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## 2. COMMITTEE OVERVIEW

### A. Public Policy Participation Committee (PPPC)

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#### A. **Role:**

1. The purpose of the PPPC is to provide a mechanism for structured input from IEHP Members regarding how IEHP operations impact their care delivery.

#### B. **Function:**

1. The function of the PPPC Committee is as follows:
  - a. To review changes in policy or procedures that affect IEHP Members;
  - b. To provide updates on state policies or issues that affect IEHP and its members.
  - c. To allow committee members to have input on issues that have an impact on IEHP members. (i.e. marketing materials, the Evidence of Coverage, brochures, flyers, Health Education materials, Radio/TV/Billboard advertisements, incentive ideas/items, etc.)
  - d. To allow committee members to share experiences that will help IEHP improve how care is delivered.
  - e. To advise on educational and operational issues affecting groups who speak a primary language other than English;
  - f. To advise on cultural competency.

#### C. **Structure:**

1. The Committee is delegated by the IEHP Governing Board to IEHP to oversee the public policy activities of IEHP. The Committee is chaired by the IEHP Chief Marketing Officer (CMO). The CMO makes recommendations and reports findings to the IEHP Governing Board on an as needed basis. Potential quality issues are referred to the Chief Medical Officer for review and action as indicated.

#### D. **Membership:**

1. Membership consists of 30 selected IEHP Members. Committee Members are selected through outreach by IEHP.
2. IEHP staff participating in the committee consists of the Chief Marketing Officer, Secretary to the IEHP Governing Board, Medical Director, Director of Marketing, Director of Member Services, Bilingual Member Services Representative, Call Center Manager, Community Outreach Representative, Health Education Manager, Bilingual Health Education Associate (bilingual).
3. The PPPC membership shall reflect the geography and the membership make-up of IEHP's total enrollment.

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## 2. COMMITTEE OVERVIEW

### A. Public Policy Participation Committee (PPPC)

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4. Committee members must be linked to an active IEHP enrolled member – either themselves or their children, or their parents or a spouse with linkage to IEHP because of a disability.

### E. Terms of Service:

1. The full term for a PPPC Member is two (2) years. The initial term(s) of Committee members are staggered. One-third of the membership is rotated each year. Members may serve additional terms. The determination of whether any IEHP member may serve additional term(s) is at the sole discretion of the Chief Executive Officer (CEO).

### F. Meetings:

1. The PPPC shall meet routinely at least quarterly.
2. The PPPC meetings begin at 12:00 p.m.
3. Special PPPC meetings may be called when necessary.

### G. Minutes:

1. Minutes are recorded and transcribed for all meetings by the Secretary to the IEHP Governing Board. The Minutes include the date, hours, and place of the meeting, notice of the meeting, names of the PPPC members and staff present and absent, and all discussions that take place. Written reports or other forms of written communication submitted are included as attachments in the minutes.
2. Unless the reading of the minutes of the PPPC meeting is requested by a PPPC member, such minutes may be approved without reading if a copy has been previously provided to each committee member.

### H. Reports:

1. Issues discussed by the Committee can be a part of the monthly IEHP Governing Board Status Report as deemed necessary by the Chairman of the Committee.

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## 2. COMMITTEE OVERVIEW

### B. Provider Advisory Committee (PAC)

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#### A. **Role:**

1. PAC provides an independent mechanism for structured input from the provider community directly to IEHP and its Governing Board.
2. PAC has a standing agenda item at each IEHP Governing Board meeting to provide input and feedback.

#### B. **Function:**

1. 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:
  - a. IEHP budget issues;
  - b. Changes in contracting methodologies and/or model;
  - c. Changes to programs that impact providers, such as the Pay for Performance Program, Health Education programs, etc.;
  - d. Review of quality study results with a focus on proposed corrective action plans that impact providers;
  - e. Benefit changes and interpretation;
  - f. Other policy or procedure changes that impact providers.
2. 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.

#### C. **Meetings:**

1. PAC meets every other month, on the Monday prior to an IEHP Governing Board Meeting.
2. Meeting dates are scheduled one (1) year in advance.

