Providers	No Change	No Change
05.A.8.	05.A.8. Credentialing Standards - Delegation of Credentialing	No Change	No Change
05.A.9.	05.A.9. Credentialing Standards - Identification of HIV/AIDS Specialists	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
05.B.	05.B. Hospital Privileges	No Change	No Change
<b>06. FACILITY SITE REVIEW</b>			
06.A.	06.A. Facility Site Review and Medical Record Review Survey Requirements and Monitoring	No Change	No Change
06.B.	06.B. Physical Accessibility Review Survey (PARS)	Moderate	Added Hospitals to the scope of the survey; and added "Patient Diagnostic and Treatment (PD)" and "Participant Areas (PA)" to the list of Accessibility Indicators
06.C.	06.C. PCP sites Denied Participation or Removed from the IEHP Network	Minor	Updated types of IEHP network deficiencies for which PCPs may re-apply through their IPA for reconsideration for Plan participation
06.D.	06.D. Residency Teaching Clinics	No Change	No Change
06.E.	06.E. Rural Health Clinics	No Change	No Change
06.F.	06.F. Advanced Practice Practitioner Requirements	Moderate	Clarified the review of Practice Agreements to include appropriate scheduled controlled substances that APP is authorized to order and furnish; and cadence by this Practice Agreements are reviewed
06.G.	06.G. Urgent Care Center Evaluation	No Change	No Change
06.H.	06.H. Interim FSR Monitoring for Primary Care Providers	Moderate	Clarified that an Interim FSR may be requested at the discretion of IEHP Quality Management Nurse Manager or Clinical Director.
06.I.	06.I. Behavioral health Hospital Survey	Retired	The Plan asserts its right to audit contracted Providers through contractual agreements



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Policy Number	Policy Title	Degree of Change	Description of Change
<b>07. MEDICAL RECORDS REQUIREMENTS</b>			
07.A.	07.A. Provider and IPA Medical Records Requirements	No Change	No Change
07.B.	07.B. Information Disclosure and Confidentiality of Medical Records	No Change	No Change
07.C.	07.C. Informed Consent	No Change	No Change
07.D.	07.D. Advance Health Care Directive	Moderate	Clarified that medical records are reviewed for documentation of whether advanced care directive was offered and when this was discussed with the Member
<b>08. INFECTION CONTROL</b>			
08.A.	08.A. Infection Control	Minor	Updated list of PCP site responsibilities to have training, equipment and procedures in place for infection control.
<b>09. ACCESS STANDARDS</b>			
09.A.	09.A. Access Standards	No Change	No Change
09.B.	09.B. Missed Appointments	No Change	No Change
09.C.	09.C. Access to Care for Members with Access and Functional Needs	Moderate	Clarified that interpreter services for Specialist visits are the Plan's financial responsibility
09.D.	09.D. Access to Services with Special Arrangements	No Change	No Change
09.E.	09.E. Open Access to Obstetrical or Gynecological Services	No Change	No Change
09.F.	09.F. Cancer Treatment Services	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
09.G.	09.G. Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses	No Change	No Change
09.H.1.	09.H.1. Cultural and Linguistic Services - Language Assistance Capabilities	Moderate	Clarified that interpreter services for Specialist visits are the Plan's financial responsibility
09.H.2.	09.H.2. Cultural and Linguistic Services - Language Competency Study	No Change	No Change
09.H.3.	09.H.3. Cultural and Linguistic Services - Non-Discrimination	Minor	Added reference to the California Penal Code for a list of persons or groups protected by the Non-Discrimination policy
09.I.	09.I. Access to Care During a Federal State or Public Health Emergency	No Change	No Change
<b>10. MEDICAL CARE STANDARDS</b>			
10.A.	10.A. Initial Preventive Physical Exam	No Change	No Change
10.B.	10.B. Adult Preventive Services	Minor	Removed reference to Staying Healthy Assessment, which is no longer a requirement
10.C.	10.C. Initial Health Appointment	No Change	No Change
10.D.	10.D. Obstetrical Services - PCP Role in Care of Pregnant Members	No Change	No Change
10.D.1.	10.D.1. Obstetrical Services - Guidelines for Obstetrical Services	No Change	No Change
10.D.2.	10.D.2. Obstetrical Services - Obstetric Care by Certified Nurse Midwives, License Midwives, and Freestanding Birthing Centers	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
10.D.3.	10.D.3. Obstetrical Services - PCP Provision of Obstetric Care	No Change	No Change
10.E.	10.E. Referrals to the Supplemental Food Program for Women, Infants, and Children (WIC)	No Change	No Change
10.F.	10.F. Sterilization Services	No Change	No Change
10.G.	10.G. Sexually Transmitted Infection (STI) Services	No Change	No Change
10.H.	10.H. HIV Testing and Counseling	No Change	No Change
10.I.	10.I. Tuberculosis Services	No change	No Change
10.J.	10.J. Reporting Communicable Diseases to Public Health Authorities	No change	No Change
10.K.	10.K. Family Planning Services	No change	No Change
10.L.	10.L. Mandatory Elder or Dependent Adult Abuse Reporting	No change	No Change
10.M.	10.M. Mandatory Domestic Violence Reporting	No change	No Change
10.N.	10.N. Maternal Mental Health Program	No change	No Change
10.O.	10.O. Vision Examination Level Standards	No Change	No Change
10.P.	10.P. Community Health Worker Services	Moderate	Described requirements around claims reimbursement, recommendation and availability of CHW services in the emergency department setting
<b>11. PHARMACY</b>			
11.A.	11.A. Formulary Management	Moderate	Defined protected classes



