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## 2. COMMITTEE OVERVIEW

### A. Public Policy Participation Committee

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#### A. Role:

1. Pursuant to requirements set out by California Department of Managed Health Care (DMHC) and California Department of Health Care Services (DHCS), Public Policy Participation Committee (PPPC) is a member advisory committee that provides a channel for structured input and feedback from IEHP Members regarding delivery of care and how it impacts care for Members.<sup>1</sup>

#### 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, IEHP website including the web Provider Directory or Doctor Search, 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.
  - g. Transportation will be provided if requested.

#### C. Structure:

1. The Committee is to provide input on the public policy activities of IEHP. The Committee is chaired by the IEHP Chief Communications and Marketing Officer (CCMO). The CCMO makes recommendations and report findings to the Chief Executive Officer (CEO) on an as-needed basis. The CEO may address any pertinent recommendations or findings by the Committee to the IEHP Governing Board at a regularly scheduled public meeting. Potential quality issues are referred to the Chief Medical Officer for review and action as indicated.

#### D. Membership:

1. Membership consists of thirty (30) selected IEHP Members from both Medi-Cal and IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid). Committee Members are

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<sup>1</sup> Department of Health Care Services (DHCS) – IEHP Two-Plan Contract 01/10/20 (Final Rule A27), Exhibit A, Attachment 1, Provision 9, Member Representation

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selected through outreach by IEHP on an annual basis every January with an effective date of March of that same year.

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. Committee membership shall reflect the geography and the membership make-up of IEHP’s total enrollment.

2. IEHP staff participating in the committee consists of (but not limited to): the CCMO, Communications Coordinator, Medical Director, Director of Member Services, Bilingual Member Services Representative, Call Center Manager, Community Outreach Representative, Health Education Manager and Bilingual Health Education Associate.
3. Terms of Service for Committee Members:
  - a. The full-term for a Committee Member is two (2) years. The initial term(s) of Committee members are staggered. One-third of the membership is rotated each year in January. Members may serve additional terms. The determination of whether any Member may serve additional term(s) is at the sole discretion of the CCMO.
  - b. IEHP staff attends as permanent members of the committee.
4. Committee members must follow the PPPC’s Code of Conduct.

#### E. Meetings:

1. The PPPC meets quarterly at IEHP.
2. The PPPC meetings are scheduled to begin at 12:00 p.m. and end no later than 2:00 p.m.
3. The CCMO shall manage the order and flow of the meeting discussions.
4. In the event a dispute arises concerning conduct and/or procedural matters not specifically addressed herein, the CCMO may resolve and otherwise rule on the matter(s).
5. Special PPPC meetings may be called by the CCMO when necessary.
6. The Communications Coordinator, or his or her designee, shall attend all meetings of the PPPC unless excused.
7. Agendas for the PPPC meetings shall be prepared by the CCMO, with input as needed from the CEO or other staff, who shall be responsible for determining when and what items are to be included.

#### F. Minutes:

1. Minutes are recorded and transcribed for all meetings by a transcribing vendor and the Communications Coordinator. 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. Minutes must be completed no later than thirty (30) days prior to the next PPPC meeting. Written reports or other forms of written communication submitted are included as attachments in the minutes. Unless the reading

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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.

#### G. Reports:

1. Issues discussed by the Committee may be part of the monthly IEHP Governing Board Status Report as deemed by the CEO.

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<b>Chief Approval:</b> <i>Signature on file</i>	<b>Original Effective Date:</b>	September 1, 1996
<b>Chief Title:</b> Chief Operating Officer	<b>Revision Date:</b>	January 1, 2021

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## 2. COMMITTEE OVERVIEW

### B. Provider Advisory Committee

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#### A. Role:

1. The Provider Advisory Committee (PAC) was established to create a forum for Providers and Practitioners to provide input and advice to the Chief Executive Officer (CEO) on relevant IEHP policies and programs.
2. The CEO provides updates, input and feedback from the PAC at each IEHP Governing Board regular.
3. The CEO may utilize information gained from the PAC to make recommendations or address Provider and Practitioner issues with the IEHP Governing Board

#### B. Function:

1. The 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 (P4P), 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; and
  - 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. The PAC meets every other month, on the Monday prior to an IEHP Governing Board regular meeting.
2. PAC meeting dates are scheduled one (1) year in advance.

#### D. Membership:

1. Membership consists of eight (8) volunteered IEHP Providers or Practitioners in good standing as follows:
  - a. Two (2) Hospital representatives selected by the Hospital Association of Southern California (HASC), one (1) Hospital representative from a contracted Hospital and one (1) representative from HASC or a contracted Hospital selected by HASC;
  - b. One (1) Physician representative selected by the Riverside County Medical Association. The Physician must be a participating Primary Care Provider (PCP) with IEHP;

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- c. One (1) Physician representative selected by the San Bernardino County Medical Society. The Physician must be a participating PCP with IEHP;
  - d. One (1) Optometrist who is appointed by the Optometric Society and with IEHP;
  - e. One (1) representatives from a Delegated IPA contracted with IEHP;
  - f. One (1) representative from a Pharmacy or Pharmacy chain contracted with IEHP;
  - g. One (1) practicing member from a Behavioral Health discipline.
2. IEHP staff that will be available at each meeting will be:
    - a. IEHP Chief Executive Officer (CEO), or designee;
    - b. IEHP Chief Medical Officer (CMO), or designee;
    - c. IEHP Chief Operating Officer (COO), or designee;
    - d. IEHP Chief Network Officer (CNO), or designee;
    - e. Additional IEHP staff as necessary, or as requested by the PAC.
  3. Members shall not have interests crossing membership categories.
  4. Members cannot be in litigation with IEHP.
  5. Members' terms shall be for two (2) years, and reappointment can occur at the request of the nominating entity or IEHP.
  6. The CEO retains the discretion to remove any particular person from participating in the PAC. The CEO may from time to time adjust the PAC membership by adding or removing seats on the PAC.
  7. Should a member vacate his or her seat on the PAC, a new member in the appropriate health field or practice for a particular seat on the PAC shall be appointed in accordance with IEHP Policy and Procedure.

