



# Provider Services

MONTHLY POLICY UPDATES

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**To:** IPA Administrators  
**From:** IEHP Policy & Regulatory Operations  
**Date:** May 8, 2023  
**Subject:** **IPA Monthly Interim PM Changes**

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Inland Empire Health Plan (IEHP) has made the following interim changes to the 2023 Provider Policy and Procedure Manuals.

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

Provider Portal at [www.iehp.org](http://www.iehp.org) > For Providers > Provider Manual > 2023 Manuals

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

Sincerely,

A handwritten signature in blue ink, appearing to read 'Lourdes Nery', is positioned above the typed name.

Lourdes Nery, MPA  
Director, Policy & Regulatory Operations

<b>Line of Business</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Description of Change</b>	<b>Revision Status*</b>	<b>Revision Effective Date</b>
Medi-Cal & IEHP DualChoice (HMO D-SNP)	5A1	<b>Credentialing Standards - Credentialing Policies</b>	Updated the policy pursuant to Health & Safety Code 1374.197, IEHP will notify Behavioral Health, Mental Health, and/or Substance Use Disorder credentialing applicants within 7 business days to confirm receipt and inform the applicant whether the application is complete. A completed application will be assessed and verified within 60 business days.	<b>SUBSTANTIAL</b>	<b>3/31/2023</b>
Medi-Cal	10P	<b>Total Fracture Care</b>	Updated list of participating Orthopedists.	<b>MODERATE</b>	<b>4/12/2023</b>
IEHP DualChoice (HMO D-SNP)	11O	<b>Drug Management Program</b>	Described how Members are notified, when the Plan determines them to be exempt from the Drug Management Program after the Initial Notice has already been sent.	<b>MODERATE</b>	<b>4/20/2023</b>
Medi-Cal	12A2	<b>Care Management Requirements - Continuity of Care</b>	Updated to note that LTC facilities must be enrolled in Medi-Cal. Also updated to remove reference to three-way contract.	<b>MODERATE</b>	<b>4/17/2023</b>

Medi-Cal	12K1	<b>Behavioral Health - Behavioral Health Services</b>	Described the administration of DHCS-issued screening and transition of care tools for youth and adults.	<b>SUBSTANTIAL</b>	<b>5/2/2023</b>
Medi-Cal	14F1	<b>Long Term Care (LTC) - Custodial Level</b>	Policy updated to clarify that IEHP will honor DHCS-approved Treatment Authorization Request (TARs) for SNF services.	<b>SUBSTANTIAL</b>	<b>4/7/2023</b>
Medi-Cal	14F2	<b>Long Term Care (LTC) - Skilled Level</b>	Policy updated to clarify that IEHP will honor DHCS-approved Treatment Authorization Request (TARs) for SNF services.	<b>SUBSTANTIAL</b>	<b>4/7/2023</b>
IEHP DualChoice (HMO D-SNP)	Att 14	<b>UM Timeliness Standards - IEHP DualChoice</b>	Updated to reflect turnaround timeframes specific to D-SNP line of business.	<b>SUBSTANTIAL</b>	<b>4/14/2023</b>
IEHP DualChoice (HMO D-SNP)	18B	<b>Provider Directory</b>	Provider Directory policy will be updated within thirty (30) calendar days of the inaccuracy being reported.	<b>MINOR</b>	<b>4/18/2023</b>
Medi-Cal	20A1	<b>Claims Processing - Provider Dispute Resolution Process - Initial Claims Disputes</b>	Described how ER and post-stabilization claims payment disputes may be initiated by out-of-network Providers.	<b>MODERATE</b>	<b>4/20/2023</b>