#### D. **Membership:**

1. Membership consists of eight (8) contracted IEHP providers in good standing and IEHP staff as follows:

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## 2. COMMITTEE OVERVIEW

### B. Provider Advisory Committee (PAC)

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- a. Two Hospital representatives selected by Hospital Association of Southern California (HASC), one from Riverside and one from San Bernardino (both must be IEHP contracted hospitals);
  - b. One physician representative from Riverside County Medical Association. The physician must be a participating PCP with IEHP;
  - c. One physician representative from San Bernardino County Medical Society. The physician must be a participating PCP with IEHP;
  - d. One Optometrist who is contracted with IEHP;
  - e. Two representatives from an IPA contracted with IEHP;
  - f. One representative from a pharmacy or pharmacy chain contracted with IEHP;
  - g. IEHP CEO, or designee;
  - h. IEHP Chief Medical Officer, or designee;
  - i. Other IEHP Chief Officers or staff as indicated.
2. Members shall not have interests crossing membership categories.
  3. Members cannot be in litigation with IEHP.
  4. Members' terms shall be for two (2) years, reappointment can occur at the request of the nominating entity or IEHP.

### E. Chairmanship:

1. The Chairperson of PAC is selected by the membership.
2. The Chairperson is responsible for presenting to the Governing Board at the regular monthly meetings if necessary.
3. The Chairperson coordinates with IEHP staff as required prior to each meeting.
4. The Chairperson may waive a meeting if there are no relevant issues to discuss.

### F. Committee Organization:

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

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## 2. COMMITTEE OVERVIEW

### B. Provider Advisory Committee (PAC)

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#### G. Confidentiality

1. Since the information presented to PAC is in advance of the Governing Board meeting, all information provided to PAC must be kept confidential and not discussed or distributed to any non-member of PAC until such time as the information is presented to the Governing Board.
2. Information, presented to PAC, that is to be presented in any closed session of the Governing Board, shall remain confidential and shall not be disclosed to any non-member of PAC unless authorized by IEHP.
3. This provision does not preclude any member of PAC from discussing the information with a member of the Governing Board.

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## 2. COMMITTEE STRUCTURE

### C. Quality Management (QM) Committee

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#### A. **Role:**

1. The QM Committee directs the continuous monitoring of all aspects of health care being administered to IEHP Members, with oversight by the IEHP Chief Medical Officer and/or the Medical Director. All Committee findings and recommendations for policy decisions are reported through the Chief Medical Officer to the IEHP Governing Board on a quarterly basis, or sooner if indicated.
2. Objectives of the QM Committee include review, oversight and evaluation of delegated and non-delegated Quality Management (QM) activities including the accessibility of health care services and actual care rendered; ensuring continuity and coordination of care; oversight of Utilization Management, Quality Management, Grievance and Credentialing/Recredentialing activities delegated to IPAs; oversight of non-delegated Credentialing/Recredentialing activities; facility and medical record compliance with established standards; Member Satisfaction; quality and safety of services; safety of clinical care and adequacy of treatment. Grievance information, peer review, and utilization data are used to identify and track problems, and implement corrective actions. The QM Committee monitors Member interaction at all levels, representing the entire range of care, from the Member's initial enrollment to final outcomes.
3. The QM Committee is responsible for annual review, update, and approval of the QM Program Description 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. Ancillary Subcommittees are instituted to assist with study development as needed. The QM Committee receives updates from Peer Review, Credentialing, Utilization Management, Behavioral Health, Compliance, Grievance, Delegation Oversight, and Pharmacy and Therapeutics Subcommittees at least quarterly or more frequently as indicated. The QM Committee reviews Subcommittee activity reports and is responsible for periodic assessment and redirection of subcommittee activities and recommendations, with subsequent reporting to the IEHP Governing Board through the Chief Medical Officer.
4. IEHP delegates Quality Management and Improvement activities to those entities with current NCQA accreditation. The IEHP QM Committee provides oversight of these delegated activities.

#### B. **Function:**

1. The following elements define the function of the QM Committee in monitoring and oversight for care administered to Members:
  - a. Seek methods to increase the quality of health care for the served population;

