



**To:** Medicare IPAs  
**From:** IEHP-Provider Relations  
**Date:** March 20, 2020  
**Subject:** **CalMediConnect - Care Management Monthly File Review Update**

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Inland Empire Health Plan (IEHP) has updated its audit methodology for the Care Management (CM) file reviews. **Starting March 2020**, the monthly CM file review process will be conducted through a live WebEx teleconference audit of the IPA case management system.

As previously advised during the IPA Care Management training held on December 18, 2019, this will eliminate the need for your team to prepare paper CM files. This change will also allow focus on CM requirements which include but are not limited to Health Risk Assessments (HRA), Individualized Care Plans (ICP) and Interdisciplinary Care Team (ICT) meetings.

Enclosed you will find the revised CM CalMediConnect (CMC) file review data dictionaries demonstrating how each element will be evaluated. In addition to the CM CMC file review, IEHP will also begin data validation of CM logs submitted by IPAs.

The data validation tool will be used to validate the information being submitted from both the **Monthly Medicare Care Management Log Version 2.1** and the **Monthly Medicare Care Plan Outreach Log 1.1**. IPAs need 100% reporting accuracy to pass the data validation. As the data validation file review process is new, IEHP will not be issuing corrective action plans for any findings related to data validation while we monitor for trends and training opportunities. We will continue to send communication update once CAPs for data validation become available.

As a reminder, all communications sent by IEHP can be also found on our Provider portal at [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondence.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.

enclosures: IEHP Care Management Dual Choice CalMediConnect Plan Data Validation  
Delegated IPA Care Management Review Tool



**IEHP Care Management  
Dual Choice Cal MediConnect Plan  
CM Data Validation**

Element	Regulatory Criteria & Policy	Methodology	Scope	Benchmark	Look-back Period	Data Source	Frequency
Documentation of Members unwilling to complete a care plan within 90 days of enrollment	CORE 3.2	Documentation within medical management system matches date of outreach attempt and outreach disposition (refused) listed on Monthly Medicare Care Plan Outreach Log.	By 90th day of enrollment	Pass/Fail	Within report period	Monthly Medicare Care Plan Outreach Log	Monthly
Documentation of three (3) outreach attempts to complete a care plan within 90 days of enrollment	CORE 3.2	Documentation within medical management system demonstrates three (3) outreach attempts to complete a care plan matches date of outreach attempts and outreach dispositions (unsuccessful) listed on Monthly Medicare Care Plan Outreach Log.  All contact attempts of the same type on the same day are considered one attempt.	By 90th day of enrollment	Pass/Fail	Within report period	Monthly Medicare Care Plan Outreach Log	Monthly
Documentation of care plan development with Member within 90 days of enrollment.	CORE 3.2	Member's Individualized Care Plan (ICP) development date within medical management system matches date listed on Monthly Medicare Care Management Log.	By 90th day of enrollment	Pass/Fail	Within report period	Monthly Medicare Care Management Log	Monthly
Documentation of initial ICP completion - High Risk Members	CA 1.5	Documentation date of Members identified as high-risk with an initial ICP completed matches case level and date of initial care plan development date on Monthly Medicare Care Management Log.	Members enrolled for 90 days or longer	Pass/Fail	Within report period	Monthly Medicare Care Management Log	Monthly
Documentation of initial ICP completion - Low Risk Members	CA 1.5	Documentation date of Members identified as low risk with an initial ICP completed matches case level and date of initial care plan development date on Monthly Medicare Care Management Log.	Members enrolled for 90 days or longer	Pass/Fail	Within report period	Monthly Medicare Care Management Log	Monthly
Documentation of discussion of care goals in the initial ICP	CA 1.6	Documentation of discussion of care goals in the initial ICP matches date care goals discussed with Member on the Monthly Medicare Care Management Log.  Contact attempts are to match the dates listed on the Monthly Medicare Care Plan Outreach Log.	Members enrolled for 90 days or longer	Pass/Fail	Within report period	Monthly Medicare Care Plan Outreach Log & Medicare Care Management Log	Monthly



