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**IEHP Provider Policy Procedure Manual
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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
00. INTRODUCTION			
0.00	00. Table of Contents	Retired	Retired Policies
00.A.	00.A. Manual Overview (NCQA)	Moderate	Described how Providers may access the Provider Manual
00B.	00B. IEHP Overview	New	
00C.	00C. Manual Updates	New	
01. ORGANIZATIONAL STRUCTURE			
01.A.	01.A. General	New	
01.B.	01.B. Joint Powers Agency Governing Board	New	
01.C.	01.C. IEHP Committees	New	
02. COMMITTEE OVERVIEW			
02.A.	02.A. Provider Advisory Committee (PAC)	New	
02.B.	02.B. Quality Management and Health Equity Transformation Committee	New	
02.C.	02.C. Peer Review Subcommittee	New	
02.D.	02.D. Credentialing Subcommittee	New	



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Policy Number	Policy Title	Degree of Change	Description of Change
02.E.	02.E. Utilization Management (UM) Subcommittee	New	
02.F.	02.F. Pharmacy and Therapeutics Subcommittee	New	
03. ENROLLMENT AND ASSIGNMENT			
03.A.	03.A. Enrollment and Eligibility	New	
03.B.	03.B. IEHP Covered Enrollment Process	New	
03.C.	03.C. Eligible Members	New	
03.D.	03.D. IEHP Service Area	New	
03.E.	03.E. Primary Care Provider Assignment	New	
03.F.	03.F. Member Identification Cards	New	
03.G.	03.G. Post Enrollment Kit	New	
03.H.	03.H. Primary Care Provider Auto-Assignment Process	New	
04. ELIGIBILITY AND VERIFICATION			
04.A.	04.A. Eligibility Verification	Minor	Updated information reported about the Member when verifying eligibility; renumbered as CCA 04A
04.B.	04.B. Member Co-Payments	Moderate	Described Member eligibility while in grace period; renumbered as CCA 04B
05. CREDENTIALING AND RE-CREDENTIALING			
05.A.1.	05.A.1. Credentialing Standards - Credentialing Policies (NCQA)	Moderate	Added credentials required for E-Consult Specialist Reviewers; renumbered as CCA 05.A.1
05.A.2.	05.A.2. Credentialing Standards - Credentialing Committee (NCQA)	Minor	Updated Quality Committee Name; renumbered as CCA 05.A.2



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Policy Number	Policy Title	Degree of Change	Description of Change
05.A.3.	05.A.3. Credentialing Standards - Credentialing Verification	Moderate	Added other sources for DEA license verification; renumbered as CCA 05.A.3
05.A.4.	05.A.4. Credentialing Standards - Recredentialing Cycle Length	No change	No Change; renumbered as CCA 05.A.4
05.A.5.	05.A.5. Credentialing Standards - Ongoing Monitoring and Interventions (NCQA)	Minor	Wordsmithing; renumbered as CCA 05.A.5
05.A.6.	05.A.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	No Change	No Change; renumbered as CCA 05.A.6
05.A.7.	05.A.7. Credentialing Standards - Assessment of Organizational Providers	New	
05.A.8.	05.A.8. Credentialing Standards - Delegation of Credentialing	New	
05.A.9.	05.A.9. Credentialing Standards - Identification of HIV/AIDS Specialists	New	
05.B.	05.B. Hospital Privileges	No change	No Change; renumbered as CCA 05.B
06. FACILITY SITE REVIEW			
06.A	06.A. Facility Site Review and Medical Record Review Survey Requirements and Monitoring	New	
06.B.	06.B. Physical Accessibility Review Survey (PARS)	New	
06.C.	06.C. PCP Sites Denied Participation or Removed from the IEHP Network	New	