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## 2. COMMITTEE STRUCTURE

### C. Quality Management (QM) Committee

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- b. Design and direct QM Program objectives, goals, and strategies;
- c. Recommend policy decisions;
- d. Review, analyze, and evaluate results of QM activities at least annually and revise as necessary;
- e. Identify and prioritize quality issues, institute needed actions, and ensure follow-up;
- f. Develop and assign responsibility for achieving goals;
- g. Monitor quality improvement;
- h. Monitor clinical safety;
- i. Provide oversight and direction for Subcommittees and related programs and activities;
- j. Oversee the identification of trends and patterns of care;
- k. Monitor grievances and appeals for quality issues;
- l. Develop and monitor Corrective Action Plan (CAP) performance;
- m. Report progress and key issues to the IEHP Governing Board;
- n. Assess the direction of health education resources;
- o. Ensure incorporation of findings based on Member and Provider input/issues into IEHP policies and procedures;
- p. Provide oversight for the IEHP UM Program and delegated UM functions;
- q. Review behavioral health care reports for quality issues;
- r. Provide oversight of behavioral health care services;
- s. Oversee the IEHP Credentialing Program and delegated credentialing functions;
- t. Oversee and direct the Health Management Program;
- u. Review and approve clinical practice and preventive health guidelines; and
- v. Review the Program Descriptions of contracted IPAs and other delegate entities on an annual basis.

#### C. Structure:

1. The QM Committee provides oversight for the QM Program and is composed of IPA Medical Directors and other practitioners who are representatives of their physicians and non-physician practitioners. Practicing physicians serve on Subcommittees that report to the QM Committee. Additional representatives

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## 2. COMMITTEE STRUCTURE

### C. Quality Management (QM) Committee

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include optometrists, public health representatives, pharmacists representatives, specialists, and IEHP staff.

2. Ancillary subcommittees are instituted to assist with study development as needed.

### D. Membership:

1. Membership is comprised of the IEHP Chief Medical Officer as Chairperson, IEHP Medical Director, participating IPA Medical Directors, appointed representatives from the Public Health Departments of Riverside County and San Bernardino County, participating Pharmacists, participating Optometrists and a behavioral health practitioner.
  - a. Prospective appointed physician and pharmacist members of the Committee are subject to verification of license and malpractice history prior to participating on the Committee.
  - b. Prospective physician and pharmacist 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.
2. IEHP staff participating on the Committee consists of the Chief Executive Officer, Chief Medical Officer, Chief Marketing Officer, Medical Directors, Director of Pharmaceutical Services, Director of Health Administration, Director of Quality Management, Director of Utilization Management, Director of Care Management, Director of Healthcare Analytics, Director of Provider Services, Clinical Director of Behavioral Health, Director of Member Services, Quality Management Manager, Grievance Manager, and other IEHP staff as necessary.
3. IEHP staffs participating on the QM Committee 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.
4. The Quality Management Administrative Assistant acts as secretary to the Committee.
5. Regulatory agency representatives may attend QM Committee meetings according to contractual arrangements.
6. The IEHP Chief Medical Officer selects Medical Directors, Physicians, Pharmacists, and Optometrists for committee membership from IEHP Provider Network applicants.

### E. Terms of Service:

1. IEHP staff attend as permanent members of the QM Committee. The full term for

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## 2. COMMITTEE STRUCTURE

### C. Quality Management (QM) Committee

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a QM Committee physician, pharmacist or optometrist member is two years, with additional terms as recommended by the entire Committee. Public Health Department representatives serve for two years and are selected by each Health Department, with approval by the IEHP Chief Medical Officer. The determination of whether any practitioner member may serve additional terms is at the sole discretion of the CEO and Chief Medical Officer. The initial term(s) of Committee members are staggered to ensure consistent Committee operation.

#### F. Voting Rights:

1. Voting rights are restricted to the Chairperson, IEHP Medical Director and appointed Committee members. IEHP staff, with the exception of the Chief Medical Officer and Medical Director, do not have voting privileges.

#### G. Quorum:

1. 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:
  - a. The Chairperson, IEHP Medical Director, and three appointed Committee members; or
  - b. The Chairperson or IEHP Medical Director and two appointed Committee members.
2. An optometrist must be present for all vision related issues and a behavioral health practitioner must be present for behavioral health issues.
3. Non-physician Committee members may not vote on medical issues.

#### H. Meetings:

1. The QM Committee meets at least quarterly, with additional meetings as necessary. Issues needing immediate assistance that arise prior to the next scheduled QM Committee meetings are reviewed by the Chief Medical Officer and/or Medical Director and reported back to the QM Committee when applicable.