#### E. Chairmanship:

1. The Chairperson and Vice Chair of the PAC are selected by the membership by simple majority vote in accordance with IEHP Policy and Procedures.
2. The Chairperson is responsible for presenting over all PAC meetings and for moving along the agenda items and discussions.
3. The Chairperson is also responsible for making recommendations or providing input to the CEO based on the meeting discussions of any particular agenda item.
4. The Chairperson coordinates with IEHP staff as required prior to each meeting.
5. 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

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supporting materials, preparation and mailing to PAC members and other meeting logistics.

2. IEHP staff coordinates meeting preparation with the Chair.

### G. Confidentiality:

1. Since the PAC may discuss issues that are proprietary to IEHP and operational in nature, IEHP considers these discussions to be confidential. All information provided to this advisory body will be kept confidential and not discussed or distributed to any non-member of the PAC or any person not employed by or associated with IEHP until such time as the CEO or IEHP's Governing Board may make such information public.

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## 2. COMMITTEE STRUCTURE

### C. Quality Management Committee

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#### A. Role:

1. The Quality Management (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 or physician designee.<sup>1</sup> All Committee findings and recommendations for policy decisions are reported through the IEHP Chief Medical Officer or physician designee to the IEHP Governing Board on an annual basis, or as needed.<sup>2,3</sup>
2. Objectives of the QM Committee include:
  - a. Review, oversight and evaluation of delegated and non-delegated QM and Quality Improvement (QI) activities, including the accessibility of health care services and actual care rendered;
  - b. Ensuring continuity and coordination of care;
  - c. Oversight of delegated activities such as Utilization Management (UM), QM, QI, Grievance & Appeals, Population Health Management (PHM) and Credentialing/Recredentialing;
  - d. Oversight of non-delegated Credentialing/Recredentialing activities, facility and medical record compliance with established standards, Member experience, quality and safety of care and services, access to care, and adequacy of treatment;
  - e. Identifying and tracking of problems using grievance information, peer review and utilization data and implementing corrective actions;
  - f. Monitoring Member interaction at all levels, representing the entire range of care, from the Member's initial enrollment to final outcomes; and
  - g. Reviewing Quality of Care, Practitioner Office Site Quality, Interpreter Services, and Internal File Review Reports.
3. The QM Committee is responsible for annual review, updates, 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.
4. Ancillary Subcommittees are instituted to assist with study development as needed. The QM Committee reviews ancillary subcommittee activity reports and is responsible for periodic assessment and redirection of Subcommittee activities and recommendations.

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<sup>1</sup> National Committee for Quality Assurance (NCQA), 2020 Health Plan Standards and Guidelines, QI 1, Element A, Factor 3.

<sup>2</sup> Department of Health Care Services (DHCS)-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 2, Accountability .

<sup>3</sup> DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee.

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- a. The QM Committee receives updates from Peer Review, Credentialing, UM, Behavioral Health, Grievance and Appeals, Compliance, QI, Delegation Oversight, and Pharmacy and Therapeutics Subcommittees at least quarterly or more frequently, as indicated.<sup>4</sup>
- b. IEHP may delegate QM and QI activities to those entities with current National Committee for Quality Assurance (NCQA) accreditation. The IEHP QM and Compliance Committees provide oversight of these delegated activities.<sup>5</sup>

#### B. Function:

1. The following elements define the function of the QM Committee in monitoring and oversight for care administered to Members:
  - a. Review
    - 1) Review, analyze, and evaluate results of QM/QI activities at least annually and revise, as necessary;<sup>6</sup>
    - 2) Identify and prioritize quality issues, institute needed actions and ensure follow-up;<sup>7</sup>
    - 3) Review behavioral health care reports for quality issues;
    - 4) Review and approve clinical practice and preventive health guidelines; and
    - 5) Review the Program Descriptions of contracted IPAs and other delegated entities on an annual basis.
  - b. Evaluation
    - 1) Assess the direction of health education resources;
    - 2) Seek methods to increase the quality of health care for the served population;
    - 3) Design and direct QM Program objectives, goals, and strategies;
    - 4) Develop and assign responsibility for achieving goals;
    - 5) Develop and monitor Corrective Action Plan (CAP) performance;
    - 6) Recommend policy decisions;<sup>8</sup>
    - 7) Ensure incorporation of findings based on Member and Provider input/issues into IEHP policies and procedures;
    - 8) Ensure practitioner participation in the QM/QI program through planning,

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<sup>4</sup> NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 5.

<sup>5</sup> Ibid.

<sup>6</sup> NCQA, 2020 HP Standards and Guidelines, QI 1, Element D, Factor 2.

<sup>7</sup> NCQA, 2020 HP Standards and Guidelines, QI 1, Element D, Factors 4 and 5.

<sup>8</sup> NCQA, 2020 HP Standards and Guidelines, QI 1, Element D, Factor 1.