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Policy Number	Policy Title	Degree of Change	Description of Change
11.B.	11.B. Coverage Determination	Moderate	Directed prescribers to PBM's prior auth department
11.C.	11.C. IEHP DualChoice Vaccine Coverage	Minor	COVID 19 vaccine added to list of vaccines covered under Part B Program
11.D.	11.D. Claims for Drugs Prescribed or Dispensed by Excluded, Sanctioned and Precluded Providers	Minor	Clarified that PBM is responsible for notifying impacted Members
11.E.	11.E. Pharmacy Access During a Federal Disaster or Other Public Health Emergency Declaration	Minor	Wordsmithing
11.F.	11.F. Coverage Determination - Part B vs D Determination	No Change	No Change
11.G.	11.G. Coordination of Benefits	Minor	Changed reference to Magellan (Medi-Cal Rx)
11.H.	11.H. Best Available Evidence (BAE)	Moderate	Described best available evidences in detail; and process by which the Plan assists Members without such documentation
11.I.	11.I. Transition Process	Moderate	Redirected transition inquiries to the PBM
11.J.	11.J Pharmacy Access Standards	No Change	No Change
11.K.	11.K. Medication Therapy Management Program	Minor	Informed IPAs and Providers that MTM program information are available on the IEHP website
11.L	11.L Insulin Administration Devices and Diabetic Testing Supplies	No Change	No Change
11.M.	11.M. Member Request for Pharmacy Reimbursement	Moderate	Clarified that Members may submit direct member reimbursement requests to the Plan's assigned delegate