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Documentation of (3) unsuccessful outreach attempts to the Member's county mental health provider for care coordination of Member's mental health needs	CA 1.7	<p>Documentation within medical management system demonstrates three (3) unsuccessful outreach attempts to Member's County Mental Health Provider matches dates listed on the Specialty Mental Health Care Coordination Log.</p> <p>Documentation of outreach attempts must include name of the Member's county mental health provider/county clinic; name of the person the IPA attempted to contact at the Member's county mental health provider/county clinic; The time and date of the outreach attempt; the method of the outreach attempt (e.g., phone, email, fax, in-person, etc.).</p> <p>All contact attempts of the same type on the same day are considered one attempt.</p>	Members who have received Medi-Cal specialty mental health services for three or more consecutive months during the reporting period.	Pass/Fail	Within report period	Specialty Mental Health Care Coordination Log	Monthly
Documentation of successful outreach attempts to the Member's county mental health provider for care coordination of Member's mental health needs	CA 1.7	<p>Documentation of successful outreach attempts and outcome to Member's county mental health provider matches dates listed on the Specialty Mental Health Care Coordination Log.</p> <p>Successful contact must include documentation demonstrating the IPA and county provider discussed diagnoses (including medical, behavioral, and social needs), reviewed treatment plans, and/or coordinated mental health services provided by the county provider with any of the services (e.g., medical, LTSS, etc.). This may be conducted via phone, secure email, fax or in person.</p>	Members who have received Medi-Cal specialty mental health services for three or more consecutive months during the reporting period.	Pass/Fail	Within report period	Specialty Mental Health Care Coordination Log	Monthly
Documentation of unsuccessful outreach attempts to the Member for care coordination of Member's mental health needs	CA 1.7	<p>Documentation within medical management system demonstrates three (3) unsuccessful outreach attempts to Member matches dates listed on the Specialty Mental Health Care Coordination Log.</p> <p>Documentation of outreach attempts must include: the time and date of the outreach attempt, method of outreach attempt (e.g., phone, email, fax, in-person, etc.).</p> <p>All contact attempts of the same type on the same day are considered one attempt.</p>	Members who have received Medi-Cal specialty mental health services for three or more consecutive months during the reporting period.	Pass/Fail	Within report period	Specialty Mental Health Care Coordination Log	Monthly



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Documentation of successful outreach attempts to the Member for care coordination of Member's mental health needs	CA 1.7	<p>Documentation of successful outreach attempts and outcome to Member matches dates listed on the Specialty Mental Health Care Coordination Log.</p> <p>Successful contact must include documentation demonstrating discussions of Member's mental health needs and services, and how those services may be coordinated with other services (e.g., medical, LTSS, etc.) provided by the IPA. This may be conducted via phone, secure email, fax or in person.</p>	Members who have received Medi-Cal specialty mental health services for three or more consecutive months during the reporting period.	Pass/Fail	Within report period	Specialty Mental Health Care Coordination Log	Monthly