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design, implementation or review;<sup>9</sup>

c. Oversight

- 1) Oversee the identification of trends and patterns of care;
- 2) Provide oversight for the IEHP UM Program and IPA UM functions;
- 3) Provide oversight and direction for Subcommittees and related programs and activities;
- 4) Provide oversight of behavioral health care services;
- 5) Oversee the IEHP Credentialing Program and delegated credentialing functions;
- 6) Oversee and direct IEHP Disease Management Programs;

d. Monitoring

- 1) Monitor quality improvement;
- 2) Monitor clinical safety;
- 3) Monitor grievances and appeals for quality issues;
- 4) Report progress and key issues to the IEHP Governing Board, as needed;

### C. Structure:

1. The QM Committee is designated by and accountable to the IEHP Governing Board for oversight and performance responsibility, the supervision of activities by the IEHP Chief Medical Officer or physician designee,<sup>10</sup> and the inclusion of contracted physicians and contracted Providers in the process of quality improvement system development and performance review.<sup>11</sup>

### D. Membership:

1. Appointed Committee membership is comprised of the IEHP Chief Medical Officer or physician designee, IEHP Medical Directors, participating IPA Medical Directors, appointed representatives from the Public Health Departments of Riverside County and/or San Bernardino County, participating pharmacists.<sup>12</sup>
  - a. The IEHP Chief Medical Officer or physician designee serves as the Chairperson.<sup>13</sup>
  - b. A Behavioral Health Practitioner representing the appropriate level of knowledge to adequately assess and adopt healthcare standards, is present to assist with behavioral

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<sup>9</sup> NCQA, 2020 HP Standards and Guidelines, QI 1, Element D, Factor 3.

<sup>10</sup> NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 3.

<sup>11</sup> DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

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health issues and aspects of the QM/QI Program.<sup>14</sup> The Behavioral Health Practitioner must be a medical doctor or have a clinical PhD or PsyD and may be a medical director, clinical director or participating practitioner from IEHP or behavioral healthcare delegate (if applicable).

- c. Prospective appointed Physician and non-physician members of the Committee are subject to verification of license, and malpractice history prior to participating on the Committee.
  - d. Prospective Physician and non-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 Committee.
2. Any external committee members must be screened prior to joining the QM Committee to ensure they are not active on either the Office of Inspector General (OIG) or General Services Administration (GSA) exclusion lists.
    - a. QMC members must be screened before being confirmed and on a monthly basis, thereafter. The Compliance department and QM department collaborate to ensure Committee members undergo an OIG/GSA exclusion screening prior to schedule QMC meetings.
    - b. QM notifies the Compliance department of any membership changes in advance of the QMC meeting so that a screening can be conducted prior to the changes taking effect.
  3. IEHP staff that participate in the QM Committee include multidisciplinary representation from IEHP departments, including but not limited to: QM, UM, Behavioral Health and Care Management, Pharmaceutical Services, Member Services, Community Health, Health Education, Grievance and Appeals, and Provider Services. IEHP staff 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 System's Administrative Assistant acts as secretary to the Committee.
  5. Non-appointed guests, such as regulatory agency representatives, may attend QM Committee meetings but are required to sign the Committee attendance record, which includes a statement of confidentiality and conflict of interest disclosure form.
  6. The IEHP Chief Medical Officer or physician designee selects Medical Directors, Physicians, and non-physician members for Committee membership from the IEHP Provider Network.

### E. Terms of Service:

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

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<sup>14</sup> NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 4.

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for a non-IEHP physician or non-physician member is two (2) years, with additional terms as recommended by the Committee. Public Health Department representatives serve for two (2) years and are selected by each County Health Department, with approval by the IEHP Chief Medical Officer or physician designee. The determination of whether any Practitioner members or public health representatives may serve additional terms is at the sole discretion of the IEHP Chief Medical Officer or physician designee.

#### F. Voting Rights:

1. Voting rights are restricted to the Chairperson and appointed Committee members. IEHP staff, with the exception of the IEHP Chief Medical Officer or physician designee and IEHP Medical Directors, do not have voting privileges.
2. Non-physician Committee members may not vote on medical issues.

#### 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 and two (2) other appointed Committee members.
  - b. A Behavioral Health Practitioner must be present for behavioral health issues.<sup>15</sup>

#### H. Meetings:

1. The QM Committee meets at least quarterly, with additional meetings as necessary.<sup>16</sup> Issues that arise prior to the next scheduled QM Committee meetings that need immediate attention are reviewed by the IEHP Chief Medical Officer or physician designee and reported back to the QM Committee when applicable.
2. Interim issues requiring Committee approval may be approved by an ad hoc teleconference called by the Chairperson.

#### I. Minutes:

1. IEHP has a standardized format and process for documentation of meetings, attendees, and action items for the QM Committee and related Subcommittees. Detailed minutes are recorded at each meeting, with review by the Chairperson. Minutes include recommendations, actions and activities addressed in committee meetings. Minutes are dated, signed, and reflect responsible persons for follow-up actions. Minutes are stored in a confidential and secure place with access only by authorized staff.<sup>17</sup> The Committee approves minutes at the next scheduled meeting.

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<sup>15</sup> NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 3.

<sup>16</sup> DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee.

<sup>17</sup> Ibid.

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2. Meeting minutes are maintained and submitted to the Department of Health Care Services (DHCS) quarterly.<sup>18</sup>

#### J. Reports:

1. QM Committee findings and recommendations are reported through the IEHP Chief Medical Officer to the IEHP Governing Board as needed or as requested.<sup>19</sup> Information in the QM Summary reports sent to the IEHP Governing Board may include but not be limited to: Overview of Delegation Oversight Activities, QM Reports, Review of QM Annual Evaluation, QM Program Description, and QM/QI Work Plan. The QM/QI Work Plan includes yearly comprehensive plan of reports to be performed including studies that adequately address the health care and demographics pertinent to IEHP Members.