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#### Summary of Changes

Policy Number	Policy Title	Degree of Change	Description of Change
11.N.	11.N Pharmacy Credentialing and Re-Credentialing	Moderate	Removed requirement for network pharmacy providers to inform IEHP for credentialing information as this does not apply
11.O.	11.O Drug Management Program	No Change	No Change
<b>12. COORDINATION OF CARE</b>			
12.A.1.	12.A.1. Care Management Requirements - PCP Role	No Change	No Change
12.A.2.	12.A.2. Care Management Requirements - Health Risk Assessment	Moderate	Clarified that the HRA must include CMS required questions.
12.A.3.	12.A.3. Care Management Requirements - Individualized Care Plan	No Change	No Change
12.A.4.	12.A.4. Care Management Requirements - Interdisciplinary Care Team	Minor	Update list of IEHP departments that may serve on the ICT
12.A.5.	12.A.5. Care Management Requirements - Continuity of Care	No Change	No Change
12.A.6.	12.A.6. Care Management Requirements - Model of Care Training	Minor	Update path to Model of Care training online
12.A.7.	12.A.7. Care Management Requirements - Transition of Care	No Change	No Change
12.B.	12.B. Multipurpose Senior Services Program	Minor	Updated business unit responsible for referral process.
12.C.	12.C. Organ Transplant	No Change	No Change
12.D.1.	12.D.1. Behavioral Health - Behavioral Health Services	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
12.D.2.	12.D.2. Behavioral Health - Substance Use Treatment Services	Moderate	Clarified Plan's responsibility, including data exchange with the County MHP; benefit coverage; initial health appointment; and access standards in case of an emergency
12.E.	12.E. In-Home Supportive Services	No Change	No Change
12.F.	12.F. Community Based Adult Services	No Change	No Change
12.G.	12.G. Vision Services	No Change	No Change
12.G.1.	12.G.1. Vision Services - Vision Exception Requests	No Change	No Change
12.G.2.	12.G.2. Vision Services - Vision Provider Referral	Moderate	Clarified that Members may receive a pair of lenses every 12 months
<b>13. QUALITY MANAGEMENT</b>			
13.A.	13.A. Quality Studies Medical Records Access	No Change	No Change
13.B.	13.B. Quality Management & Health Equity Transformation Program Overview for Members and Providers	No Change	No Change
13.C.	13.C. Chaperone Guidance	Moderate	Advised Providers to adopt and communicate a policy to Members about their right to request a chaperone
13.D.	13.D. Reporting Requirements Related to Provider Preventable Conditions	No Change	No Change
13.E.	13.E. Chronic Care Improvement Program (CCIP)	No Change	No Change



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#### Summary of Changes

Policy Number	Policy Title	Degree of Change	Description of Change
13.F	13.F Management of Critical Incidents	Minor	Listed examples of occurrences that may be considered 'Critical Incident'
<b>14. UTILIZATION MANAGEMENT</b>			
14.A.	14.A Utilization Management - Delegation and Monitoring	Substantial	Clarified sources for determining whether requested services are a covered benefit; described process and requirements for withdrawals, dismissals, and cancellations; and rules against rescinding or modifying authorization
14.A.1.	14.A.1. Review Procedures - Primary Care Provider Referrals	No Change	No Change
14.A.2.	14.A.2. Review Procedures - Standing Referral/Extended Access to Specialty Care	No Change	No Change
14.B.	14.B. Second Opinions	No Change	No Change
14.C.	14.C. Emergency Services	No Change	No Change
14.D.	14.D. Pre-Service Referral Authorization Process	No Change	No Change
14.E.	14.E. Referral Procedures for Custom Wheelchairs and Powered Mobility Devices	Moderate	Clarified that specialty evaluation is only required for specific types of wheelchairs
14.F.1.	14.F.1. Long Term Care - Custodial Level	No Change	No Change
14.F.2.	14.F.2. Long Term Care - Skilled Level	No Change	No Change
14.G.	14.G. Acute Inpatient and Behavioral Health Admission and Concurrent Review	No Change	No Change
14.H.	14.H. Hospice Services	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
14.I.	14.I. Expedited Initial Organization Determinations	No Change	No Change
<b>15. HEALTH EDUCATION</b>			
15.A.	15.A. Health Education	Substantial	Listed services that Providers may request, including community health worker services, and other evidence-based programs; and updated program topic and delivery methods
15.B.	15.B. Obesity Prevention	Moderate	Clarified that the program is for Member seeking assistance with reducing behavioral risks associated with obesity and related condition
15.C.	15.C. IEHP Family Asthma Program	Moderate	Described DULCE program and removed limit on support persons that assist an attendee.
15.D.	15.D. Diabetes Self-Management Program	Moderate	Removed reference to Baby N' Me smartphone app and removed details on Member level reporting
15.E.	15.E. Perinatal Program	Moderate	Clarified that Members will receive education and guidance for mom and baby to stay health
15.F.	15.F. Diabetes Prevention Program	Moderate	Described other modalities through which the Program is made available
15.G.	15.G. Pediatric Health and Wellness	No Change	No Change
<b>16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM</b>			
16.A.	16.A. Member Grievance Resolution Process	No Change	No Change



