

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

309



**FROM:** Community Health Agency, Department of Public Health

**SUBMITTAL DATE:**  
9-20-2011

**SUBJECT:** Ratify the Second Amendment to the Memorandum of Understanding (MOU) between Inland Empire Health Plan (IEHP) and Riverside County Community Health Agency (RCCHA), Department of Public Health for Coordination of Public Health Services.

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Ratify the Second Amendment to the Memorandum of Understanding (MOU) between Inland Empire Health Plan (IEHP) and Riverside County Community Health Agency, Department of Public Health for Coordination of Public Health Services for the period beginning July 1, 2011 and continuing through June 30, 2016; and
- 2) Authorize the Chairperson to sign four (4) originals of the Memorandum of Understanding Amendment on behalf of the County; and
- 3) Authorize the Purchasing Agent to sign subsequent no money Amendments for the period of July 1, 2011 through June 30, 2016.

**BACKGROUND:** (Continued on Page 2)

*Susan D. Harrington*  
\_\_\_\_\_  
Susan Harrington, Director of Public Health

SH:se

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	-0-	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	-0-	Budget Adjustment:	N/A
	Annual Net County Cost:	-0-	For Fiscal Year:	11/12

<b>SOURCE OF FUNDS:</b> 100% Inland Empire Health Plan	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE

**County Executive Office Signature**

BY: *Debra Cournoyer*  
Debra Cournoyer

FORM APPROVED COUNTY COUNSEL  
 BY: *Neal R. Kipnis* DATE \_\_\_\_\_  
 Departmental Concurrence  
 PURCHASING & FLEET SERVICES: *Robert Howard Shelli*, Director  
 Policy  Consent   
 Policy  Consent   
 Dep't Recomm.: \_\_\_\_\_ Per Exec. Ofc.: \_\_\_\_\_

**Subject:** Ratify the Second Amendment to the Memorandum of Understanding (MOU) between Inland Empire Health Plan (IEHP) and Riverside County Community Health Agency (RCCHA), Department of Public Health for Coordination of Public Health Services.

**(BACKGROUND Continued):**

IEHP, as the Local Initiative Medi-Cal Managed Care Plan, is required to coordinate public health services with the Public Health Departments of Riverside and San Bernardino counties. This MOU delineates areas of understanding and agreement between the Riverside County Community Health Agency, Department of Public Health (DOPH) and IEHP.

This MOU includes a change in the address where notices are to be delivered.

This MOU replaces all references to Attachment B and B.1 to section 23 ("Policy and Procedure Manual").

This MOU deletes all references to Diabetes Services – Project Dulce and deletes Attachment C.

SECOND AMENDMENT  
TO THE MEMORANDUM OF UNDERSTANDING  
BETWEEN  
INLAND EMPIRE HEALTH PLAN  
AND  
**RIVERSIDE COUNTY COMMUNITY HEALTH AGENCY**  
**(PUBLIC HEALTH SERVICES)**

WHEREAS, the Inland Empire Health Plan, a Joint Powers Agency, hereinafter referred to as IEHP, and **RIVERSIDE COUNTY COMMUNITY HEALTH AGENCY** hereinafter referred to as RCCHA agree to amend the Memorandum of Understanding (“MOU”) between them dated **July 1, 2006**, to be effective upon date of execution by all parties:

NOW THEREFORE, the parties agree as follows:

A. Section 6.0, (“TERM”), Paragraph 6.01, is hereby deleted and replaced with the following:

“Notwithstanding the date of execution of this amendment to the MOU, the MOU, as amended, shall be effective as of July 1, 2011 and shall continue in effect through June 30, 2012 unless terminated pursuant to the provision herein or as specified in Section 7 (“TERMINATION”). Thereafter, the term of the Agreement shall automatically be extended for up to four (4) one (1) year terms commencing on July 1<sup>st</sup> and ending on June 30<sup>th</sup> of each successive term, unless terminated as specified in Section 7 (“TERMINATION”). Notwithstanding the above, renewal of this MOU by the Governing Board of IEHP is required on or before June 30, 2016.”

B. Section 18.0 (“NOTICES”) is hereby amended to replace the referenced addresses as follows:

To IEHP:  
Inland Empire Health Plan  
303 East Vanderbilt Way  
San Bernardino , CA 92408  
(909) 890-2000  
Attn: Bradley P. Gilbert, MD, CEO

To RCCHA:  
Riverside County Community Health Agency  
4065 County Circle Drive, 4<sup>th</sup> Floor  
Riverside, CA 92503  
(951) 358-5000  
Attn: Erik Frykman, MD, Director

C. The following is hereby added as SECTION 23 (“POLICY AND PROCEDURE MANUAL”):

“On an annual basis, IEHP shall develop the Policy and Procedure Manual, which sets forth IEHP’s administrative requirements, and make this available on the IEHP website for RCCHA’s reference.”

D. This MOU is hereby amended to delete all references to Diabetes Services - Project Dulce.

E. This MOU is hereby amended to replace all references to Attachment B and B.1 to Section 23 (“POLICY AND PROCEDURE MANUAL”).

F. ATTACHMENT B – CLAIM SUBMISSION PROCEDURES is hereby deleted in its entirety.

G. ATTACHMENT B.1 – CLAIMS PROCESSING – PROVIDER DISPUTE RESOLUTION PROCESS – INITIAL CLAIMS DISPUTE is hereby deleted in its entirety.

H. ATTACHMENT C – DIABETES SERVICES – PROJECT DULCE is hereby deleted in its entirety.

I. TABLE OF CONTENTS is hereby deleted in its entirety and replaced by the new TABLE OF CONTENTS attached hereto.

J. All other terms and conditions of said Agreement are to remain in full force and effect.

(THE BALANCE OF THIS PAGE IS LEFT INTENTIONALLY BLANK)

**K. CERTIFICATION OF AUTHORITY TO EXECUTE THIS AMENDMENT**

RCCHA certifies that the individual signing below has the authority to execute this AMENDMENT on behalf of RCCHA, and may legally bind RCCHA to the terms and conditions of this AMENDMENT, and any attachments hereto.

**IN WITNESS WHEREOF**, the parties hereto have executed this Second Amendment to the Memorandum of Understanding as set forth below.

**RCCHA:**

**INLAND EMPIRE HEALTH PLAN**

By: \_\_\_\_\_  
Board of Supervisors  
Riverside County

By: Bradley P. Gilbert  
Bradley P. Gilbert, MD  
Chief Executive Officer

Date: \_\_\_\_\_

Date: 6/14/11  
By: Gary C. D. F.  
Chair, IEHP Governing Board

FORM APPROVED COUNTY COUNSEL  
BY: Neal R. Kipnis  
NEAL R. KIPNIS DATE

Date: 6/20/11

Attest: Julie Langone  
Secretary, IEHP Governing Board

Date: 6-20-11

Approved as to Form and Consent:

PAMELA J. WALLS  
County Counsel

By: \_\_\_\_\_  
Deputy County Counsel  
Attorneys for Inland Empire Health Plan

Date: 6/20/11

MEMORANDUM OF UNDERSTANDING

TABLE OF CONTENTS

INTRODUCTION	1
RECITALS	1
1. COUNTY RESPONSIBILITIES	1
2. IEHP RESPONSIBILITIES	2
3. JOINT OPERATING MEETINGS	3
4. QUALITY ASSESSMENT	3
5. PAYMENT FOR SERVICES	3
6. TERM	5
7. TERMINATION	5
8. HOLD HARMLESS	6
9. ACCESS TO BOOKS AND RECORDS	6
10. CONFIDENTIALITY	6
11. LICENSE AND CERTIFICATION	6
12. CONFLICT OF INTEREST	6
13. NONDISCRIMINATION	6
14. OSHA REGULATIONS	6
15. DMHC REGULATIONS	6
16. HIPAA	7
17. ENTIRE AGREEMENT	7
18. NOTICES	7
19. ASSIGNMENT	7
20. INVALIDITY OF SECTION OF MOU	8
21. GOVERNING LAW	8
22. STATE POLICIES	8
23. POLICY AND PROCEDURE MANUAL	8
24. ATTACHMENT A	A-1

**I. SEXUALLY TRANSMITTED DISEASES**

- A. Guidelines for the Diagnosis and Treatment of Sexually Transmitted Diseases (STDs)
  - 1. IEHP providers and RCCHA shall utilize current STD screening, diagnostic, and treatment Guidelines from the U.S. Public Health Service (PHS) in the diagnosis and treatment of sexually transmitted diseases.
- B. Member Access to STD Services
  - 1. IEHP plan members may utilize RCCHA STD services without prior authorization.
  - 2. IEHP will furnish contracted providers with information describing members' access to out of plan providers for STD services and minor access to STD services without parental consent.
- C. RCCHA is both an "out of plan" and an "in plan" provider.
  - 1. RCCHA shall provide STD services to IEHP clients assigned to RCCHA Family Care Centers (FCCs), at the capitated rate.
  - 2. When acting as an "out of plan" provider, RCCHA will provide STD diagnostic, treatment, and follow-up services without prior authorization to IEHP members presenting for service at a RCCHA FCC.
    - a) RCCHA shall provide outpatient STD services to plan members for the following diseases: bacterial vaginosis, candidiasis, trichomoniasis, syphilis, gonorrhea, chlamydia trachomatis, herpes simplex, chancroid, human papilloma virus, non-gonococcal urethritis, lymphogranuloma venereum, granuloma inguinale, and pelvic inflammatory disease.
    - b) Should a member require treatment outside an initial episode, RCCHA will coordinate with IEHP or the member's assigned primary care physician (PCP), if known, for authorization and referral for specialty care, contingent upon consent by the plan member.
    - c) RCCHA will refer plan members to the IEHP provider for follow-up care and non-STD related care.
    - d) Outpatient oral medications can be dispensed at the time of service. Billing must occur through the IEHP pharmacy Point of Service (POS) billing process.
- D. Medical Records Management
  - 1. RCCHA will request that Plan members sign a release of confidential information. Members receiving services from out-of-Plan providers may:

- 1) elect to sign a release of confidential information; 2) allow billing and treatment information to be sent to IEHP but not shared with the PCP; or, 3) may choose not to sign a release of information.
2. Upon consent, RCCHA will provide medical records to IEHP to allow the IEHP providers to meet their case management responsibilities.

E. Reimbursement for STD Services

1. IEHP will reimburse RCCHA for STD services provided to plan members that are not assigned to RCCHA FCCs based upon specific STD diagnosis and service definitions as follows:
  - a) Bacterial Vaginosis, Trichomoniasis, Candidiasis -- Initiation of treatment of vaginal or urethral discharge for symptoms and signs consistent with any one or a combination of these diagnoses is considered an episode, and one visit is reimbursable.
  - b) Primary or Secondary Syphilis -- Initial visit and up to five additional visits for clinical and serological follow-up and retreatment, if necessary, may be required for certain high-risk individuals. A maximum of six visits per episode is reimbursable. Documentation should include serologic test results upon which retreatment recommendations were made. For female members of childbearing age who refuse to return to the plan for their care, up to six visits are reimbursable for treatment and follow-up.
  - c) Chancroid -- Initial visit and up to two follow-up visits for confirmation of diagnosis and clinical improvement are reimbursable.
  - d) Lymphogranuloma Venereum, Granuloma Inguinale -- Based upon the time involved in confirming the diagnosis and the duration of necessary therapy, a maximum of three visits is reimbursable.
  - e) Herpes Simplex -- Presumptive diagnosis and treatment (if offered) constitute a disease episode. One visit is reimbursable.
  - f) Gonorrhea, Non-Gonococcal Urethritis and Chlamydia trachomatis -- Can often be presumptively diagnosed and treated at the first visit, often with single-dose therapy. For individuals not presumptively treated at the time of the first visit, but found to have gonorrhea or chlamydia, a second visit for treatment will be reimbursed.
  - g) Human Papilloma Virus -- One visit reimbursable for diagnosis and initiation of therapy with referral to primary care physician for follow-up and further treatment.



- h) Pelvic Inflammatory Disease -- Initial visit and two follow-up visits for diagnosis, treatment, and urgent follow-up are reimbursable. Member should be referred to primary care physician for continued urgent follow-up after the initial three visits have been provided by RCCHA.
- i) Where required, IEHP providers will report all STDs in accordance with California law.

Guidelines for the treatment of various STDs may require that Human Immunodeficiency Virus (HIV) counseling and testing be performed. These tests and counseling procedures are reimbursable.

F. Contact Investigations

- 1. RCCHA is responsible for conducting case contact investigations, including the assurance of appropriate treatment, when indicated.
- 2. IEHP providers will cooperate with RCCHA in the screening and treatment of plan members who are contacts of confirmed STD cases and will assist with compliance related activities concerning the treatment of members for STDs.

**II. HUMAN IMMUNODEFICIENCY VIRUS SERVICES**

A. Reporting of AIDS Cases

- 1. IEHP providers shall report diagnosed cases of AIDS and HIV infection consistent with current State disease reporting requirements. This includes reporting of the names of individuals diagnosed with AIDS and HIV infection. Reporting does not require consent from the member.
- 2. IEHP will implement procedures which ensure that contracted medical laboratories appropriately report HIV test results and that network providers are in compliance with their responsibilities to report the names of members with a clinical diagnosis of AIDS and HIV infection.

B. Guidelines for HIV Services

- 1. HIV Counseling, Testing, and Referrals – IEHP providers and RCCHA shall follow all State laws governing consent for testing and disclosure of HIV test results. IEHP providers and RCCHA shall utilize the most current “HIV Counseling, Testing, and Referral Standards and Guidelines” recommended by the U.S. Public Health Service as published in the Morbidity and Mortality Weekly Report (MMWR).
- 2. Prenatal HIV Counseling, Testing, and Follow-up – IEHP providers and RCCHA shall follow all State laws (Section 125107, California Health and Safety Code) governing the provision of HIV information, counseling, and testing to pregnant women under their medical care.

3. Prenatal Treatment for Transmission Risk Reduction – IEHP providers and RCCHA shall utilize the most recent U.S. Public Health Service guidelines on the treatment of pregnant women who test positive for HIV to reduce the risk of transmission to the newborn.

C. Member Access to HIV Counseling and Testing Services

1. IEHP shall assure that all persons at increased risk for infection or possible transmission of HIV to another person receive education and counseling and are offered confidential HIV testing services.
2. RCCHA shall provide IEHP with a current and updated listing of RCCHA confidential test sites.
3. IEHP providers shall maintain a current listing of RCCHA confidential test sites, inform members of their availability, and assist members with referrals upon request.