#### K. Confidentiality:

1. All appointed 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. IEHP complies with all DHCS and Health Insurance Portability and Accountability Act (HIPAA) regulatory requirements for confidentiality and avoidance of conflict of interest.<sup>20,21</sup> All records are maintained in a manner that preserves the integrity in order to assure Member and Practitioner confidentiality is protected.<sup>22</sup>

#### L. Recusal Policy:<sup>23</sup>

1. If a Committee 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. 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 Committee members should use to determine whether to recuse themselves from the voting process at the beginning of each meeting and ask whether any member needs to recuse themselves.

#### M. Affirmation Statement:

1. The QM Committee attendance record signed by all QM Committee members, IEHP

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<sup>18</sup> DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit G, Health Insurance Portability and Accountability Act (HIPAA).

<sup>22</sup> DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit E. Attachment 3, Provision 10, Program Integrity.

<sup>23</sup> DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee.

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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:<sup>24,25</sup>

“As a member of the IEHP (name of) 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 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 Committee 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.”

IEHP abides by the California Health and Safety Code 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.”<sup>26</sup>

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<sup>24</sup> DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee

<sup>25</sup> NCQA, 2020 HP Standards and Guidelines, MED 9, Element D, Factors 1 through 3.

<sup>26</sup> California Health and Safety Code (Health & Saf. Code), § 1371.8.

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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 of care and service issues, including Facility Site and Medical Record Reviews, sanctioning, and other peer review matters as directed by the IEHP Medical Director.
2. The Subcommittee performs oversight of the credentialing activities of Delegates that are delegated credentialing responsibilities and Providers directly credentialed by IEHP, including retrospective Practitioner quality reviews referred by the Grievance and Appeal Review Committee (GARC), IEHP Chief Medical Officer (CMO), or IEHP Medical Director for Practitioner or Provider appeals for adverse credentialing decisions.
3. The Subcommittee monitors the IEHP Credentialing and Recredentialing Program, to include the grievance and appeals processes between credentialing cycles if they are referred by GARC or IEHP Medical Director, 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.<sup>1</sup>
5. The Subcommittee reviews and makes recommendations on the appropriate reporting of any actions against Providers related to quality of care issues under Business and Professions Code Section 805, and/or any applicable federal and state laws.<sup>2</sup>

#### B. Function:

1. The following elements define the functions of the Peer Review Subcommittee in monitoring peer review matters:
  - a. Serves as the committee for clinical quality review of Practitioners;
  - b. Evaluates, assesses, and makes decisions regarding Practitioner or Member grievances and clinical quality of care exception cases referred by various groups including: the GARC, IEHP Chief Medical Officer, or IEHP Medical Director; Practitioner or Delegated IPA/Networks. In addition, credentialing or recredentialing issues; sanctions; and other network related concerns are reviewed and develops or recommends action plans, as required;
  - c. Retrospectively reviews Practitioners with potential or suspected quality issues, referred by the IEHP Medical Director, that have been credentialed and approved for participation in IEHP's network by Delegated IPA/Networks that are delegated

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<sup>1</sup> National Committee for Quality Assurance (NCQA), 2020 Health Plan Standards and Guidelines, CR 5, Element A, Factor 3.

<sup>2</sup> California Code, Business and Professions Code (BPC) § 805.

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credentialing and recredentialing activities, as well as Providers directly credentialed by IEHP;

- d. Reviews all Practitioner or Provider appeals related to clinical issues or adverse credentialing/recredentialing decisions.
- e. Reviews, analyzes and recommends any changes to the IEHP Credentialing and Recredentialing Program policies and procedures on an annual basis or as deemed necessary; and
- f. Monitors the delegated credentialing and recredentialing process, facility review, and outcomes for Practitioners and Delegates.<sup>3,-4</sup>

#### 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 Grievance and Appeal Review Committee, then be referred by the Peer Review Subcommittee. Activities of the Subcommittee including minutes and appropriate reports are reported back to the QM Committee on a quarterly basis or more frequently for issues of a more serious nature
2. Providers that are suspended from Medi-Cal or are identified as a sanctioned Provider on the U.S. Health and Human Services Office of Inspector General (OIG) report or are on the Medicare Opt-Out Report for Northern and Southern California or Precluded from participating in the Medicare Program, are reported to Compliance Committee.<sup>5,6,7,8,9</sup>
3. The Peer Review Subcommittee meets bi-monthly, with additional meetings as necessary.

#### D. Membership:

1. Membership is comprised of the IEHP Medical Director or designee, IEHP Chief Medical Officer and at least four (4) Delegated IPA Medical Directors or designated physicians, representative of network Practitioners. An Optometrist, Behavioral Health Provider and any other specialty not represented by Subcommittee members serve on an ad hoc basis for related issues.
  - a. Prospective appointed physician members of the Subcommittee are subject to

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<sup>3</sup> NCQA, 2020 HP Standards and Guidelines, CR 5, Element A, Factor 5.

<sup>4</sup> Coordinated Care Initiative (CCI) Three-Way Contract, September 2019, Section 2.10.

<sup>5</sup> NCQA, 2020 HP Standards and Guidelines, CR 5, Element A, Factor 1.

<sup>6</sup> Medicare Managed Care Manual, Chapter 6 “Relationships with Providers”, Section 60.3.

<sup>7</sup> Department of Health Care Services (DHCS) All Plan Letter (APL) 19-004 Supersedes APL 17-019 “Provider Credentialing/Rec credentialing and Screening/Enrollment”.

<sup>8</sup> 2019 Medicare Program Final Rule, “Preclusions List Requirements”.

<sup>9</sup> CCI Three-Way Contract, September 2019, Section 2.10.