IEHP DualChoice (HMO D-SNP)	Att 25	<b>Medicare Provider Reporting Requirements Schedule</b>	Frequency of Care Coordinator to Member Ratio report changed from quarterly to annual.	<b>REPLACEMENT</b>	<b>4/5/2023</b>
Medi-Cal & IEHP DualChoice (HMO D-SNP)	Att 25	<b>Approved Referral Audit Tool</b>	Updated "Approved Referral Audit Tool" <ul style="list-style-type: none"> <li>• "MCR Approvals" and "MCL Approvals" tab element (e) is the new element.</li> <li>• "Instructions and Data Dictionary" tab element (e) is the new element.</li> </ul>	<b>REPLACEMENT</b>	<b>4/14/2023</b>
Medi-Cal	Att 25	<b>Monthly CCS Referral Log 2.0</b>	Monthly California Children's Services (CCS) Referral Log 2.0 revised Field Type & Field Length and drop down feature added.	<b>REPLACEMENT</b>	<b>4/18/2023</b>
Medi-Cal	Att 25	<b>Monthly Care Management Log</b>	Monthly Care Management Log Field Names and Example Description revised.	<b>REPLACEMENT</b>	<b>4/18/2023</b>
Medi-Cal	Att 25	<b>Care Management California Children's Services Review Tool</b>	Regulatory Criteria cited in Data Dictionary tab was corrected from APL 19-010 to APL 23-005	<b>REPLACEMENT</b>	<b>4/26/23</b>
IEHP DualChoice (HMO D-SNP)	Att 25	<b>Monthly Medicare Plan Outreach Log 1.1</b>	Care Plan Outreach revised Field Types & Field Lengths and drop-down features added.	<b>REPLACEMENT</b>	<b>4/19/2023</b>
IEHP DualChoice (HMO D-SNP)	Att 25	<b>Monthly Medicare Interdisciplinary Care Team Log</b>	Monthly Medicare Interdisciplinary Care Team Log Description & Field Lengths revised.	<b>REPLACEMENT</b>	<b>4/19/2023</b>

IEHP DualChoice (HMO D-SNP)	Att 25	<b>Monthly Medicare Care Management Log 2.3</b>	Monthly Medicare Care Management Log revised Field Types & Descriptions and drop-down features added.	<b>REPLACEMENT</b>	<b>4/19/2023</b>
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**Enclosures:**

MC;MA\_5A1 - Credentialing Standards - Credentialing Policies (approved and redlined)  
 MC\_10P - Total Fracture Care (approved and redlined)  
 MA\_11O - Drug Management Program (approved and redlined)  
 MC\_12A2 - Care Management Requirements - Continuity of Care (approved and redlined)  
 MC\_12K1 - Behavioral Health - Behavioral Health Services (approved and redlined)  
 MC\_14F1 - Long Term Care (LTC) - Custodial Level (approved and redlined)  
 MC\_14F2 - Long Term Care (LTC) - Skilled Level  
 MA\_Att 14 - UM Timeliness Standards - IEHP DualChoice (approved and redlined)  
 MA\_18B - Provider Directory - Approved Referral Audit Tool (approved and redlined)  
 MC\_20A1 - Claims Processing - Provider Dispute Resolution Process - Initial Claims Disputes (approved & redlined)  
 MA\_Att 25 - Medicare Provider Reporting Requirements Schedule (replacement)  
 MC;MA Att 25 - Approved Referral Audit Tool (replacement)  
 MC\_Att 25 - Monthly CCS Referral Log 2.0 (replacement)  
 MC\_Att 25 - Monthly Care Management Log (replacement)  
 MC\_Att 25 - Care Management California Children's Services Review Tool (replacement)  
 MA\_Att 25 - Monthly Medicare Plan Outreach Log 1.1 (replacement)  
 MA\_Att 25 - Monthly Medicare Interdisciplinary Care Team Log (replacement)  
 MA\_Att 25 - Monthly Medicare Care Management Log 2.3 (replacement)

**cc:**

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

**\*Revision Status:**

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

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

**SUBST** = are those that involve major revisions or a complete rewrite of a policy, or reflect changes that affect the Provider or PCP operationally, such as a change to a reporting timeframe or standards

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