D. HIV Counseling, Testing, and Follow-up

1. IEHP providers shall assess members, including children and adolescents, for risk factors for HIV infection. This assessment includes obtaining a sexual history and inquiring about illicit drug use, where applicable.
2. IEHP shall implement procedures to assure that all members at increased risk for infection or possible transmission of HIV to another person receive education and counseling, and are offered confidential HIV testing. IEHP shall implement procedures to ensure that adult and/or pregnant members with confirmed HIV positive test results have treatment options explained and treatment offered to them.
3. Prenatal HIV Counseling, Testing, and Follow-up
  - a) IEHP and RCCHA shall implement procedures to assure that the health care professional primarily responsible for providing prenatal care will offer HIV information and counseling to every pregnant patient, including but not limited to: mode of transmission; risk reduction behavior modification, including methods to reduce the risk of perinatal transmission; and referral to other HIV prevention and psychosocial services.
  - b) IEHP will implement procedures to ensure that all prenatal care providers offer HIV test to every pregnant woman, unless the patient has a positive test result documented in the medical record or has AIDS as diagnosed by a physician. The prenatal care provider will discuss the purpose of the test; its potential risks and benefits, including treatment to reduce transmission to the newborn, and its voluntary nature. The provision of information and counseling and the offer of HIV testing must be documented in the member's medical record. If the pregnant woman voluntarily

consents to testing, the provider will arrange for the testing to be provided directly or by referral.

- c) IEHP will implement procedures for pregnant women testing positive for HIV which ensure that the prenatal care provider offers treatment to reduce the risk of transmission to the newborn consistent with the most PHS guidelines as published in the MMWR.

4. HIV Testing and Counseling for Children

- a) IEHP will implement procedures which ensure that its providers offer HIV counseling to parents or legal guardians and testing (and education and counseling where appropriate) to infants, children, and adolescents in the following categories:

- i. Infants and children of HIV seropositive mothers.
- ii. Infants and children of mothers at high risk for HIV infection with unknown HIV serologic status including:
  - Children born with a positive drug screen;
  - Children born to mothers who admit to present or past use of illicit drugs;
  - Children born with symptoms of drug withdrawal;
  - Children born to mothers who have known arrests for drug related offenses or prostitution;
  - Children born to mothers with any male partners known to be at high risk for HIV; and,
  - Any abandoned newborn infant.
- iii. Sexually abused children and adolescents.
- iv. Children receiving blood transfusion/blood products between 1977-1985 or symptomatic children receiving blood transfusions since 1985.
- v. Adolescents who engage in high risk behavior including unprotected sexual activity, illicit drug use, or who have had sexually transmitted diseases.
- vi. Other children deemed at high risk by an IEHP provider.

- b) IEHP providers will refer those infants, children, and adolescents, who are confirmed HIV positive, to the CCS Program.

E. Services by RCCHA

1. RCCHA is both an “out of plan” and an “in plan” provider.

2. When acting as an “out of plan” provider, RCCHA will provide confidential HIV counseling and testing services to IEHP members presenting for service. Services will be provided without prior authorization from the plan, Independent Provider Association (IPA), Medi-Cal group, or primary care physician.
3. RCCHA will comply with all medical records management and consent and disclosure requirements as specified in this section G of Attachment A.
4. RCCHA will implement procedures to identify IEHP members. RCCHA will ensure that IEHP members presenting for confidential HIV testing and counseling services are counseled to return to their IEHP provider to receive the clinical benefits of coordination and continuity of care.
5. IEHP members will be counseled by RCCHA on the importance of allowing medical information to be shared with their IEHP provider. When serving as an out of plan provider RCCHA will implement procedures to coordinate care and to facilitate the timely exchange of medical information. Such exchange shall be consistent with the provisions of Section IV. F below.

F. Medical Records Management

1. IEHP will implement procedures for documenting HIV status in the medical records that ensure member’s confidentiality in compliance with State law.
2. RCCHA will request that IEHP members sign a release of confidential information. Upon consent, RCCHA will provide medical records to IEHP to allow the IEHP providers to meet their case management responsibilities.

G. Consent for HIV Testing and Disclosure of HIV Test Results

1. IEHP will implement procedures for obtaining member consent for confidential HIV testing. Written consent will be secured from the member by an IEHP provider prior to an HIV test, except when the test is recommended by a treating physician or surgeon. Under these circumstances, a physician or surgeon can obtain verbal informed consent from the patient. The IEHP provider will impart sufficient information to the patient to elicit an informed decision. In the event that a member specifically requests an HIV antibody test which falls outside of his or her treatment regimen, the member will complete a written consent prior to the blood draw.
2. IEHP will implement procedures for obtaining consent for the disclosure of a member’s HIV test results. Written authorization will be obtained by

the IEHP provider from a patient prior to each separate disclosure of an HIV test result.

3. IEHP providers will report all positive HIV tests in accordance with California law.

H. Case Investigation and Follow-up

1. RCCHA is responsible for the conduct of case investigation activities for reported AIDS cases.
2. RCCHA is responsible, as permitted or required in state or federal law, for identification, notification, and follow-up of partners of HIV-positive IEHP members who are not members of IEHP.
3. IEHP will cooperate with and assist RCCHA to identify, educate, and counsel, and test non-IEHP members, who are sex and/or needle-sharing partners of HIV-positive members.

I. Provider Education and Technical Assistance

1. IEHP will implement procedures to ensure that its providers and relevant support staff are knowledgeable about their responsibilities to assess all members for risk factors for HIV infection and to appropriately counsel and offer HIV testing.
2. IEHP shall provide its providers with appropriate HIV information and training, including instruction regarding consent and disclosure requirements.
3. Upon request from IEHP, RCCHA will assist IEHP in training and educating IEHP's providers regarding providers' reporting responsibilities and the latest advancements in the field of HIV counseling and testing. RCCHA will provide training and educational materials related to HIV testing to IEHP providers and members, contingent upon availability of such material.
4. IEHP will encourage and assist IPAs to develop specialty care agreements with Public Health HIV clinics for HIV services.

J. Reimbursement

1. When serving as an "out of plan" provider RCCHA will be reimbursed for HIV testing and counseling on a fee for service basis utilizing current Medi-Cal rates.

**III. FAMILY PLANNING SERVICES**

A. Member Access to Family Planning Services

1. RCCHA will provide family planning services and related STD services without prior authorization to IEHP members presenting for service at Family Care Centers (FCCs).

2. RCCHA is both an “out of plan” and an “in plan” provider.
  - a) RCCHA shall provide family planning services to IEHP clients assigned to RCCHA FCCs, at the capitated rate.
3. RCCHA shall provide family planning services to in plan IEHP clients not assigned to RCCHA FCCs. Such services shall be billed by RCCHA to the clients assigned IPA at Medi-Cal fee for service rates.
  - a) IEHP plan members may utilize RCCHA family planning and related STD services without prior authorization from IEHP, its contracting IPAs, Medi-Cal groups, or primary care providers.
4. IEHP will provide plan members with information to allow them to make an informed choice, including: the types of family planning services available, their right to access them in a timely and confidential manner, and their freedom to choose a qualified family planning provider both within and outside the plan’s network of providers.