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## 2. COMMITTEE STRUCTURE

### D. Peer Review Subcommittee

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verification of license, Drug Enforcement Agency (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 Chief Operating Officer, Director of Grievance and Appeals, Credentialing Manager, Quality Improvement Project Manager, QM Director and QM Manager.
3. A Provider Services Administrative Assistant acts as secretary to the Subcommittee.

### E. Terms of Service:

1. IEHP staff attends as permanent members of the Peer Review Subcommittee. The full term for a Peer Review Subcommittee voting member is two (2) years, with replacements selected from the IEHP network. The determination of whether any physician Subcommittee member may serve additional terms is at the sole discretion of the IEHP Medical Director, with approval by the Subcommittee. The initial term(s) of Subcommittee members are staggered to ensure consistent Subcommittee operation.

### F. Voting Rights:

1. All physician Subcommittee members have voting rights. In case of a tie, the Credentialing chairperson will have a vote. 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 is composed of the Chairperson, IEHP Medical Director, and three (3) appointed Subcommittee members.
2. The Chairperson or IEHP Medical Director and two (2) appointed Subcommittee members.
3. All specialists including optometry and behavioral health are available on an ad hoc basis for issues related to those fields.

### H. Minutes:

1. In-depth Minutes are recorded at each meeting by a Provider Services Administrative Assistant, with review and approval by the Committee. Credentialing Manager and 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 location with access restricted to authorized staff only.



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## 2. COMMITTEE STRUCTURE

### D. Peer Review Subcommittee

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#### I. Confidentiality and Affirmation Statement:

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. It includes an affirmation statement acknowledging that credentialing decisions are based solely on quality of care and a statement that credentialing and recredentialing decisions are not based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation or patient in which the Practitioner specializes. IEHP does not compensate or offer financial incentives to Practitioners or individuals for denials of coverage or service.<sup>10</sup>

INLAND EMPIRE HEALTH PLAN		
<b>Chief Approval:</b> <i>Signature on file</i>	<b>Original Effective Date:</b>	September 1, 1996
<b>Chief Title:</b> Chief Operating Officer	<b>Revision Date:</b>	January 1, 2021

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<sup>10</sup> NCQA, 2020 HP Standards and Guidelines, CR 1, Element A, Factor 6.

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## 2. COMMITTEE STRUCTURE

### E. Persons with Disabilities Workgroup

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#### A. Role:

1. The Persons with Disabilities Workgroup (PDW) is an IEHP workgroup which provides IEHP with recommendations on the provision of health care services, educational priorities, communication needs, and the coordination of and access to services for Members with disabilities.

#### B. Function:

1. The following elements define the functions of the Persons with Disabilities Workgroup:
  - a. Review policies, procedures, and the Member grievance process;
  - b. Review IEHP Member educational materials and programs for Members with disabilities;
  - c. Recommend, prioritize, and review educational materials and programs designed for Members with disabilities;
  - d. Recommend priorities for the education of Physicians and other Providers connected to IEHP regarding disability issues;
  - e. Review and advise IEHP on ways to improve the selection of Specialists and referrals to said Specialists for Members with disabilities; and
  - f. Review and recommend methods to streamline access to durable medical equipment for Members with disabilities.

#### C. Structure:

1. The PDW reports to the Quality Management (QM) Committee. IEHP's Governing Board delegates' responsibility for oversight and direction for processes affecting the delivery of health care for Members to the Chief Medical Officer, Medical Directors and QM Committee.

#### D. Membership:

1. The PDW consists of IEHP Members with disabilities and/or their designee(s) (e.g., family), and other members as outlined below and/or as appointed by the Chief Executive Officer (CEO) or their designee.
2. Representatives from Community-Based Organizations (CBO) are welcome and encouraged to attend but are not eligible for the stipend.
3. Members are recruited on a cross-disability basis to ensure comprehensive and diverse representation.
  - a. An individual may cover multiple categories since some disabilities fall into more than one (1) grouping and/or because the Member has multiple disabilities. Ensuring valid cross-disability representation requires recruitment based on the primary disability with which an individual self-identifies.

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## 2. COMMITTEE STRUCTURE

### E. Persons with Disabilities Workgroup

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- b. General disability categories (based on how disability manifests) for workgroup Membership:

Category	Examples
Physical/Mobility	Neurological (spina bifida, spinal cord injury); Musculoskeletal (multiple sclerosis); Neuromuscular (muscular dystrophy); Cerebrovascular (stroke); Immunologic (multiple sclerosis, AIDS, diabetes, arthritis/rheumatism); Chronic lung conditions (asthma); Cardiovascular disease (hypertension, cardiac arrhythmia); Brain disorders and damage to motor areas (Parkinson's disease, Cerebral Palsy); Viral (polio/post-polio syndrome); Loss of limb/digit; and other physical/mobility disabilities.
Psychological	Mood and anxiety disorders such as depression, bipolar disorder (manic-depressive), posttraumatic stress disorder (PTSD), panic disorder, obsessive-compulsive disorder, schizophrenia; and other psychological disabilities.
Cognitive	Learning disabilities; ADD/ADHD; head injury/Traumatic Brain Injury (TBI), genetic diseases; and other cognitive disabilities.
Sensory	Low vision/blind; and hard-of-hearing/deaf.

- c. Whenever possible, PDW membership will include Members or representatives of Members who:
- 1) Participate in the Community-Based Adult Services (CBAS) program; and/or
  - 2) Receive In-Home Supportive Services (IHSS).
4. Members are recruited through outreach activities such as, but not limited to, notices in IEHP newsletters, referrals from IEHP Team Members and Providers, Member self-referral, and information distributed to Members with disabilities and their families (See Attachment, "Persons with Disabilities Workgroup Application" in Section 2).
5. Members' applications are reviewed and approved by the CEO or designee for appointment.