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**Summary of Changes**

<b>Policy Number</b>	<b>Policy Title</b>	<b>Degree of Change</b>	<b>Description of Change</b>
16.B.1.	16.B.1 Member Appeal Resolution Process - Part C (Reconsideration)	No Change	No Change
16.B.2.	16.B.2 Member Appeal Resolution Process - Part B and Part D Redeterminations	No Change	No Change
16.C.1.	16.C.1. Grievance and Appeal Resolution Process for Providers - Initial	No Change	No Change
16.C.2.	16.C.2. Grievance and Appeal Resolution Process for Providers - Health Plan	No Change	No Change
16.C.3.	16.C.3. Grievance and Appeal Resolution Process for Providers - IPA, Hospital and Practitioner	No Change	No Change
<b>17. MEMBER TRANSFERS AND DISENROLLMENT</b>			
17.A.1.	17.A.1. Primary Care Providers Transfers - Voluntary	No Change	No Change
17.A.2.	17.A.2. Primary Care Providers Transfers - Involuntary	No Change	No Change
17.B.1.	17.B.1. Disenrollment from IEHP - Voluntary	No Change	No Change
17.B.2.	17.B.2. Involuntary Disenrollment from IEHP - Member Behavior	No Change	No Change
17.B.3.	17.B.3. Involuntary Disenrollment from IEHP - Member Status Changes	No Change	No Change
17.C.	17.C. Episode of Care - Inpatient	No change	No Change
<b>18. PROVIDER NETWORK</b>			



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Policy Number	Policy Title	Degree of Change	Description of Change
18.A.1	18.A.1. Primary Care Providers - IPA and Hospital Affiliation	No Change	No Change
18.A.2.	18.A.2. Primary Care Providers - Enrollment Capacity	No Change	No Change
18.B.	18.B. Provider Directory	No Change	No Change
18.C.	18.C. PCP, Vision and Behavior Health Provider Network Changes	No Change	No Change
18.D.1.	18.D.1. IPA Reported Changes - PCP Termination	Moderate	Clarified that MSO resulting from mergers or acquisitions must be reviewed and approved by IEHP.
18.D.2.	18.D.2. IPA Reported Changes - Specialty and Ancillary Provider Termination	Moderate	Described block transfer process
18.E.	18.E. Management Services Organization Changes	Moderate	Clarified that MSO resulting from mergers or acquisitions must be reviewed and approved by IEHP.
18.F.	18.F. Specialty Network Requirements	Moderate	Clarified that the Plan will offer to contract with at least one of each of the mandatory Provider types - CNM and LM.
18.G.	18.G. Provider Resources	Substantial	Removal of resources that are no longer available; and updated the list with new resources
18.H.	18.H. Hospital Affiliations	No Change	No Change
18.I.	18.I. Leave of Absence	Moderate	Clarified how to notify IEHP of leaves of absence
18.J.	18.J. IEHP Termination of PCPs, Specialist, Vision and Behavioral Health Providers	No Change	No Change
18.K.	18.K. Hospital Network Participation Standards	No Change	No Change
18.L.	18.L. Provider Charging Members	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
18.M.	18.M. Outsourcing Standards and Requirements	No Change	No Change
18.N.	18.N. IPA Medical Director Responsibilities	No Change	No Change
18.O.	18.O. Provider Disruptive Behavior	No Change	No Change
18.P.	18.P. Virtual Care	No Change	No Change
18.P.1.	18.P.1. Virtual Care - eConsult Services	No Change	No Change
<b>19. FINANCE AND REIMBURSEMENT</b>			
19.A.	19.A. IPA Financial Viability	Moderate	Clarified reporting requirements & performance thresholds
19.B.1	19.B.1 Medicare Capitation - IPA	No Change	No Change
19.B.2	19.B.2 Medicare Capitation - IEHP Direct Providers	No Change	No Change
19.C.	19.C. IPA Financial Supervision	Moderate	Clarified that the Plan, at its discretion, may require IPAs to submit a copy of their financial statements.
<b>20. CLAIMS PROCESSING</b>			
20.A.	20.A. Claims Processing	No Change	No Change
20.A.1.	20.A.1. Claims Processing - Non-Contracted Providers - Reconsiderations and Appeals	Moderate	Described appeal submission and review process; removed language that were not relevant to non-contracted Providers
20.A.2.	20.A.2. Claims Processing - Provider Payment Dispute Resolution - Contracted Providers	Substantial	Described appeal submission and review process; Removed language that were not relevant to contracted Providers
20.B.	20.B. Billing of IEHP Members	Moderate	Described instances where Providers may bill a Member for non-covered services