**B. Family Planning Services by RCCHA**

1. Family planning services are provided by RCCHA to individuals of childbearing age to temporarily prevent or delay pregnancy. These services include:
  - a) Health education and counseling necessary to make informed choices and understand contraceptive methods
  - b) Limited history and physical examination
  - c) Laboratory tests if medically indicated as part of the decision making process for choice of contraceptive methods
  - d) Diagnosis and treatment of STDs, if medically indicated
  - e) Screening, testing and counseling of at risk individuals for human immunodeficiency virus (HIV) and referral for treatment
  - f) Follow-up care for complications associated with contraceptive methods issued
  - g) Provision of contraceptive pills, devices and/or supplies
  - h) Pregnancy testing and counseling
  - i) Routine Pap smear according to USPSTF guidelines can be included as medically indicated as a Family Planning Service
2. RCCHA will obtain informed consent for all contraceptive methods, including sterilization, consistent with the State and Federal requirements.
3. RCCHA will coordinate care with IEHP or the member’s assigned primary care physician, if known, contingent upon consent by the plan member.

4. RCCHA will refer plan members to their IEHP provider for non-family planning related care.

C. Medical Records Management

1. RCCHA will request that plan members sign a release of confidential information to provide medical records to IEHP. Upon consent, RCCHA will provide appropriate medical records to the patient's assigned provider to allow the IEHP provider to meet their case management responsibilities.
2. RCCHA must provide proof of service. If an IEHP member refuses the release of medical information, the out of plan provider must submit documentation of such a refusal.
3. If they desire, members may sign a modified release of information form that preserves their medical record confidentiality, but allows RCCHA adequate information to bill IEHP. RCCHA must make such a form available to their patients.
4. RCCHA must submit claims to the IEHP Claims Department using a HCFA 1500 form, using the appropriate CPT- and ICD-9 codes.
5. Claims for out of plan family planning services will be submitted to the appropriate IEHP provider organization for payment.

D. Reimbursement for Family Planning Services

1. The appropriate IEHP provider organization will reimburse RCCHA for family planning and related STD services provided to plan members.

#### IV. IMMUNIZATION SERVICES

A. Guidelines for Childhood Immunizations

1. IEHP and RCCHA shall utilize the most recent childhood immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP) of the U.S. Public Health Service. These standards shall be used in determining the need for administration of pediatric vaccine(s). As per ACIP guidelines, alternate immunization schedules may be utilized when clinically indicated.
2. IEHP will inform its providers of required ACIP standards for pediatric immunizations, including timing, type, informed consent, and other requirements.

B. Provision of Immunization Services

1. RCCHA is both an "out of plan" and an "in plan" provider.
2. RCCHA will administer needed pediatric vaccine(s) to IEHP members assigned to RCCHA FCCs, at the capitated rate.

3. When acting as an “out of plan” provider, RCCHA will administer needed pediatric vaccine(s) without prior authorization to IEHP members presenting at RCCHA FCCs. Vaccines for which the member is found to be not up to date will be administered regardless of the reason for which the member presents to RCCHA.
  - a) An IEHP member shall be considered up to date with regard to immunizations if he/she has received all immunizations for which he/she is eligible based on ACIP recommendations. A member is eligible for an immunization at the earliest age specified by ACIP.
  - b) RCCHA shall assess and document the immunization status of IEHP members by requesting a California Immunization Record or other written documentation from the member or legal guardian. When unavailable, RCCHA shall utilize the California Immunization Registry (CAIR) to search for an immunization history. If necessary, RCCHA shall orally screen the member’s parent or legal guardian for a reasonable history of prior immunization.
  - c) RCCHA will refer IEHP members to their plan primary care provider for subsequent pediatric immunizations.
  - d) RCCHA and IEHP providers will provide a California Immunization Record to the member’s parent or legal guardian documenting receipt of vaccine(s) and date next doses are due.
4. IEHP will inform its providers of the need for completing the California Immunization Record to document administration of vaccine(s).

C. Record Management

1. All immunizations provided by RCCHA to targeted children will be recorded in California’s Immunization Registry (CAIR). RCCHA will ensure that consent for record sharing is properly documented in the registry.
2. RCCHA shall query the member or legal guardian for Medi-Cal eligibility and managed care plan assignment on clients presenting for immunization services at Family Care Centers. RCCHA shall attempt to identify IEHP members’ assigned primary care physician and request a release of medical records to the IEHP plan if a Member does not consent to record sharing.
3. Upon either consent to share records in the automated immunization registry or consent to release medical records to IEHP, the RCCHA shall send IEHP a provider copy of the system-generated California Immunization Record to support the plan and providers case management responsibilities on request. In addition to completion of a California



Immunization Record, IEHP providers shall document immunizations administered to plan members on the State Child Health and Disability Program's PM160 Information Only Form. IEHP shall retain a record of completed PM 160s for a minimum of three years and make records available to RCCHA on request, within 30 calendar days.

- D. IEHP will collaborate with the RCCHA to encourage PCPs to participate in California's Immunization Registry program (CAIR).
- E. Participation in the California Immunization Registry (CAIR)
  - 1. RCCHA and IEHP will cooperate and work together in support the California Immunization Registry (CAIR).
  - 2. IEHP will encourage its providers to participate in CAIR. Participating IEHP providers will comply with all CAIR administrative, security, consent and confidentiality requirements.
- F. Assessment of Immunization Rates  

The RCCHA is responsible for monitoring immunization rates of the County population. RCCHA will provide IEHP with annual reports of County immunization rates, including data on subgroups of the County population.
- G. Provider and Staff Education  

RCCHA will assist IEHP in training plan providers through the provision of technical assistance, including materials and coordination of State or Federally sponsored in-service education for clinical personnel.
- H. Health Education and Outreach
  - 1. RCCHA and IEHP will collaborate to provide materials to plan providers to support countywide immunization efforts.
  - 2. IEHP will educate its members of the importance of receiving immunizations according to schedule in the following ways:
    - a) Inclusion of the immunization schedule in the Member Handbook
    - b) Member newsletters
    - c) During contact with Member Services Representatives
    - d) Immunization education brochures distributed to PCP offices
  - 3. IEHP participates in the County Immunization Program and community outreach efforts, including health fairs and local immunization coalitions.
- I. Vaccines for Children Program  

IEHP providers receiving State supplied or VFC vaccine shall comply with all inventory, storage, and reporting requirements.
- J. Case Investigations and Outbreak Control

1. RCCHA is responsible for the investigation of reported suspect or confirmed cases of vaccine-preventable diseases. IEHP providers will provide access to medical records and other information to RCCHA staff during investigations consistent with applicable State or Federal laws and regulations.
2. IEHP will assist RCCHA in informing providers about outbreaks and disease control activities.

K. Reimbursement

1. IEHP shall reimburse RCCHA for all immunizations administered to members not assigned to RCCHA clinics consistent with documentation of need for service as specified in IV.B.3 above.
2. In instances involving the administration of State-supplied vaccine, RCCHA reimbursement will be limited to an administration fee.

**V. TUBERCULOSIS (TB) CONTROL SERVICES**

A. Reporting of Known or Suspected TB Cases

1. IEHP providers shall report known or suspected cases of TB to the RCCHA for any plan member residing within Riverside County within one day of identification. The RCCHA shall provide technical assistance to plan providers and forms for the reporting of TB.
2. RCCHA will monitor IEHP adherence to reporting requirements and inform IEHP if problems arise.