#### I. Minutes:

1. In-depth minutes are recorded at each meeting by the QM Administrative Assistant, with review by the Director of QM and Chief Medical Officer. Minutes include Committee activities, study progress, results and assessment of completed studies, recommendations resulting from study evaluation, action plan development and progress, and follow-up activities. Minutes are dated, signed, and reflect responsible person for follow-up actions. All peer review issues are maintained with full confidentiality to preclude identification of involved parties. QM Minutes are stored in a confidential and secure place with access only by authorized staff. The QM Committee approves minutes at the next scheduled

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## 2. COMMITTEE STRUCTURE

### C. Quality Management (QM) Committee

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meeting.

#### J. Reports:

1. QM Committee findings and recommendations are reported through the Chief Medical Officer to the appropriate IEHP Governing Board on a quarterly basis, or sooner if indicated. A yearly comprehensive plan of studies to be performed is developed to include studies that adequately address the safety of health care and demographics pertinent to IEHP Members.

#### K. Confidentiality:

1. All members of the QM Committee, 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.

#### L. Affirmation Statement:

1. The QM Committee attendance record signed by all QM Committee 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.

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## 2. COMMITTEE STRUCTURE

### D. Peer Review Subcommittee

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#### A. **Role:**

1. 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 issues, sanctioning, and other peer review matters as directed by the IEHP Chief Medical Officer or Medical Director.
2. The Subcommittee performs oversight of the credentialing activities of IPAs who have been delegated credentialing responsibilities and providers directly credentialed by IEHP, including retrospective practitioner quality reviews referred by the IEHP Chief Medical Officer or Medical Director for practitioner or Provider appeals for adverse credentialing decisions.
3. The Subcommittee monitors grievance and appeals processes with recommendations for modification as necessary.
4. The responsibility of monitoring for 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.

#### B. **Function:**

1. The following elements define the functions of the Peer Review Subcommittee in monitoring peer review matters:
  - a. Serve as the committee for clinical quality review of practitioners;
  - b. Evaluate, assess, and make decisions regarding practitioner or Member grievances and clinical quality of care exception cases referred by the IEHP Chief Medical Officer or Medical Director, as well as practitioner or IPA credentialing or recredentialing issues, sanctioning and develop or recommend action plans as required;
  - c. Retrospectively review practitioners with potential or suspected quality issues referred by the IEHP Chief Medical Officer or Medical Director that have been credentialed and approved for participation in IEHPs network by IPAs who have been delegated credentialing and recredentialing activities and providers directly credentialed by IEHP;
  - d. Review practitioners referred by the IEHP Chief Medical Officer or Medical Director due to grievance and/or complaint trend review, other quality indicators, sanctions or other information related to practitioners' quality of care or qualifications;
  - e. Review all practitioner or Provider appeals related to clinical issues or adverse credentialing/recredentialing decisions;

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## 2. COMMITTEE STRUCTURE

### D. Peer Review Subcommittee

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- f. Monitor the delegated credentialing and recredentialing process, facility review, and outcomes for practitioners and IPAs.

### C. Structure:

1. The Peer Review Subcommittee is structured to provide oversight 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 address problems to the Subcommittee. Activities of the Subcommittee are reported back to the QM Committee on a quarterly basis or more frequently for issues of a more serious nature.
2. The Peer Review Subcommittee meets at least quarterly, with additional meetings as necessary.

### D. Membership:

1. Membership is comprised of the IEHP Chief Medical Officer or designee as Chairperson, IEHP Medical Director, and four IPA Medical Directors or designated physicians representative of network practitioners. An optometrist, behavioral health practitioner and any other specialty not represented by committee members serve on an ad hoc basis for related issues.
  - a. Prospective appointed physician members of the Subcommittee are subject to verification of license, DEA and malpractice history prior to participating on the Subcommittee.
  - b. 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.
2. IEHP staff participating on the Subcommittee consists of the Director of Provider Services, Director of Quality Management, Grievance Manager, Credentialing Manager, and QM Manager.
3. A Provider Services Administrative Assistant acts as secretary to the Subcommittee.

### E. Terms of Service:

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

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## 2. COMMITTEE STRUCTURE

### D. Peer Review Subcommittee

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#### F. **Voting Rights:**

1. Voting rights are restricted to the Chairperson, IEHP Medical Director and appointed Subcommittee members. IEHP non-physician staff members do not have voting privileges.

#### G. **Quorum:**

1. 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:
  - a. The Chairperson, IEHP Medical Director, and three appointed Subcommittee members.
  - b. The Chairperson or IEHP Medical Director and two appointed Subcommittee members.
2. An optometrist must be present for all vision related issues and a behavioral health practitioner for behavioral health issues.
3. Non-physician committee members may not vote on medical issues.