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Policy Number	Policy Title	Degree of Change	Description of Change
06.D.	06.D. Residency Teaching Clinics	New	
06.E.	06.E. Rural Health Clinics	New	
06.F.	06.F. Advanced Practice Practitioner Requirements	New	
06.G.	06.G. Urgent Care Center Evaluation	New	
06.H.	06.H. Interim FSR Monitoring for Primary Care Provider	New	
07. MEDICAL RECORDS REQUIREMENTS			
07.A.	07.A. Provider Medical Record Requirements	No Change	No Change; renumbered as CCA 07.A
07.B.	07.B. Information Disclosure and Confidentiality of Medical Records	No Change	No Change; renumbered as CCA 07.B
07.C.	07.C. Informed Consent	No Change	No Change; renumbered as CCA 07.C
07.D.	07.D. Advance Health Care Directive	No Change	No Change; renumbered as CCA 07.D
08. INFECTION CONTROL			
08.A.	08.A. Infection Control	New	
09. ACCESS STANDARDS			
09.A.	09.A. Access Standards (NCQA)	Moderate	Removed access studies/activities that are not required for IEHP Covered; renumbered as CCA 09.A
09.B.	09.B. Missed Appointments	No Change	No Change; renumbered as CCA 09.B
09.C.	09.C. Non-Emergency Medical Transportation	No Change	No Change; renumbered as CCA 09.C
09.D.	09.D. Access to Care for Members with Access and Functional Needs	Moderate	Clarified that interpreter services for Specialist visits are the Plan's financial responsibility; renumbered as CCA 09.D



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Policy Number	Policy Title	Degree of Change	Description of Change
09.E.	09.E. Access to Services with Special Arrangements	No Change	No Change; renumbered as CCA 09.E
09.F.	09.F. Open Access to Obstetrical or Gynecological Services	No change	No Change; renumbered as CCA 09.F
09.G.1.	09.G.1. Cultural and Linguistic Services - Language Assistance Capabilities	No Change	No Change; renumbered as CCA 09.G1
09.G.2.	09.G.2. Cultural and Linguistic Services - Non-Discrimination (NCQA)	No Change	No Change; renumbered as CCA 09.G2
09.H.	09.H. Access to Care During a Federal, State or Public Health Emergency	No Change	No Change; renumbered as CCA 09.H
10. MEDICAL CARE STANDARDS			
10.A.	10.A. Initial Health Appointment	Moderate	Clarified requirements and removed references to SHA/IHEBA; renumbered as CCA 10.A
10.B.	10.B. Adult Preventive Services	Minor	Added HRSA as source for immunization guidelines; renumbered as CCA 10.B
10.C.1.	10.C.1. Pediatric Preventive Services - Well Child Visits	No change	No Change; renumbered as CCA 10.C.1
10.C.2.	10.C.2. Pediatric Preventive Services - Immunization Services	No change	No Change; renumbered as CCA 10.C.2
10.D.1.	10.D.1. Obstetrical Services - Guidelines for Obstetrical Services	No change	No Change; renumbered as CCA 10.D.1
10.D.2.	10.D.2. Obstetrical Services - Obstetric Care by Certified Nurse Midwives, LM and Alternative Birthing Centers	Minor	Corrected reference to benefit manual; renumbered as CCA 10.D.2



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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; renumbered as CCA 10.D.3
10.E.	10.E. Sterilization Services	No change	No Change; renumbered as CCA 10.E
10.F.	10.F. Family Planning Services	No Change	No Change; renumbered as CCA 10.F
10.G.	10.G. Sexually Transmitted Infection Services	No change	No Change; renumbered as CCA 10.G
10.H.	10.H. HIV Testing and Counseling	Minor	Clarified form names; renumbered as CCA 10.H
10.I.	10.I. Tuberculosis Services	No change	No Change; renumbered as CCA 10.I
10.J.	10.J. Reporting Communicable Diseases to Public Health Authorities	No change	No Change; renumbered as CCA 10.J
10.K.	10.K. Vision Examination Level Standards	Moderate	Removed objective refraction results as a documentation requirement for refractive state determinations; renumbered as CCA 10.K
10.L.	10.L. Mandatory Elder or Dependent Adult Abuse Reporting	Moderate	Defined 'mandated reporter;' renumbered as CCA 10.L
10.M.	10.M. Mandatory Child Abuse and Neglect Reporting	No change	No Change; renumbered as CCA 10.M
10.N.	10.N. Mandatory Domestic Violence Reporting	No change	No Change; renumbered as CCA 10.N
10.O.	10.O. Maternal Mental Health Program	No change	No Change; renumbered as CCA 10.O
11. PHARMACY			
11.A.	11.A. Pharmacy Benefits and Services	Moderate	Clarified that the Plan does not require nor restrict Members from trying biosimilars before providing coverage; renumbered as CCA 11A