Element	Regulatory Criteria & Policy	Methodology	Scope	Benchmark	Look-back Period	Data Source	Frequency
Documentation of review of the HRA	CCI Three-Way Contract, 2.8.2.1. IEHP Provider Policy and Procedure Manual - MA_12A2	Review of case notes to show evidence of case manager review of completed HRA Each identified risk in the HRA is addressed within the clinical documentation system Must demonstrate that HRA was retrieved from either the Provider Portal or SFTP. For example, automatically load ed or manually retrieved.	CMC members with an initial or a reassessment HRA completed within the past 90 calendar days as identified on the Care Management Logs submitted by the IPA and/or other data sources.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Review of all available Member data	CCI Three-Way Contract, 2.8.2.1. IEHP Provider Policy and Procedure Manual - MA_12A2	Review of case notes to assess that all identified risks on assessment(s) such as CBAS, MSSP care plans, County BH Treatment plan and any other assessment available of the Member to aid in ICP development were addressed to mitigate known risk, or a plan is documented to address risk(s).	CMC members with an initial or a reassessment HRA completed within the past 90 calendar days as identified on the Care Management Logs submitted by the IPA and/or other data sources.	≥ 90%	13 Months	Care management clinical documentation	Monthly
If no HRA is available for review, an assessment is completed with Member	CCI Three-Way Contract, 2.8.2.2. IEHP Provider Policy and Procedure Manual - MA_12A2	Assessment must include, but is not limited to, the following: Assessment of member's cognitive and functional status, behavioral health status to include depression screening, social determinants of health, ADLs and assessment of need and timely referral to any LTSS, home or community based services if applicable. Review of Provider Portal and/or SFTP to review HRA availability to determine that there was none available. Each identified risk in the HRA is addressed within the clinical documentation system with plans to mitigate within care management plans.	CMC members without a completed HRA within the lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Care Plan developed with Member, and/or authorized representatives within 90 days of initial enrollment	CCI Three-Way Contract, 2.5.2.9. IEHP Provider Policy and Procedure Manual - MA_12A3	Review of case notes to identify opportunity to utilize clinical information in development of ICP. If data available, reviewer to ensure there is documentation to support within ICP or there is a documented plan to discuss/address at a future date. Care Plan developed with Member and/or authorized representatives are included in the ICP process per Members preference. Care Plan must include the name and contact information of Member's PCP, any specialists and county workers (as applicable), complete and current list of Member's medications.	CMC members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member given the ability to opt out or disenroll from the care plan process	CCI Three-Way Contract, 2.5.2.13.1. & 2.5.2.11 IEHP Provider Policy and Procedure Manual - MA_12A3	Review of clinical documentation that demonstrates the Member and/or representative was offered the ability to opt out of the ICP process. If Member refuses to be involved in ICP development, refusal is revisited at the time of reassessment, change of condition, or if the Member's PCP changes.	CMC members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member and/or their authorized representative must have the opportunity to review and sign the care plan and any amendments	CCI Three-Way Contract, 2.5.2.9.1. IEHP Provider Policy and Procedure Manual - MA_12A3	Review of clinical documentation demonstrates the Member and/or representative was allowed to review and sign the ICP, ensure that ICP was provided in Member preferred preference and/or alternative formats.	CMC members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
ICP has Member's goals, preferences, measurable objectives, timetables and interventions meet medical, Behavioral Health and LTSS needs	CCI Three-Way Contract, 2.8.3. IEHP Provider Policy and Procedure Manual - MA_12A3	Review of ICP to ensure Member's goals, preferences, measurable objectives, timetables and interventions meet medical, Behavioral Health and LTSS needs.	CMC members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Facilitates communication and coordination among member's medical and/or behavioral health care providers as appropriate	CCI Three-Way Contract, 2.8.2.2.4. IEHP Provider Policy and Procedure Manual - MA_12A3	Review of clinical documentation notes to ensure care manager coordinated care as appropriate between Member's Providers as appropriate.	CMC members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Provide member with self-directed care options and assistance available to self direct care	CCI Three-Way Contract, 2.5.2.11. IEHP Provider Policy and Procedure Manual - MA_12A3	Review of clinical documentation for evidence of care manager providing Member with self-directed care options.	CMC members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
ICT meetings conducted annually and was offered when a need was demonstrated by Member and/or representative	CCI Three-Way Contract, 2.5.2.8. IEHP Provider Policy and Procedure Manual - MA_12A4	Review of clinical documentation to ensure ICT is completed annually and offered when a need was demonstrated or requested.	CMC members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly



ICT documentation includes the dates, participants, notes and actions discussed during the ICT including any member discussions	CCI Three-Way Contract, 2.5.2.8. IEHP Provider Policy and Procedure Manual - MA_12A4	<p>Review of notes to ensure documentation of ICT meeting has the discussion of the meeting and attendees. Notes should include follow-up and action items should be addressed until need is met.</p> <p>If the Member does not demonstrate the need for an ICT, there is documentation to support.</p> <p>Documentation must also reflect Member's request to exclude any ICT Members.</p>	CMC members with ICT conducted within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
If the Member does not demonstrate the need for an ICT, there is documentation to support	CCI Three-Way Contract, 2.5.2.8.10. IEHP Provider Policy and Procedure Manual - MA_12A4	Review of notes to ensure documentation is noted when there is no identified need for ICT meeting.	CMC members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member given the ability to opt out of the ICT	CCI Three-Way Contract, 2.5.2.8.9. IEHP Provider Policy and Procedure Manual - MA_12A4	Review of case notes to demonstrate documentation when a Member declines participation in ICT.	CMC members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Documentation of 3 attempts (different dates and times) for Member outreach prior to determining member is unable to reach	Core 3.2 Requirement IEHP Provider Policy and Procedure Manual - MA_12A3	<p>Review of case notes to identify 3 outreach attempts were made to the Member/Member representative prior to determining Member is unable to reach.</p> <p>All contact attempts of the same type on the same day are considered one attempt.</p>	CMC members with an initial or a reassessment HRA completed within the past 90 calendar days as identified on the Care Management Logs submitted by the IPA and/or other data sources.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Care coordination of Member's mental health needs	CA 1.7 Requirement IEHP Provider Policy and Procedure Manual - MA_25A2	Review of case notes to demonstrate documentation that Member's mental health needs were addressed and met between county mental health provider/county clinic and Member.	CMC Members who have received Medi-Cal specialty mental health services for three or more consecutive months during the reporting period.	≥ 90%	13 Months	Care management clinical documentation	Monthly