B. Tuberculosis Screening

IEHP will inform its providers of the requirement to utilize Mantoux skin testing or Interferon Gamma Release Assays (IGRA) to screen patients for tuberculosis. IEHP providers will conduct tuberculosis skin testing for plan members ages 0-21 years in compliance with current American Academy of Pediatric requirements. CDC guidance should be consulted for use of IGRAs in children under 5 years of age and Immunocompromised patients. IEHP provider shall offer TB testing to adult plan member based on an assessment of risks as described in the U.S. Preventive Services Task Force guideline.

C. Tuberculosis Treatment

1. IEHP providers will utilize current American Thoracic Society (ATS) and Centers for Disease Control and Prevention recommendations in the diagnostic evaluation of tuberculosis. The RCCHA will provide IEHP with the most recent ATS recommendations on diagnosis, treatment, and control of TB.
2. RCCHA will provide diagnostic and treatment services of all active or potentially active (TB3 and TB5) tuberculosis cases occurring in plan

members. These outpatient services include physical examination, drug therapy, [including treatment for Multi-Drug Resistant (MDR)/ Extensively Drug Resistant (XDR) TB] laboratory testing, radiology and compliance related support services, including directly observed therapy. IEHP providers will refer TB3 and TB5 tuberculosis cases to RCCHA within one day of identification for treatment and follow-up.

3. RCCHA will coordinate the provision of TB treatment and related services with the member's primary care physician or other assigned clinical services provider.
4. RCCHA will coordinate the admission of IEHP members being treated for TB for inpatient care. Acute care facilities will obtain RCCHA approval prior to hospital transfer or discharge of any patient with known or suspected TB consistent with California Health and Safety Code, Section 121361 and 121362. Requests for hospital transfer or discharge will be reviewed by RCCHA within 24 hours of receipt of the request.

D. Case Management of Suspect and Active TB Cases

1. The IEHP plan or primary care physician shall notify RCCHA of the designated plan provider or staff responsible for coordination of care for each diagnosed TB patient. This person shall be the primary IEHP contact for coordination of care with RCCHA.
2. RCCHA will assign a TB case manager and notify the IEHP designee. The TB case manager shall be the primary RCCHA contact for coordination of care with IEHP. Case management services provided by RCCHA include initial and ongoing assessment of TB transmission risk, patient home visits for assessment, treatment and compliance services as needed, and investigation and follow-up of contacts. The TB case manager will respond to information requests in a timely manner.
3. RCCHA will refer members back to the IEHP primary care physician for non-TB related health care.
4. Medical Record Management:

IEHP shall utilize a standard TB Referral Form, provided by RCCHA, to refer suspect or diagnosed TB patients for treatment services. The IEHP clinical services provider shall provide RCCHA with a copy of each referred TB patient's recent history and physical, laboratory test results, and applicable radiology reports.

RCCHA will provide a written treatment plan to IEHP's designated clinical services provider. This plan shall include the prescribed drug therapy, routine laboratory (including periodic sputum smears and cultures) and radiological follow-up. The treatment plan and results shall be updated and sent to IEHP on a monthly basis. Updates to the treatment plan will include medication records, any

changes in medication orders, adverse reactions to medications and patient compliance information.

E. Directly Observed Therapy (DOT)

Directly observed therapy services (HCPCS code Z0318) are a non-covered service by IEHP. RCCHA shall determine the need for DOT and provide services as per RCCHA protocol. RCCHA shall submit claims for reimbursement of DOT services to the State Medi-Cal program.

F. Case Investigation

RCCHA is responsible for the conduct of case investigation activities for all suspect or confirmed TB cases. IEHP agrees to cooperate with RCCHA in the conduct of case investigations, including the timely provision of medical records as needed. Plan case management staff will be available to facilitate or coordinate investigation activities on behalf of IEHP and its providers. IEHP providers will provide appropriate examination to members identified by RCCHA as contacts within seven days. Examination results will be reported to RCCHA within three days.

G. Contact Investigation, Chemoprophylaxis and Treatment of Latent TB Infection

1. RCCHA is responsible for identifying, screening, and other follow-up investigation activities for contacts who have suspect or confirmed active cases. Additionally, for children under three years of age, RCCHA will investigate all positive tuberculin reactors regardless of their active or potentially active infection status. IEHP will cooperate with RCCHA in conducting contact and outbreak investigations. Results of tuberculin tests conducted by IEHP providers as part of a RCCHA investigation will be reported within 72 hours. RCCHA will provide IEHP with written procedures and guidelines for examination of contacts and chemoprophylaxis. The RCCHA will provide field-based tuberculin testing on IEHP members as needed to assure proper evaluation.
2. IEHP will notify RCCHA when contacts of Plan members are referred to RCCHA for examination.
3. RCCHA will collect and analyze data regarding TB incidence in the community, conduct epidemiology investigations of disease outbreaks and share such information with IEHP and its providers.

H. Laboratory Services

1. IEHP and its providers shall utilize laboratories that conform to all provisions of CCR Title 17, Section 2505 and ATS and CDC guidelines.
2. At IEHP's request, RCCHA will provide technical assistance to IEHP in selecting a lab that conforms to State and Federal requirements and meets CDC/ATS recommendations.

- I. Technical Assistance and Provider Training
  - 1. RCCHA shall provide IEHP with current standards, protocols and health education resources regarding the screening, treatment and control of TB. IEHP and RCCHA shall provide continuing education to its providers using these materials.
- J. Reimbursement
  - 1. IEHP or its contracted IPA shall reimburse the RCCHA for treatment services specified in VIII.C.2 above.
- K. Directly Observed Therapy (DOT) services (HCPCS code Z0318) are a non-covered service by IEHP. RCCHA shall submit claims for reimbursement of DOT services to the State Medi-Cal Program.

**VI. OTHER COMMUNICABLE DISEASE CONTROL SERVICES**

A. Reporting of Communicable Diseases

The local health officer is responsible for assuring the reporting, treatment, and follow-up of certain communicable diseases as specified by State regulations. RCCHA will carry out State disease reporting requirements. RCCHA will provide and update a list of reportable conditions to IEHP. IEHP will encourage participation of its providers with electronic disease reporting, once implemented in Riverside County. IEHP will assure that IEHP providers will report communicable diseases according to State laws and regulations. If informed by RCCHA or other sources that specific IEHP providers are not complying with those State laws and regulations, EHP will take appropriate steps through its Quality Assessment and Improvement Program (QAIP) and peer review process and respond back to RCCHA in writing.

RCCHA will determine standards for the conduct of investigations and follow-up based on the disease and extent of threat to the health of the public. IEHP will assure that IEHP providers will provide access to medical records and other information to County staff during investigations. If informed by RCCHA or other sources that specific IEHP providers are not complying with those State laws and regulations, IEHP will take appropriate steps through its QAIP, peer review process, and respond back to RCCHA in writing.

- 1. Diagnostic, prophylactic, and treatment services will be provided by RCCHA to IEHP members in response to a disease outbreak or a situation that is life threatening or represents a risk of significant morbidity, as determined by the County Health Officer.
- 2. RCCHA will notify IEHP providers of appropriate diagnostic, treatment, and/or prophylaxis recommendations necessary for communicable disease control. RCCHA will monitor compliance by plan patients and providers and notify IEHP of specific providers who are not providing these services. Medical treatment or prophylaxis will be provided by RCCHA

if, in the judgment of the County Health Officer, the plan fails to assure timely and appropriate diagnostic, treatment or prophylactic services. If informed by RCCHA or other sources that specific IEHP providers are not providing appropriate diagnostic testing, treatment or prophylaxis for members, IEHP will take appropriate steps through its QAIP and peer review process.