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Policy Number	Policy Title	Degree of Change	Description of Change
11.B.	11.B. Member Request for Pharmacy Reimbursement - IEHP Covered	No change	No Change; renumbered as CCA 11B
11.C.	11.C. Opioid Overutilization Management	New	
12. COORDINATION OF CARE			
12.A.1.	12.A.1. Care Management Requirements - PCP Role	Minor	Wordsmithing; renumbered as CCA 12.A.1
12.A.2.	12.A.2. Care Management Requirements - Continuity of Care	Moderate	Defined conditions for which Members can request continuity of care; renumbered as CCA 12.A.2
12.B.	12.B. Early Start Services and Referrals	No Change	No Change; renumbered as CCA 12.B
12.C.	12.C. Genetically Handicapped Persons Program	Minor	No change, renumbered as CCA 12.C
12.D.	12.D. Organ Transplant	Minor	Updated reference to UM timeliness standards; renumbered as CCA 12.D
12.E.	12.E. Complex Case Management	No Change	No Change; renumbered as CCA 12.E
12.F.	12.F. Dental Services	No Change	No Change; renumbered as CCA 12.F
12.G.1	12.G.1 Behavioral Health - Behavioral Health Services	No Change	No Change; renumbered as CCA 12.G.1
12.G.2	12.G.2 - Behavioral Health - Behavioral Health Treatment	No Change	No Change; renumbered as CCA 12.G.2
12.H.	12.H. Vision Services	Moderate	Clarified that Members are limited to one bilateral comprehensive eye exam with refraction in a 12-month rather than 24-month period; renumbered as CCA 12.H
12.H.1.	12.H.1. Vision Services - Vision Provider Referrals	No Change	No Change; renumbered as CCA 12.H.1



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Policy Number	Policy Title	Degree of Change	Description of Change
12.I.	12.I. Developmental Disabilities	Moderate	Clarified Plan responsibilities for Members with developmental disabilities that qualify for regional center services; renumbered as CCA 12.I
13. QUALITY MANAGEMENT			
13. A.	13. A. Chaperone Guidance	No Change	No Change; renumbered as 13A
13.B.	13.B. Management of Critical Incidents	No Change	No Change; renumbered as 13B
14. UTILIZATION MANAGEMENT			
14.A.	14.A. Utilization Management - Delegation and Monitoring (NCQA)	Substantial	Clarified sources for determining whether requested services are a covered benefit; and described process and requirements for withdrawals, dismissals, and cancellations; renumbered as CCA 14A
14.A.1.	14.A.1. Review Procedures - Primary Care Provider Referrals	No Change	No Change; renumbered as CCA 14A1
14.A.2.	14.A.2. Review Procedures - Standing Referral/Extended Access to Specialty Care	Moderate	Clarified that Members may request a standing referral to a Specialist; renumbered as CCA 14A2
14.B.	14.B. Second Opinions	No change	No Change; renumbered as CCA 14B
14.C.	14.C. Emergency Services	No change	No Change; renumbered as CCA 14C
14.D.	14.D. Pre-Service Referral Authorization Process	No change	No Change; renumbered as CCA 14D
14.E.	14.E. Long Term Care (LTC) - Skilled Level	No change	No Change; renumbered as CCA 14E
14.F.	14.F. Acute Inpatient and Behavioral Health Admission and Concurrent Review	No change	No Change; renumbered as CCA 14F
14.G.	14.G. Hospice Services	No change	No Change; renumbered as CCA 14G