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## 2. COMMITTEE STRUCTURE

### E. Persons with Disabilities Workgroup

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6. Membership consists of:
  - a) Six (6) to twenty-five (25) Members with disabilities and/or their designee(s) (e.g., family); and
  - b) The following IEHP staff may attend to help facilitate and/or serve as liaisons: Community Health Leaders and Team Members, Manager of Social Determinants of Health, Independent Living and Diversity Services Team Members, Member Services, Behavioral Health & Care Management program representatives, and other designated IEHP Team Members as needed.
7. Member compensation:
  - a) Except as noted above, all PDW Members present are provided a stipend of \$75 per meeting.
  - b) Transportation is available to and from the PDW meeting for Members who request it.
8. Members will adhere to the Code of Conduct of the Persons with Disabilities Workgroup (PDW) (See Attachment, “The Code of Conduct of the Persons with Disabilities Workgroup” in Section 2).

#### E. Terms of Service:

1. The full term of service for a PDW Member is one (1) calendar year. Members may serve additional terms at the request of IEHP upon approval by the Chief Executive Officer or designee.

#### F. Meetings:

1. The PDW meets at least quarterly with additional meetings as necessary.
2. Accommodations are provided for Members who require them to facilitate attendance and participation in meetings.

#### G. Minutes:

1. Minutes are recorded and transcribed for all meetings. The minutes include the date, hours and location of the meeting, notice of the meeting, names of the PDW Members and staff present and absent, and all discussions that take place. Written reports or other forms of written communication reviewed are included in the minutes. Meeting minutes are provided to all PDW members and action items are provided to appropriate program directors. Meeting minutes can be provided in alternative formats upon request.

INLAND EMPIRE HEALTH PLAN		
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<b>Chief Title:</b> Chief Medical Officer	<b>Revision Date:</b>	January 1, 2021

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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 credentials for Providers who do not meet established thresholds and give thoughtful consideration of the credentialing information for those Practitioners directly contracted or applying with IEHP.<sup>1</sup>
  - b. Approve Practitioner's continued participation in IEHP's network every thirty-six (36) months, at minimum, in conjunction with National Committee for Quality Assurance (NCQA) guidelines.<sup>2</sup>
  - c. Ensure that the decision to credential and recredential a Practitioner's continued participation in IEHPs network is conducted in a nondiscriminatory manner by not basing the decision 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.<sup>3</sup>
  - d. Ensure that notification to approve or deny a Practitioner's application occurs within sixty (60) days of the credentialing decision.<sup>4</sup>
  - 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

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<sup>1</sup> National Committee for Quality Assurance (NCQA), 2020 Health Plan Standards and Guidelines, CR 2, Element A, Factor 3.

<sup>2</sup> NCQA, 2020 HP Standards and Guidelines, CR 4, Element A.

<sup>3</sup> NCQA, 2020 HP Standards and Guidelines, CR 1, Element A, Factor 6.

<sup>4</sup> NCQA, 2020 HP Standards and Guidelines, CR 1, Element A, Factor 8.

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## 2. COMMITTEE OVERVIEW

### F. Credentialing Subcommittee

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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.

#### D. Membership:

1. Membership is composed of an IEHP Medical Director or designee as Chairperson, Chief Medical Officer, at least four (4) multidisciplinary participating Primary Care Providers (PCPs) or specialty Physicians representative of network Practitioners Any other specialty not represented by Subcommittee membership including vision and behavioral health serves on an ad hoc basis for related issues.<sup>5</sup>
  - a. Prospective appointed physician members of the Subcommittee are subject to verification of license, Drug Enforcement Agency (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 Chief Operating Officer, Director of Quality Management, Director of Provider Relations, Credentialing Manager, 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 voting members is two (2) 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 Chief Medical Officer and Medical Director, 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 Chief Medical Officer and appointed Subcommittee members (physicians only). 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:

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<sup>5</sup> NCQA, 2020 HP Standards and Guidelines, CR 2, Element A, Factor 1.

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## 2. COMMITTEE OVERVIEW

### F. Credentialing Subcommittee

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- a. The Chairperson, Chief Medical Officer, IEHP Medical Director, and three appointed Subcommittee members; or
- b. The Chairperson, or Chief Medical Officer and two (2) appointed Subcommittee members.

### H. Meetings:

1. The Credentialing Subcommittee meets 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 location with access only to authorized staff.<sup>6</sup>

### 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 and Affirmation Statement:

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. It includes an affirmation statement acknowledging that credentialing decisions are based solely on quality of care and a statement that credentialing and recredentialing decisions are not based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation or patient in which the Practitioner specializes. IEHP does not compensate or offer financial incentives to Practitioners or individuals for denials of coverage or service.<sup>7</sup>

INLAND EMPIRE HEALTH PLAN		
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<b>Chief Title:</b> Chief Operating Officer	<b>Revision Date:</b>	January 1, 2021

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<sup>6</sup> NCQA, 2020 HP Standards and Guidelines, CR 2, Element A, Factor 2-3.

<sup>7</sup> NCQA, 2020 HP Standards and Guidelines, CR 1, Element A, Factor 6.

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## 2. COMMITTEE STRUCTURE

### G. Utilization Management Subcommittee

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#### **Role:**

- A. The Utilization Management (UM) Subcommittee directs the continuous monitoring of all aspects of UM and Behavioral Health (BH), including the development of appropriate standards administered to Members, with oversight by the IEHP Chief Medical Officer or physician designee.<sup>1</sup> All Subcommittee findings and recommendations for policy decisions are reported to the Quality Management (QM) Committee through the IEHP Chief Medical Officer or physician designee on a quarterly basis or more frequently, as needed.