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Policy Number	Policy Title	Degree of Change	Description of Change
20.C.	20.C. Claims Deduction From Capitation - 7 Days Letter	No Change	No Change
20.D.	20.D. Claims and Compliance Audits	Moderate	Clarified that reports must be submitted in a format designated by IEHP
20.E.	20.E. Coordination of Benefits	No Change	No Change
20.F.	20.F. Claims and Payment Appeal Reporting	Moderate	Emphasized report submission requirements, including submitting complete and accurate reports within mandated timeframes and using IEHP templates
20.G.	20.G. Third Party Liability	No Change	No Change
<b>21. ENCOUNTER DATA REPORTING</b>			
21.A.	21.A. Encounter Data Submission Requirements	No Change	No Change
21.B.	21.B. Medicare Risk Adjustment and Hierarchical Condition Categories	No Change	No Change
21.C.	21.C. Encounter Data Submission Requirements for Directly Contracted Capitated Providers	No Change	No Change
<b>22. RIGHTS AND RESPONSIBILITIES</b>			
22.A.	22.A. Members' Rights and Responsibilities	Substantial	Reorganized and streamlined content and level of detail for Providers
22.B.	22.B. Providers' Rights and Responsibilities	No Change	No Change
<b>23. COMPLIANCE</b>			





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Policy Number	Policy Title	Degree of Change	Description of Change
23.A.	23.A. Monitoring of First Tier Downstream Entities	Moderate	Clarified that the cadence by which focused audits and report submission are expected may be at the Plan's discretion.
23.B.	23.B. HIPAA Privacy and Security	Moderate	Clarified the Plan's expectation that breaches or security incidents be reported to the Plan within 24 hours of discovery; removed requirements to retain confidentiality statements; and clarified cadence at which Members are provided their Notice of Privacy Practice
23.C.	23.C. Health Care Professional Advice to Members	No Change	No Change
<b>24. PROGRAM DESCRIPTIONS</b>			
24.A.	24.A. Disability Program Description	Moderate	Referenced new Community Advisory Committee, Diversity, Equity and Inclusion requirement, and updated information on Plan personnel responsible for the program
24.B.	24.B. Cultural & Linguistic Services Program Description	Moderate	Applied program requirements to subcontractors and downstream subcontractors; updated information on Plan personnel responsible for the program
24.C.	24.C. Quality Management & Health Equity Transformation Program and Quality Improvement Program Description	Substantial	Updated description of QMHETP Work Plan and Committee Org chart; updated list of reporting committees; added health equity program requirements; and removed section on Quality Withhold Performance Review.
24.D.	24.D. Fraud, Waste, and Abuse Program Description	Moderate	Updated list of agencies to whom suspected FWA are reported.