#### H. **Meetings:**

1. The Peer Review Subcommittee meets quarterly, with additional meetings scheduled as needed.

#### I. **Minutes:**

1. In-depth minutes are recorded at each meeting by a Provider Services Administrative Assistant, with review and approval by the IEHP Medical Director. 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 place with access restricted to authorized staff.

#### J. **Reports:**

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

#### K. **Confidentiality:**

1. All members of the Peer Review 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.

#### L. **Affirmation Statement:**

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## 2. COMMITTEE STRUCTURE

### D. Peer Review Subcommittee

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1. The Peer Review Subcommittee attendance record signed by all Subcommittee members, participating IEHP staff and guests includes an affirmation statement acknowledging that utilization decisions 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.

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## 2. COMMITTEE STRUCTURE

### E. Pharmacy and Therapeutic (P&T) Subcommittee

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#### A. Role:

1. Delegated by the QM Committee, the P&T Subcommittee monitors the IEHP formulary, oversees medication prescribing practices by IEHP practitioners, assesses usage patterns by Members, and assists with study design and clinical guidelines development.
2. The P&T Subcommittee is responsible for identifying and researching drug related new technologies and new applications of existing drug related technologies.

#### B. Function:

1. The following elements define the function of the P&T Subcommittee in monitoring the IEHP formulary, medication prescribing practices and usage patterns:
  - a. Evaluate the clinical use of drugs, develop policies for managing drug use and drug administration, and manage the formulary system.
  - b. Objectively appraise, evaluate, and select pharmaceutical products for formulary inclusion and exclusion. This is an ongoing process to ensure the optimal use of therapeutic agents. Products are evaluated based on efficacy, safety, ease of use and cost.
  - c. Provide recommendations regarding educational materials and programs about drug products and their usage to all IEHP Providers who have a need to know the information (physicians, pharmacists, nurses, etc.).
  - d. Develop and monitor quality issues in regard to correct drug use for IEHP and its Members. This includes drug utilization review (DUR) and drug use evaluation (DUE) programs.
  - e. Provide recommendations regarding protocols and procedures for the use of non-formulary medications.
  - f. Recommend disease state management or treatment guidelines for specific diseases or conditions. These guidelines are a recommended series of actions, including drug therapies concerning specific clinical conditions.
2. Factors related to optimal pharmacotherapy and considered in formulary deliberations include:
  - a. Pharmacologic considerations (e.g., drug class, similarity to existing drugs, side effect profile, mechanism of action, therapeutic indication, drug-drug interaction potential, clinical advantages over other products in the specific drug class);
  - b. Unlabeled uses and their appropriateness;

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## 2. COMMITTEE STRUCTURE

### E. Pharmacy and Therapeutic (P&T) Subcommittee

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- c. Bioavailability data;
  - d. Pharmacokinetic data;
  - e. Dosage ranges by route and age;
  - f. Risks versus benefits regarding clinical efficacy and safety of a particular drug relative to other drugs with the same indication;
  - g. Patient risk factors relative to contraindications, warnings, and precautions;
  - h. Special monitoring or drug administration requirements; and
  - i. Cost comparisons against other drugs available to treat the same medical condition(s).
3. Requests for formulary additions should be submitted to the P & T Subcommittee in writing, on the IEHP Request for Addition/Deletion of a Drug to the Formulary (see Attachment 11-1 in Section 11, “Attachments”).
  4. A request should be submitted to the Chief Medical Officer, or IEHP pharmacy staff, for placement on the agenda of the next Subcommittee meeting.

### C. Structure:

1. The P&T Subcommittee is delegated by the QM Committee to oversee the pharmaceutical activities of Members. The P&T Subcommittee reports all activities to the QM Committee quarterly or more frequently depending on the acuity of the issue.

### D. Membership:

1. The P&T Subcommittee membership consists of the IEHP Director of Pharmaceutical Services as Chairperson or designee, Chief Medical Officer, Medical Director (Health Plan), Medical Director (Direct), seven clinical pharmacists representative of the overall IEHP pharmacy network, and seven practicing physicians representative of the overall IEHP physician network. A clinical pharmacist is defined as a licensed pharmacist with at least one year of clinical residency or three years of experience in clinical practice.
2. The IEHP staff includes the Director of Quality Management, Clinical Pharmacist, and Director of Health Administration. The Pharmaceutical Services Administrative Assistant acts as secretary to the Subcommittee.
3. Prospective appointed physician and pharmacist members of the Subcommittee are subject to verification of license, DEA and malpractice history prior to participating on the Subcommittee.
4. Prospective appointed licensed professional (optometrists, physicians, etc.) members of the subcommittee are subject to verification of license and

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## 2. COMMITTEE STRUCTURE

### E. Pharmacy and Therapeutic (P&T) Subcommittee

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malpractice history prior to participating on the subcommittee.