#### **Function:**

A. **The function of the UM Subcommittee is to:**

1. Annually review and approve UM and BH Program Descriptions and applicable work plans;
2. Annually review UM and BH policies, procedures and criteria utilized in the evaluation of appropriate clinical and behavioral health care services, coordination and continuity of care interventions;
3. 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;
4. Retrospectively evaluate potential over and underutilization issues through review of the UM data reports against thresholds including bed-day utilization, physician referral patterns, Member and Practitioner satisfaction surveys, readmission reports, length of stay, and referral treatment authorizations.<sup>2</sup> Action plans in areas not meeting thresholds are developed including standards, timelines, interventions, and evaluations;
5. Review results and findings from interrater reliability surveys to ensure that UM decision-making is based only on the appropriateness of care and services, and consistent application of established criteria;
6. Evaluate Member surveys for satisfaction with the UM process annually and report results to the QM Committee;
7. Evaluate the effectiveness of the UM Program using data on Member and Practitioner satisfaction;
8. Review proposed new technologies and new applications of existing technologies that are not primarily medication-related, and recommend these to the QM Committee for inclusion as an IEHP benefit;<sup>3</sup>
9. Review literature and set standards for non-preventive/preventive clinical care guidelines

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<sup>1</sup> National Committee for Quality Assurance (NCQA), 2020 Health Plan (HP) Standards and Guidelines, UM 1, Element A, Factor 3

<sup>2</sup> Department of Health Care Services (DHCS)-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 5, Provision 4, Review of Utilization Data

<sup>3</sup> NCQA, 2020 HP Standards and Guidelines, UM 10, Element B, Factor 1



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## 2. COMMITTEE STRUCTURE

### G. Utilization Management Subcommittee

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with subsequent recommendation to the QM Committee; and

10. Provide information to Contracts Administration regarding the local delivery system and new contract needs.

#### B. Structure:

1. The UM Subcommittee is delegated by the QM Committee to direct the continuous monitoring of utilization management activities related to outpatient and inpatient UM and BH programs, including the development of appropriate clinical criteria. The UM Subcommittee reports all activities to the QM Committee quarterly or more frequently, as needed.<sup>4</sup>

#### C. Membership:

1. Appointed Subcommittee membership is comprised of the IEHP Chief Medical Officer, IEHP Medical Directors, at least four (4) participating IPA Medical Directors or physician designees, representative of their network Practitioners, and other community Providers.
  - a. The IEHP Chief Medical Officer or physician designee serves as the Chairperson.
  - b. A Behavioral Health Practitioner, representing the appropriate level of knowledge to adequately assess and adopt healthcare standards, is present to assist with behavioral health issues and aspects of the UM Program.<sup>5</sup>
  - c. Prospective appointed licensed professional (physicians, etc.) members of the Subcommittee are subject to verification of license and malpractice history prior to participating on the Subcommittee.
  - d. Prospective licensed professional 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 UM Subcommittee include the following: Senior Director of Medical Management, Clinical Director of UM, Operations Director of UM, UM Managers, Director of HealthCare Informatics, Senior Director of Pharmaceutical Services, Clinical Pharmacists, Director of QM, QM Manager, and Director of Grievance and Appeals. Additional staff attends on an ad hoc basis.
3. A Utilization Management Administrative Assistant or Health Services Coordinator acts as secretary to the Subcommittee.

#### D. Terms of Service:

1. IEHP staff attend as permanent members of the UM Subcommittee. The full term of service for non-IEHP physician members is for two (2) years, with replacements selected from network Physicians. Terms are staggered to ensure consistent Subcommittee

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<sup>4</sup> NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 5

<sup>5</sup> NCQA, 2020 HP Standards and Guidelines, UM 1, Element A, Factor 4

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## 2. COMMITTEE STRUCTURE

### G. Utilization Management Subcommittee

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operation. Members may be re-appointed to serve additional terms at the discretion of the IEHP Chief Medical Officer or physician designee with approval by the Subcommittee.

#### E. Voting Rights:

1. Voting rights are restricted to the Chairperson and appointed Subcommittee members. With the exception of the IEHP Chief Medical Officer or physician designee and IEHP Medical Directors, IEHP staff members do not have voting privileges.

#### F. Quorum:

1. Voting cannot occur unless there is a quorum of voting members present. For decision purposes, a quorum can be comprised of the following:
  - a. The Chairperson and two (2) other appointed Subcommittee members.
  - b. A BH Practitioner must be present for behavioral health-related issues.<sup>6</sup>

#### G. 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 IEHP Chief Medical Officer or physician designee 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 Chairperson or physician designee.

#### H. Minutes:

1. In-depth minutes are recorded at each meeting by a Utilization Management Administrative Assistant or Health Services Coordinator, with review by the IEHP Chief Medical Officer or physician designee. 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.

#### I. 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.

#### J. Confidentiality:

1. At each meeting, all appointed 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.

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<sup>6</sup> NCQA, 2020 HP Standards and Guidelines, UM 11, Element A, Factor 4

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## 2. COMMITTEE STRUCTURE

### G. Utilization Management Subcommittee

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2. All UM Subcommittee members are held to honoring the privacy and security of Protected Health Information (PHI).