3. IEHP will inform its providers and their contracted laboratories that in the event enteric specimens are obtained for employment clearance reasons they must send all or a portion of the sample to the Public Health Laboratory.
4. Reimbursements – IEHP or its contracted IPA shall reimburse RCCHA for diagnostic and treatment services provided to plan members who are not assigned to RCCHA clinics, when plan providers fail to provide appropriate or timely care.

B. Rabies – Post Exposure Prophylaxis

1. Administration of rabies post exposure prophylaxis is a medical urgency, not a medical emergency.
2. IEHP providers will evaluate each possible exposure to rabies and, if necessary consult with the local health department regarding the need for rabies prophylaxis
3. Administration of post exposure prophylaxis is normally performed by the IEHP primary care providers, although selected cases may be referred for evaluation and treatment by the local health department
4. IEHP shall reimburse RCCHA for administration of rabies post exposure prophylaxis provided to plan Members. Claims submission and payment shall be consistent with Section 5 of this MOU.

**VII. PERINATAL SERVICES**

A. Liaisons

IEHP shall appoint a liaison to coordinate the plan's activities regarding services for women of childbearing age. RCCHA shall appoint a liaison for coordination with IEHP of local needs, activities, and services related to women of childbearing age.

B. Outreach

1. RCCHA shall inform IEHP of outreach activities, including special education or outreach campaigns, directed to hard to reach perinatal populations or populations at risk for problems such as late entry to prenatal care. IEHP shall participate in the planning and implementation of such outreach as jointly agreed.

2. IEHP and RCCHA will work together in developing and implementing a joint health education and outreach program that would focus on promoting our common interests in public health. These interests would include perinatal services. This public health and outreach program would find visibility through the use of media, billboards, health fairs, and other cooperative ventures.
3. IEHP and RCCHA will also cooperate in the development of resources for perinatal providers.

C. Coordination of Perinatal Services

1. RCCHA and IEHP shall appoint liaisons to jointly collaborate on the coordination of perinatal services.
2. IEHP shall provide comprehensive initial and follow-up risk assessment in medical, nutrition, health education and psychosocial areas consistent with current standards of care for the Comprehensive Perinatal Services Program (CPSP).
3. RCCHA will provide updated information to IEHP about standards for perinatal services and provider certification standards.
4. IEHP will provide current information to plan providers about perinatal services and encourage providers to become certified as State CPSP providers.
5. RCCHA shall provide training and technical assistance to IEHP. RCCHA will assist IEHP in conducting training of plan providers on the requirements of perinatal services, and the provision of perinatal services including use of assessment tools, protocols, and care plans.
6. RCCHA shall provide IEHP with a list of current State certified CPSP providers in the County. IEHP will provide RCCHA a list of obstetric providers and will notify RCCHA if new providers are enrolled or existing providers deleted.

D. Referrals

1. RCCHA shall provide IEHP with information on community resources and referral requirements for programs serving women of childbearing age.
2. IEHP and its providers shall refer eligible women to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and other appropriate specialty services.

E. Provider Education

1. RCCHA shall provide IEHP with educational resources for use with plan providers. These resources may include sample copies of educational

materials, technical assistance in the development of educational materials, development and/or provision of provider training programs, and assistance with issues such as cultural competency.

2. IEHP shall provide appropriate resource materials to plan providers.

F. Quality Management

1. RCCHA will appoint a liaison to work cooperatively with IEHP on QM issues.
2. RCCHA will assist IEHP in the development of standards and tools for the evaluation of IEHP perinatal providers and determination of training needs.
3. RCCHA will assist with provider on-site visits to assess current levels of perinatal services provision and access to care by women of childbearing age.
4. RCCHA will participate in the review of provider data to identify needs of women and children and develop plans related to improvement of access to services.
5. RCCHA will inform IEHP of current needs of high risk perinatal populations residing in IEHP's service areas based upon assessment of needs.
6. IEHP will participate in local community efforts to improve the health of mothers and children, including participation in provider needs assessments, fetal-infant mortality review, Black Infant Health Project activities and other appropriate maternal and child health programs.
7. RCCHA is responsible for ongoing review of health status indicators, such as infant morbidity and mortality.
8. RCCHA will assist IEHP, when necessary, in developing a corrective action plan for providers related to MCH services.

G. Transportation Assistance

1. IEHP and RCCHA will cooperate to provide transportation assistance for eligible clients.

**VIII. CHILD AND ADOLESCENT HEALTH SERVICES**

A. Liaisons

IEHP shall appoint a liaison to coordinate the plan's activities regarding services for children and adolescents from birth through 21 years of age. RCCHA shall appoint a liaison for coordination with IEHP of local needs, activities and services related to children and adolescents.

B. Early and Periodic Screening, Diagnosis, and Treatment Services



1. IEHP and its providers are responsible for ensuring that all members under 21 years of age have access to, and receive, periodic health assessments in accordance with the most recent recommendations of the American Academy of Pediatrics.
2. IEHP providers are responsible for documenting all referrals and referral outcomes on members receiving health screenings through the plan or referred by other health professionals, including the local Child Health and Disability Prevention Program.
3. IEHP providers will provide for or arrange any medically necessary services identified through a required health assessment or episodic visit. Diagnosis and treatment of any medical conditions identified through health assessments will be initiated within 60 days of identification of need.
4. RCCHA will assist IEHP in the maintenance of protocols to be used by providers in delivering health assessments to IEHP members under age 21. The protocols will include periodicity schedules and referrals to specialists and other appropriate providers or organizations.

C. Relationship with County Child Health and Disability Prevention Program

The Child Health and Disability Prevention Program (CHDP) is a preventive health program for children and youth. The CHDP Program is administered by the RCCHA. The CHDP Program provides periodic preventive health services to children and adolescents.

1. The CHDP Program will provide informing, referral and assistance with appointment scheduling and transportation to persons referred from the local Department of Public Social Services. Appointment scheduling will be coordinated with the primary care provider or IEHP.
2. IEHP will provide information to the CHDP Program regarding the member's primary care provider and services provided to the member upon request.
3. IEHP will inform its providers of the CHDP 200% Assessment Program services for non Medi-Cal eligible children including eligibility standards, how and when to refer patients, and telephone numbers for the programs.
4. IEHP will provide information to plan providers about the benefits of becoming a state-certified CHDP provider. IEHP shall inform its providers of the continuity of care benefits to patients of becoming CHDP providers and encourage them to become certified.

D. Outreach and Community Education

1. RCCHA will cooperate with IEHP in local outreach and community education activities targeting hard-to-reach populations or populations not utilizing preventive services.
2. IEHP shall participate in planning and implementation of such activities as appropriate.

E. Data Collection and Reporting

IEHP will require its providers to report data on pediatric health assessments and findings on the Confidential Screening/Billing Report (PM160). IEHP shall retain a record of completed PM 160s for a minimum of three years and make records available to RCCHA on request, within 30 calendar days.

F. Provider Education and Technical Assistance

1. IEHP will encourage providers to attend CHDP trainings conducted by RCCHA CHDP staff.
2. IEHP will provide RCCHA with a list of providers providing pediatric services and update it as needed.
3. RCCHA will provide IEHP with a list of CHDP certified 200% Assessment Program providers and update it as needed.