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Policy Number	Policy Title	Degree of Change	Description of Change
15. HEALTH EDUCATION			
15.A.	15.A. Health Education	New	
15.B.	15.B. Obesity Prevention	New	
15.C.	15.C. Asthma Self-Management Program	New	
15.D.	15.D. Diabetes Self-Management Program	New	
15.E.	15.E. Perinatal Program	New	
15.F.	15.F. Pediatric Health and Wellness	New	
15.G.	15.G. Diabetes Prevention Program	New	
16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM			
16.A.	16.A. Member Grievance Resolution Process	Moderate	Updated IEHP Member Services contact information, and Member's right to file a grievance for being billed inappropriately; renumbered as CCA 16A
16.B.	16.B. Member Appeal Resolution Process	Moderate	Updated IEHP Member Services contact information, and timeline for filing an appeal from 60 to 180 days; renumbered as CCA 16B
17. MEMBER TRANSFERS AND DISENROLLMENT			
17.A.1.	17.A.1. Primary Care Providers Transfers - Voluntary	No Change	No Change; renumbered as CCA 17A1
17.A.2.	17.A.2. Primary Care Providers Transfers - Involuntary	No Change	No Change; renumbered as CCA 17A2
17.B.	17.B. Episode of Care - Inpatient	No Change	No Change; renumbered as CCA 17B
18. PROVIDER NETWORK			
18.A.1.	18.A.1. Primary Care Provider - Hospital Affiliation	No change	No Change; renumbered as CCA 18A1



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Policy Number	Policy Title	Degree of Change	Description of Change
18.A.2	18.A.2. Primary Care Provider - Enrollment Capacity	No change	No Change; renumbered as CCA 18A2
18.B.	18.B. Provider Directory	Minor	Removed language that apply to Provider Directory for IEHP Medi-Cal LOB; renumbered as CCA 18B
18.C.	18.C. PCP, Specialist, Vision and Behavioral Health Provider Network Changes	Substantial	Added DHCS Alternative Access Standards and Quarterly Network Reporting.
18.D.	18.D. Specialty Network Requirements	No change	No Change; renumbered as CCA 18D
18.E.	18.E. Provider Resources	Substantial	Removal of resources that are no longer available; and updated the list with new resources; renumbered as CCA 18E
18.F.	18.F. Hospital Affiliations	No change	No Change; renumbered as CCA 18F
18.G.	18.G. Leave of Absence	No change	No Change; renumbered as CCA 18G
18.H.	18.H. IEHP Termination of PCPs, Specialists, Vision, and Behavioral Health Providers (NCQA)	Minor	Updated Member Services phone number; renumbered as CCA_18H
18.I.	18.I. Hospital Network Participation Standards	No change	No Change; renumbered as CA 18I
12.J.	12.J. Providers Charging Members	Retired	Retired policy because Providers are able to charge CCA Members for medical records. Members are also subject to share of cost.
18.J.	18.J. Provider Disruptive Behavior	No change	No Change; renumbered as CCA_18.J.
18.K.1.	18.K.1. Virtual Care - eConsult Services	No Change	No Change; renumbered as CCA_18.K
18.K.2.	18.K.2. Virtual Care	No Change	No Change; renumbered as CCA_18.K.1