#### K. 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.<sup>7,8</sup> 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.”<sup>9</sup>

INLAND EMPIRE HEALTH PLAN		
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<sup>7</sup> DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 5, Provision 1, Utilization Management

<sup>8</sup> NCQA, 2020 HP Standards and Guidelines, MED 9, Element D

<sup>9</sup> California Health and Safety Code (Health & Saf. Code) § 1371.8

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## 2. COMMITTEE OVERVIEW

### Attachments

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<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
Persons with Disabilities Workgroup Application	2C
The Code of Conduct of the Persons with Disabilities Workgroup	2C



# **INLAND EMPIRE HEALTH PLAN**

## *Persons with Disabilities Workgroup*

### **APPLICATION**

**Thank you for your interest** in serving on IEHP’s Persons with Disabilities Workgroup (PDW)! We strive to maintain a cross-disability workgroup so we can obtain feedback from Members with all types of disabilities (i.e., physical/mobility, cognitive, psychological, sensory). Please call us at IEHP Member Services (1-800-440-4347/ TTY (800) 718-4347) for a pre-addressed, postage-paid envelope or to complete the application over the phone.



Please PRINT or TYPE. Feel free to use additional sheets, if necessary.

### **CONTACT INFORMATION**

Member Name: \_\_\_\_\_

IEHP Member # or SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **DISABILITY**

Your disability/disabilities: \_\_\_\_\_

### **INTEREST**

Briefly explain why you want to serve as a member of the PDW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you receiving In-Home Supportive Services (IHSS)?

Yes  No  I don't know

Are you participating in Community Based Adult Services (CBAS)?

Yes  No  I don't know

Are you a former resident of the Lanterman Development Center?

Yes  No  I don't know



## **The Code of Conduct of the Persons with Disabilities Workgroup (PDW)**

**Purpose Statement:** To provide Members of the Persons with Disabilities Workgroup (PDW) standards of conduct during meetings.

### **I. Personal Responsibilities**

- a) Be on time to all meetings.
- b) Take an active part in PDW discussions.
- c) Act in a safe, courteous, and respectful manner at all meetings.
- d) Be culturally sensitive to everyone at all times. This includes IEHP Members, staff and other individuals at the meeting.
- e) Be aware and sensitive to the healthcare needs of others.
- f) Behave in ways that allow others a chance to be heard and have their ideas considered.
- g) Do not reveal Protected Health Information (PHI) during meeting discussions.
- h) Be accountable for your opinions and feedback. Fellow Members should not feel ridiculed, uncomfortable, or threatened.
- i) Be respectful of other's opinions, feedback, and comments.
- j) Comply with the Code of Conduct of the PDW.

### **II. Policy**

- a) The purpose of the PDW is to provide a mechanism for structured input from IEHP Members regarding how IEHP structure or operations impact their care delivery.
- b) IEHP does not tolerate illegal discrimination or harassment of any kind on account of race, color, religion, national origin, ancestry, sex, marital status, disability, sexual orientation, gender identity or on any other category protected by federal or state law.
- c) Weapons are not allowed at IEHP PDW meetings.
- d) PDW Members may not accept gifts of any kind from outside parties that would influence the discussion and opinions during the meeting. Any Member who has a conflict of interest will be subject to removal from the PDW.
- e) PDW Members are not entitled to special privileges granted above other IEHP Members, under any circumstances.
- f) PDW membership cannot be used as a means to receive any special offer or service from IEHP Providers, vendors, community organizations, partners, etc.
- g) Report any violations of the Code of Conduct of the PDW.
- h) The PDW Membership term is for one (1) calendar year. Members may serve additional terms at the request of IEHP pending the approval of the Chief Executive Officer or their designee.

- i) Membership in the PDW is a privilege not a right; Members join at his/her own will.
- j) To become a Member of the PDW, a Member must meet the qualifications, attendance standards, and follow the Code of Conduct of the PDW.
- k) Only IEHP Members can apply for the PDW.
- l) Membership in the PDW is not a form of employment.

### **III. Meeting Procedure**

- a) Meetings shall begin at 12:00PM.
- b) Meetings will begin with a call to order from the PDW Chairperson followed by optional introductions and approval of the minutes (prior meeting).
- c) Members will introduce themselves by stating their name and enrolled program.
- d) Opinions and feedback may be voiced during the meeting in an orderly conduct.
- e) Members must raise their hand, state their name, followed by their question/comment.
- f) Stay on-topic when discussing an issue or asking a question; avoid discussing personal information.
- g) Do not discuss personal issues during the meeting.
- h) Members may discuss personal issues with a Member Services Representative at the end of the meeting.
- i) Meetings are for two (2) hours once every three (3) months at IEHP.
- j) Special meetings of the PDW may be called at any time.

### **IV. Attendance**

- a) Members of the PDW must make every effort to attend all meetings.
- b) Members who miss two or more meetings without a legitimate excuse will be terminated from the PDW.
- c) Legitimate excuses<sup>1</sup> will not be counted against the Member.
- d) For an absence to be considered legitimate, Members must inform the PDW Chairperson of their reason for not attending, prior to the meeting (this does not apply to medical emergencies).
- e) Any Member who is removed from the PDW may appeal to the Chief Executive Officer.
- f) A request for removal from the PDW need to be made to the Chief Executive Officer.

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<sup>1</sup> Legitimate Excuse: a personal illness, personal or medical emergency.

As a Member of the PDW, I hereby acknowledge that I have read and understood The IEHP Code of Conduct of the Persons with Disabilities Workgroup. I agree to adhere to the standards of behavior outlined in the Code of Conduct, and to not reveal any Personal Health Information (PHI) during the meeting. I understand that I may lose my privilege as a member of the PDW, or be removed from the PDW, should I intentionally violate the Code of Conduct of the Persons with Disabilities Workgroup.

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PDW Member Name and IEHP ID# *(please print)*

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PDW Member *(signature)*

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Date

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PDW Chairperson *(please print)*

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PDW Chairperson *(signature)*

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Date