G. Case Management

1. IEHP providers are responsible for primary case management of medical, dental, and mental health problems detected or suspected during a pediatric health assessment.
2. RCCHA will assist IEHP in tracking members that the IEHP provider is unable to locate, members with serious health problems who do not complete or maintain a physician prescribed treatment plan and members who lose their Medi-Cal Program eligibility during their course of treatment.

H. Referrals

1. RCCHA and IEHP will share information on community resources and referral requirements for programs serving children and adolescents.
2. IEHP and its providers will refer eligible children to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
3. Childhood Lead Poisoning Prevention Program referrals - children between the ages of 6 - 72 months will be screened at least twice for venous blood lead level. IEHP providers will refer all children with a blood lead level equal to or greater than 10 µg/dl to the Childhood Blood

Lead Poisoning Prevention Program for case management services. The referral will be documented on the PM160 form and in the member's medical record.

I. Quality Management

1. RCCHA will assist IEHP in the development of standards and tools for the evaluation of IEHP pediatric providers and determination of training needs. RCCHA will provide appropriate information notices and sample materials to IEHP.
2. RCCHA will assist with CHDP provider on-site visits to assess current levels of pediatric preventive services provision and access to care by children and adolescents.
3. RCCHA will inform IEHP of at-risk pediatric populations residing in IEHP's service areas.
4. IEHP will participate in local community efforts to improve the health of children and adolescents, including participation in provider needs assessments, community advisory groups and other appropriate activities.
5. RCCHA will advise IEHP staff of those IEHP providers not in compliance with well-child services requirements regarding required health information and referral to well-child programs. IEHP will encourage all obstetric and pediatric IEHP providers not completing referrals with required health information to do so within agreed-upon time frames.

**IX. CALIFORNIA CHILDREN'S SERVICES**

A. General Responsibilities

1. RCCHA administers the California Children's Services (CCS) Program for residents of Riverside County. The CCS Program provides for specialized medical care and rehabilitation for persons under age 21, with eligible physically handicapping conditions whose families are partially or wholly unable to pay for such services.
2. IEHP is responsible for the provision of health care services for the community's Medi-Cal population under contract with the California Department of Health Services. Under the terms of IEHP's contract with the State, Medi-Cal services for children eligible under the CCS Program are excluded from coverage by the Plan while the child remains enrolled in the Plan for health services including primary care and for needs unrelated to a CCS-eligible medical condition.

B. Liaisons

IEHP shall appoint a liaison to coordinate the plan's policies, procedures and activities regarding children with a potentially CCS-eligible medical condition

and children referred to or covered by the CCS Program. RCCHA shall appoint a liaison for coordination of CCS Program activities.

C. Identification of Eligible Children and Referral to CCS

1. IEHP shall develop procedures for identifying children with CCS eligible conditions and arrange for their timely referral to the CCS Program.
2. IEHP shall utilize the CCS Referral Form in making referrals to the CCS Program.
3. The effective date of CCS coverage is limited to the first date that a referral is received by the program, subject to determination of eligibility and medical necessity.
4. Referrals for emergency services, including hospital admissions, must be made within two working days and include appropriate documentation substantiating emergency or urgent care. Non-emergency hospital admissions occurring on a weekend or holiday must be referred to CCS on the next working day.
5. IEHP will assure that its providers provide complete baseline health assessment and diagnostic evaluations sufficient to ascertain the evidence or suspicion of a CCS-eligible condition, including but not limited to: specific physical findings, laboratory test results, radiology findings, etc.

D. Service Responsibility and Coordination

1. RCCHA will determine medical and other eligibility for program services and will notify IEHP, the referral source, and the family when a child is determined eligible. The CCS Program has the sole authority to make CCS Program eligibility decisions.
2. IEHP and its providers remain responsible for the care of the enrolled child until CCS Program eligibility is determined.
3. The RCCHA shall assign a nurse liaison to for children referred by IEHP. RCCHA will facilitate onsite eligibility determination and authorization at high volume hospitals, including assignment of personnel as available.
4. IEHP will notify CCS, when requested, of the assigned individual with primary case management responsibility for enrollees referred to or covered by the CCS Program.
5. IEHP is responsible for the continued provision of case management of all services (primary care and specialty care) for the referred condition until eligibility has been established with the CCS Program.
6. Upon determination of eligibility for the CCS Program, RCCHA shall be responsible for case management (including prior authorization) of all

services related to the CCS condition, including condition-related EPSDT supplemental services.

7. IEHP remains responsible for the continued provision of primary case management, coordination of services, and health care services other than those required for the CCS condition. IEHP must provide children with CCS eligible conditions primary care and other services unrelated to the CCS eligible condition, including EPSDT supplemental services.
8. CCS case management/tracking and follow-up:
  - a) Determination of the most appropriate provider(s) to provide care.
  - b) Authorization of medically necessary services.
  - c) Linkage and coordination of the child's care with the CCS authorized provider(s) and agencies in the community.
  - d) IEHP shall utilize a tracking system to coordinate health care services for members receiving services authorized by the CCS program.
  - e) IEHP shall develop policies and procedures that will specify provider's responsibility for coordination of specialty and primary care services and ensure that CCS eligible children receive all medically necessary pediatric preventive services, including immunizations.
  - f) IEHP shall develop policies and procedure that will specify coordination activities among primary care providers, specialty providers and hospital and communication with CCS program case mangers.
  - g) RCCHA shall assist IEHP in assessing and alleviating barriers to assessing primary and specialty care related to the CCS eligible condition. Assisting subscriber/subscriber family to complete enrollment into the CCS program.
  - h) RCCHA shall provide case management services in order to coordinate the delivery of health care services to subscribers with CCS eligible conditions, including services provided by other agencies and programs, such as Local Education Agencies and Regional Centers.
  - i) RCCHA shall develop systems that will result in transmission of medical reports of services provided by CCS authorized providers to the appropriate plan primary care providers.

E. Record sharing

1. IEHP shall implement procedures to facilitate transfer of appropriate medical records and/or other documentation from the primary and specialty care provider to the CCS Program.
2. Determination of medical eligibility by the CCS Program will be based upon the review of appropriate medical documentation and other evidence submitted with the CCS referral and request for services.
3. RCCHA will provide a courtesy copy of the CCS authorization on plan enrollees to IEHP to facilitate coordination of care and avoid duplication of services.

F. Authorization of Services

1. IEHP and its providers have responsibility for authorization of services prior to the determination of CCS Program eligibility.
2. The CCS Program has responsibility for authorization of services related to the CCS eligible condition upon determination of CCS eligibility.
3. CCS authorizes treatment and services to appropriate State CCS approved providers, facilities and special care centers.
4. Authorization by CCS for Neonatal Intensive Care Unit (NICU) services shall be limited to Medi-Cal eligible infants who meet the CCS Program's NICU acuity criteria or have a CCS eligible condition and are in a CCS-approved NICU. CCS does not issue authorization for continuing NICU care for infants who no longer meet CCS NICU acuity criteria or who do not have a CCS eligible condition.

G. Claim Submission and Audit

1. Services authorized by the CCS Program are eligible for fee for service reimbursement from the State Medi-Cal Program.
2. Claims for CCS authorized services will be submitted following the directions provided in the CCS section of the Medi-Cal Provider Manual.
3. IEHP and its providers agree to submit CCS-authorized claims for review, verification and payment in compliance with CCS Program policies and procedures. This includes compliance with Medi-Cal Program policies on billing other third party carriers prior to claim submission.