5. Prospective physician and pharmacist 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.
6. Physician members include practicing physicians representative of the network. Pharmacist members include practicing pharmacists representative of the network.

#### E. Terms of Service:

1. IEHP staff attend as permanent members of the P&T Subcommittee. The full term for physician or pharmacist member is two years, with replacements selected from network practitioners. The determination of whether any physician or pharmacist member may serve additional terms is at the sole discretion of the Chairperson, with approval by the Subcommittee. The initial term(s) of Subcommittee members are staggered to ensure consistent Subcommittee operation.

#### F. Voting Rights:

1. Voting rights are restricted to the, IEHP Director of Pharmaceutical Services as Chairperson or designee, IEHP Chief Medical Officer, IEHP Medical Director, seven clinical pharmacists and seven practicing physicians as voting members.

#### G. Quorum:

1. Voting cannot occur unless there is a quorum of voting members present. For decision purposes, a quorum is composed of the Chairperson, or IEHP Chief Medical Officer or Medical Director, and at minimum, two appointed Subcommittee members.

#### H. Meetings:

1. The P&T Subcommittee meets on a quarterly basis to keep the formulary current.

#### I. Minutes:

1. In-depth minutes are recorded at each meeting by a Medical Services Administrative Assistant, with review by the Chairperson of the Subcommittee. Minutes include Subcommittee activities, including actions taken, findings, feedback, action plans, monitoring, and reassessment, 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 place with access only by authorized staff. The P&T Subcommittee approves minutes at the next scheduled meeting.

#### J. Reports:

1. Quarterly updates regarding IEHP formulary, pharmaceutical usage among

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## 2. COMMITTEE STRUCTURE

### E. Pharmacy and Therapeutic (P&T) Subcommittee

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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.

#### K. Confidentiality:

1. All members of the P&T 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.

#### L. Recusal Policy:

1. 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.
2. 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.

#### M. Disclosure Statement:

1. 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.

#### N. Affirmation Statement:

1. 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 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

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## 2. COMMITTEE STRUCTURE

### E. Pharmacy and Therapeutic (P&T) Subcommittee

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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.”

2. 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.”

INLAND EMPIRE HEALTH PLAN		
<b>Chief Approval:</b> <i>Signature on file</i>	<b>Effective date:</b>	September 1, 1996
<b>Chief Title:</b> Chief Medical Officer	<b>Revised date:</b>	January 1, 2012

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## 2. COMMITTEE OVERVIEW

### F. Credentialing Subcommittee

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#### A. Role:

1. The Credentialing Subcommittee is responsible for reviewing individual practitioners who are directly contracting with IEHP for denial or approval of practitioner's participation in the IEHP network.
2. The responsibility for reviewing and approving or denying individual practitioner's participation in the IEHP network, as applicable, is appointed by the IEHP Quality Management (QM) Committee to the Credentialing Subcommittee.
3. The Subcommittee monitors the IEHP Credentialing and Recredentialing Program with recommendations for modification as necessary.

#### B. Functions:

1. The following elements define the function of the Credentialing Subcommittee in reviewing individual practitioners for participation in the IEHP network:
  - a. Review practitioner qualifications including adverse findings, as applicable, and approve or deny participation in IEHPs network for those practitioners directly contracted with IEHP.
  - b. Approve or deny practitioner's continued participation in IEHP's network every thirty six (36) months in conjunction with recredentialing.
  - c. Ensure that the decision to credential and recredential a practitioner's continued participation in IEHPs network is conducted in a non discriminatory manner by not basing the decision solely 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.
  - d. Ensure that notification to approve or deny a practitioner's application occurs within 60 days of the credentialing decision.
  - e. Review, analyze and recommend any changes to the IEHP Credentialing and Recredentialing Program policies and procedures on an annual basis or as deemed necessary.