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Policy Number	Policy Title	Degree of Change	Description of Change
24.E.	24.E. Compliance Program Description	Moderate	Clarified what is expected of Delegates' Compliance Programs, including but not limited to the responsibilities of the Compliance Officer, high level oversight, routine monitoring, auditing and identification of compliance risks,etc
<b>25. DELEGATION AND OVERSIGHT</b>			
25.A.1.	25.A.1. Delegation Oversight - Delegated Activities	Moderate	Clarified that failure to perform delegated functions may result in de-delegation of specified functions, non-renewal of contractor or contract termination
25.A.2.	25.A.2. Delegation Oversight - Audit	Moderate	Clarified that the Plan will train delegates prior to a delegation oversight audit; and added financial sanctions as a possible action resulting from failing a second focused audit
25.A.3.	25.A.3. Delegation Oversight - Corrective Action Plan Requirements	Moderate	Clarified CAP/ICAP submission timeframes and removed duplicative information
25.B.1.	25.B.1. Credentialing Standards - Credentialing Policies	Moderate	Added other sources for DEA license verification
25.B.2.	25.B.2. Credentialing Standards - Credentialing Committee	Minor	Updated the number of Credentialing Committee meetings minutes that the Plan will review to oversee Delegates' Credentialing Standards
25.B.3.	25.B.3. Credentialing Standards - Credentialing Verification	Moderate	Added other sources for DEA license verification; removed language outside the scope of policy
25.B.4.	25.B.4. Credentialing Standards - Recredentialing Cycle Length	No Change	No Change



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Policy Number	Policy Title	Degree of Change	Description of Change
25.B.5.	25.B.5. Credentialing Standards - Ongoing Monitoring and Interventions	No Change	No Change
25.B.6.	25.B.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	No Change	No Change
25.B.7.	25.B.7. Credentialing Standards - Assessment of Organizational Providers	No Change	No Change
25.B.8.	25.B.8. Credentialing Standards - Delegation of CR	No Change	No Change
25.B.9.	25.B.9. Credentialing Standards - Identification of HIV/AIDS Specialists	No Change	No Change
25.B.10.	25.B.10. Credentialing Standards - Credentialing Quality Oversight of Delegates	No Change	No Change
25.C.1.	25.C.1. Care Management - Delegation and Monitoring	No Change	No Change
25.C.2.	25.C.2. Care Management - Reporting Requirement	No Change	No Change
25.D.1.	25.D.1. Quality Management - Quality Management Reporting Requirements	Minor	Updated list of quality management reports.
25.D.2.	25.D.2. Quality Management - Quality Management Program Structure Requirements	Minor	Clarified that the Plan is responsible for health equity of all covered services.
25.E.1.	25.E.1. Utilization Management - Reporting Requirements	Moderate	Addition of Cancellation File Review to monthly reporting requirements



## DualChoice

2025

### IEHP Provider Policy Procedure Manual

#### IEHP DualChoice (HMO D-SNP)

#### Summary of Changes

Policy Number	Policy Title	Degree of Change	Description of Change
25.E.2.	25.E.2. Utilization Management - Referral and Denial Audits	Substantial	Section added regarding Monthly Respective Audit of Cancellations.
25.F.1.	25.F.1. Medicare Reporting Requirements - IEHP DualChoice (HMO D-SNP)	No Change	No Change
25.F.2.	25.F.2. Encounter Data Reporting - IEHP DualChoice Data Sharing Program	Moderate	Updated Deadline for Submission of EDS Data dates to IEHP for CMS Sweeps.
<b>26. QUICK REFERENCE</b>			
26.A.	26.A. Quick Reference Guide	Moderate	Updated IEHP's holiday schedule
26.B.	26.B. Glossary	Retired	Policies should define relevant terms