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Policy Number	Policy Title	Degree of Change	Description of Change
19.CLAIMS PROCESSING			
19.A.	19.A. Claims Processing	Moderate	Described how behavioral health crisis services are reimbursed; renumbered as CCA 19A
19.B.	19.B. Billing of IEHP Members	Moderate	Described coverage for behavioral health crisis services, emergency and non-emergency medical transportation, as covered services; renumbered as CCA 19B
19.C.	19.C. Claims Deduction From Capitation - 7-Day Letter	No change	No Change; renumbered as CCA 19C
19.D.	19.D. Provider Dispute Resolution Process - Initial Claims Disputes	Moderate	Described levels of Provider dispute; renumbered as CCA 19D
19.E.	19.E. Provider Dispute Resolution Process - Health Plan Claims Appeals	Moderate	Outlined information required for a written appeal; renumbered as CCA 19E
19.F.	19.F. Claims and Compliance Audits	Moderate	Clarified that reports must be submitted in a format designated by IEHP; renumbered as CCA 19F
19.G.	19.G. Claims and Provider Dispute Reporting	Moderate	Emphasized report submission requirements, including submitting complete and accurate reports within mandated timeframes and using IEHP templates; renumbered as CCA 19G
20. ENCOUNTER DATA REPORTING			
20.A.	20.A. Encounter Data Submission Requirements for Directly Contracted Capitated Providers	No change	No Change; renumbered as CCA 20A
20.B.	20.B. Health and Human Services Hierarchical Condition Category (HHS-HCC) Risk Adjustment Model	New	



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Policy Number	Policy Title	Degree of Change	Description of Change
21. RIGHTS AND RESPONSIBILITIES			
21.A	21.A Member Rights and Responsibilities	New	
21.B.	21.B. Providers' Rights and Responsibilities	No change	No Change; renumbered as CCA 21B
22. COMPLIANCE			
22.A.	22.A. 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; renumbered as CCA 22A
22.B.	22.B. Health Care Professional Advice to Members	No Change	No Change; renumbered as CCA 22B
23. PROGRAM DESCRIPTIONS			
23.A.	23.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; renumbered as CCA 23A
23.B.	23.B. Cultural & Linguistic Services Program Description (NCQA)	Moderate	Applied program requirements to subcontractors and downstream subcontractors; updated information on Plan personnel responsible for the program; renumbered as CCA 23B
23.C.	23.C. Quality Management and Quality Improvement Program Description	Substantial	Updated description of QMHETP Work Plan and Committee Org chart; updated list of reporting committees; renumbered as CCA 23C



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Policy Number	Policy Title	Degree of Change	Description of Change
23.D.	23.D. Fraud, Waste and Abuse Program Description	Moderate	Updated list of agencies to whom suspected FWA are reported; renumbered as CCA 23D
23.E.	23.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; renumbered as 23E
24. DELEGATION AND OVERSIGHT			
24.A.1.	24.A.1. Delegation Oversight - Delegated Activities	No Change	No Change; renumbered as CCA 24A1
24.A.2.	24.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
24.A.3.	24.A.3. Delegation Oversight - Corrective Action Plan Requirements (NCQA)	Moderate	Clarified CAP/ICAP submission timeframes and removed duplicative information; renumbered as CCA 24A3
24.B.1.	24.B.1. Credentialing Standards - Credentialing Policies	New	
24.B.2.	24.B.2. Credentialing Standards - Credentialing Committee	New	
24.B.3.	24.B.3. Credentialing Standards - Credentialing Verification	New	
24.B.4.	24.B.4. Credentialing Standards - Recredentialing Cycle Length	New	



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Policy Number	Policy Title	Degree of Change	Description of Change
24.B.5.	24.B.5. Credentialing Standards - Ongoing Monitoring and Interventions	New	
24.B.6.	24.B.6. Credentialing Standards - Notification to Authorities and Practitioner Appeal Rights	New	
24.B.7.	24.B.7. Credentialing Standards - Assessment of Organizational Providers	New	
24.B.8.	24.B.8. Credentialing Standards - Delegation of CR	New	
24.B.9.	24.B.9. Credentialing Standards - Identification of HIV/AIDS Specialists	New	
24.B.10.	24.B.10. Credentialing Standards - Credentialing Quality Oversight of Delegates	New	
24.C.1.	24.C.1 Utilization Management - Reporting Requirements	No Change	No Change; renumbered as CCA 24C1
24.C.2	24.C.2 Utilization Management - Referral and Denial Audits	No Change	No Change; renumbered as CCA 24C2
25. QUICK REFERENCE GUIDE			
25.A.	25.A Quick Reference Guide	Moderate	Updated IEHP's holiday schedule; renumbered as CCA 25A