#### C. Structure:

1. 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 QM Committee on a quarterly basis or more frequently for issues of a more serious nature.
2. The Credentialing Subcommittee meets at least bi-monthly, with additional

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meetings as needed.

#### D. Membership:

1. Membership is composed of the IEHP Chief Medical Officer or designee as Chairperson, IEHP Medical Director, five multidisciplinary Participating Primary Care Providers or specialty physicians representative of network practitioners and a network optometrist and a behavioral health practitioner. Any other specialty not represented by committee membership serves on an ad hoc basis for related issues.
  - a. Prospective appointed physician members of the Subcommittee are subject to verification of license, DEA and malpractice history prior to participating on the Subcommittee.
  - b. 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.
2. IEHP staff participating on the Subcommittee consists of the Director of Provider Services, Director of Quality Management, Credentialing Manager and QM Manager and other IEHP staff as necessary.
3. A Provider Services Administrative Assistant acts as secretary to the Credentialing Subcommittee.

#### E. Terms of Service:

1. IEHP staff attend as permanent members of the Credentialing Subcommittee. The full term for practicing primary care and specialist Subcommittee members is two 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 CEO and the Chief Medical Officer, with approval of the Subcommittee. The initial term(s) of Subcommittee members are staggered to ensure consistent Subcommittee operations.

#### F. Voting Rights:

1. Voting rights are restricted to the Chairperson, the Medical Director and appointed Subcommittee members. IEHP non-physician staff do not have voting privileges.

#### G. Quorum:

1. 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:
  - a. The Chairperson (IEHP Chief Medical Officer or designee), IEHP Medical Director, and three appointed Subcommittee members; or

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## 2. COMMITTEE OVERVIEW

### F. Credentialing Subcommittee

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- b. The Chairperson (IEHP Chief Medical Officer or designee) or IEHP Medical Director and two appointed Subcommittee members.
2. An optometrist must be present for all vision-related issues, and a behavioral health practitioner must be present for behavioral health issues.
3. Non-physician Subcommittee members may not vote on medical issues.

### H. Meetings:

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

### I. Minutes:

1. In-depth minutes are recorded at each meeting by a Provider Services Administrative Assistant, with review by the Credentialing Manager and IEHP Medical Director or designee. 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 place with access only to authorized staff.

### J. Reports:

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

### K. Confidentiality:

1. 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.

### L. Affirmation Statement:

1. The Credentialing Subcommittee attendance record signed by all Subcommittee members, participating IEHP staff and guests includes an affirmation statement acknowledging that utilization decisions 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.

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## 2. COMMITTEE OVERVIEW

### F. Credentialing Subcommittee

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<b>Chief Approval:</b> <i>Signature on file</i>	<b>Effective date:</b>	December 6, 1999
<b>Chief Title:</b> Chief Medical Officer	<b>Revised date:</b>	January 1, 2011

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## 2. COMMITTEE STRUCTURE

### G. IEHP Utilization Management (UM) Subcommittee

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#### A. **Role:**

1. The UM Subcommittee directs the continuous monitoring of all aspects of UM, Care Management (CM), Behavioral Health (BH), and Health Management (HM), including the development of appropriate standards administered to Members, with oversight by the IEHP Chief Medical Officer and/or Medical Director. All Subcommittee findings and recommendations for policy decisions are reported to the Quality Management (QM) Committee through the Chief Medical Officer and/or Medical Director on a quarterly basis, or sooner if indicated.

#### B. **Function:**

1. The function of the UM Subcommittee is to:
  - a. Annually review and approve the UM, CM, BH, and HM Program Descriptions and applicable Work Plans;
  - b. Annually review the UM, CM, BH, and HM policies, procedures and criteria utilized in the evaluation of appropriate clinical and behavioral health care services, coordination and continuity of care, and for HM interventions;
  - c. 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;
  - d. Retrospectively evaluate potential over and under utilization issues through review of the following data against thresholds: bed-day utilization, physician referral patterns, Member and practitioner satisfaction surveys, readmission reports, length of stay, and referral treatment authorizations. Action plans in areas not meeting thresholds are developed including standards, timelines, interventions, and evaluations;
  - e. Require a regular audit process for monitoring consistency of application of criteria within the UM Department;
  - f. Require a regular audit process for monitoring delegated CM activities;
  - g. Ensure that UM decision-making is based only on the appropriateness of care and services;
  - h. Evaluate Member and practitioner satisfaction surveys for satisfaction with the UM process annually and report results to the QM Committee;
  - i. Evaluate the effectiveness of the UM Program using data on Member and practitioner satisfaction;
  - j. Identify potential quality issues related to UM, CM, BH, or HM with subsequent reporting to the QM Committee;

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- k. Assist in review of new technologies and new applications of existing technologies that are not primarily medication related proposed for inclusion as an IEHP benefit;
- l. Oversee the coordination of training and education programs within the IEHP UM Department, for delegated IPAs, or for direct contract practitioners and Providers;
- m. Facilitate education on UM for Providers;
- n. Monitor CM, BH, and HM activities; and
- o. Provide information to Contracts Administration regarding the local delivery system, IPA performance, and new contract needs.

#### C. **Structure:**

1. The UM Subcommittee provides oversight for the UM, CM, and HM Programs and is composed of IPA Medical Directors, UM Medical Directors, or designees who are representatives for their practicing physicians. Additional representatives include pharmacy representatives, specialists, Director of UM, Clinical Director of BH, and IEHP staff. An optometrist is present for all vision-related issues. A behavioral health practitioner is present for assistance with behavioral health issues and the behavioral health aspects of the UM Program. These practitioners represent the appropriate level of knowledge to adequately assess and adopt healthcare standards.

#### D. **Membership:**

1. Appointed Subcommittee membership is comprised of the IEHP Chief Medical Officer, Medical Director (Health Plan) or designee as Chairperson, Medical Director (Direct), Clinical Director of BH, four participating IPA Medical Directors or designated physicians representative of network practitioners. An optometrist serves on an ad hoc basis for related issues.
2. IEHP staff participating on the UM Subcommittee include the following: Director of Health Administration, Director of UM, UM Manager, Director of QM, Director of Care Management Director of Healthcare Analytics, Director of Pharmaceutical Services, Clinical Director of Behavioral Health, Clinical Pharmacist, IPA UM Liaison, Grievance Manager, CM Manager, and HM Manager. Additional staff attends on an ad hoc basis.
3. A Utilization Management Administrative Assistant or Medical Services Coordinator acts as secretary to the Subcommittee.
4. Prospective appointed licensed professional (optometrists, physicians, etc.) members of the Subcommittee are subject to verification of license and malpractice history prior to participating on the Subcommittee.
5. Prospective licensed professional members not providing requested information to

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## 2. COMMITTEE STRUCTURE

### G. IEHP Utilization Management (UM) Subcommittee

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perform verification in a timely manner, or who do not meet IEHP's requirements upon verification may not participate on the Subcommittee.

#### E. Terms of Service:

1. IEHP staff attend as permanent members of the UM Subcommittee. Terms of services for physician members are for two years, with replacements selected from network physicians. Terms are staggered to ensure consistent Subcommittee operation. Members may be re-appointed at the discretion of the IEHP Medical Director with approval by the Subcommittee.

#### F. Voting Rights:

1. Voting rights are restricted to the Chairperson and appointed physician members. IEHP staff, with the exception of the Chief Medical Officer, Medical Director-Health Plan, and Medical Director-Direct, do not have voting privileges.

#### G. Quorum:

1. Voting cannot occur unless there is a quorum of voting members present. For decision purposes, a quorum can be composed of the following:
  - a. The Medical Director-Health Plan or designee as Chair or the IEHP Chief Medical Officer or Medical Director-Direct, and two appointed Subcommittee members.
2. An optometrist must be present for all vision related issues and a behavioral health practitioner must be present for behavioral health related issues.

#### H. Meetings:

1. The UM Subcommittee meets at least quarterly. Issues that arise prior to scheduled UM Subcommittee meetings that need immediate attention are reviewed by the Medical Director and reported back to the UM Subcommittee when applicable.
2. Interim issues requiring Subcommittee approval may be approved by an ad hoc teleconference meeting called by the Chair.

#### I. Minutes:

1. In-depth minutes are recorded at each meeting by a Utilization Management Administrative Assistant or Medical Services Coordinator, with review by the Medical Director. 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.

#### J. Reports:

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## 2. COMMITTEE STRUCTURE

### G. IEHP Utilization Management (UM) Subcommittee

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

#### K. Confidentiality:

1. At each meeting, all 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.
2. All UM Subcommittee members are held to honoring the privacy and security of Protected Health Information (PHI).

#### L. Affirmation Statement:

1. At each meeting, 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.
2. 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."

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