H. Provider Education and Training

1. RCCHA and IEHP will jointly conduct training of IEHP providers on CCS Program policies and procedures.
2. RCCHA will provide sample forms to IEHP.
3. IEHP will provide CCS forms and information to its providers.

4. Both parties agree to meet, at a minimum, quarterly to ensure ongoing communication; to resolve operational and administrative problems; and identify policy issues needing resolution at the management level.

I. CCS Provider Network

1. IEHP shall develop a process to review its providers for qualifications for CCS provider panel participation and encourage those qualified to become paneled.
2. IEHP shall identify in training to providers, and in the Provider Manuel, those facilities that are designated with CCS approval, including hospitals and Special Care Centers.
3. IEHP shall ensure access of diagnostic services to appropriate specialty care within the network or medical group. When appropriate specialist not available within network or medical group, ensure access to appropriate plan specialist.
4. RCCHA shall provide IEHP with CCS provider applications to expedite the paneling or approval of specialty and primary care network providers.
5. RCCHA shall coordinate with the state CCS office to assure identification of local CCS provider network to health plan.
6. RCCHA shall coordinate with IEHP to refer to an appropriate CCS paneled specialty provider to complete diagnostic services and treatment as needed.

J. Problem Resolution

1. RCCHA and IEHP agree to address problems or disagreements with regard to CCS Program eligibility, responsibility for services, and payments for treatment at the local level before referral of a disagreement to the State CCS Program or Medi-Cal Program.
2. RCCHA shall be represented by the designated primary liaison person to IEHP.
3. IEHP shall be represented by the designated primary liaison person to RCCHA.

**X. SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)**

1. RCCHA administers the WIC Program and provides program services to eligible clients. WIC services are also provided within the County by the Riverside/San Bernardino Indian Health Program. Program services include nutrition assessment and education, referral to health care, and monthly vouchers to purchase specific foods needed to promote good health for low-income pregnant,

- breast-feeding, and postpartum women, infants and children under the age of five with a medical/nutritional need.
2. IEHP providers will inform members of the availability of WIC services including supplemental foods, nutrition education and community referrals. IEHP providers will refer eligible members to RCCHA for WIC services and document the referral in the member's medical record.
  3. IEHP will inform its providers of the Federal WIC anthropometric and biochemical requirements for program eligibility, enrollment and recertification and provide training to providers on WIC program services and referral requirements.
  4. IEHP providers will perform the hemoglobin or hematocrit test and height/weight measurements and document such required biochemical and anthropometric data on the CHDP Form PM 160, the WIC Referral Form (PM 247 or PM 247A), or a prescription pad written by the IEHP provider. IEHP providers will provide additional biochemical test results (i.e. glucose testing) or anthropometric data (i.e. prenatal weight gain), and documentation of other medical conditions if requested and authorized by the patient.
  5. IEHP providers will complete the WIC medical justification form for members requiring non-contract infant formula and state the diagnosis and expected duration of the request for special formula. IEHP will provide medically prescribed formulas (i.e., Alimentum, Nutramigen, Pregestimil), as medically necessary through the IEHP pharmacy system.
  6. IEHP will provide a copy of the member's health assessment and any nutrition risk assessments to WIC after the member's consent has been given to release this information.
  7. IEHP will coordinate with WIC in conducting outreach efforts, especially to underserved populations.
  8. IEHP, in conjunction with RCCHA staff, will develop a list of medical conditions for which it is appropriate to provide medical nutrition therapy. IEHP providers will provide medical nutrition therapy services for appropriate medically necessary conditions.
  9. IEHP will collaborate with RCCHA staff on health, nutrition education, and breastfeeding promotion projects targeted to pregnant and breastfeeding women (particularly teens) and children at the community and individual service level.
  10. RCCHA will act as a resource to IEHP and plan providers regarding WIC policies and guidelines, program locations and hours of operation. RCCHA will provide IEHP with a recertification schedule for all categories of participants. RCCHA will assist IEHP in conducting provider training on WIC Program services and federal regulations.



11. RCCHA will inform IEHP of federal WIC requirements for program eligibility including biochemical and anthropometric measurements.
12. RCCHA will distribute WIC referral forms PM 247 and PM 247A to IEHP.
13. RCCHA WIC staff will identify high risk care needs of referred clients; make appropriate referrals for medical and other follow-up care; consult with IEHP providers as needed to discuss any recommendations for care (e.g., referral for medical nutrition therapy, for prescription formulas, etc.); and determine need to provide non-contract formula for infants/children with special needs.
14. RCCHA will assist IEHP in the following Quality Assessment and Improvement activities:
  - a) The appointment of liaison staff to work cooperatively with IEHP on QAIP issues.
  - b) Assistance in provider training and provision of health, nutrition and breastfeeding promotion resources.
  - c) Assistance in updating plan's WIC policies and guidelines as necessary.
15. RCCHA will contact and advise, after consultation with IEHP staff, IEHP providers not in compliance with WIC requirements regarding required health information and referrals to the WIC program. IEHP will encourage all obstetric and pediatric IEHP providers not completing referrals with required health information to do so within agreed-upon time frames.

## **XI. HOME VISITS**

- A. RCCHA shall provide in-home assessment and education services for IEHP Members in the following areas upon referral by IEHP providers:
  1. Environmental Assessment for Asthma Triggers- The Riverside County Childhood Asthma Program conducts an in-home assessment to identify environmental triggers of asthma for high-risk children age birth to 18 years. The Childhood Asthma Program Community Health Worker (CHW) conducts an initial home environmental assessment and subsequently in collaboration with primary care physician, will determine if an in-depth comprehensive evaluation is recommended. If recommended, the home will be referred to the RCCHA Department of Public Health Office of Industrial Hygiene for evaluation for molds and other allergens, and recommendations for housing remediation.
  2. In-Home Asthma Education and Case Management -- The Riverside County Childhood Asthma Program provides in-home asthma education and case management services. A Community Health Worker (CHW) educates and trains the parent/older child on the use of medication, inhaler and peak flow meter for asthma management. The CHW will contact and case manage patient as needed to bring about asthma control and attain

positive patient outcomes. The CHW also will educate the patient about the asthma action plan and work to remove barriers. The Primary Care Physician's name will be recorded on the Access Tracking Tool and a liaison relationship with the physician, respiratory therapist and school nurse will be established as needed.

3. Public Health Field Nursing Services- Public Health Nurses provide in-home services including assessment, guidance, counseling, teaching, intervention, referral and family case management for the following categories: child health, perinatal, high risk pregnancy, postpartum, family planning, parenting education, child abuse prevention, etc. Group parenting education classes are provided in many locations throughout the County.
- B. IEHP will refer plan members to the Home Visit program by using the standard referral form (see attached form).
  - C. RCCHA will notify IEHP that it received the Home Visit program referral within three (3) working days and will contact the IEHP member to schedule an appointment for the home visit.
  - D. RCCHA will provide relevant information to IEHP case management in support of the mutual desire to promote positive patient outcomes. RCCHA and IEHP agree to mutually develop a process and criteria for the exchange of pertinent information for each of the home visit areas identified in section XV, 1 of this document.
  - E. Reimbursement
    1. Where Home Visits are supported by external grant funding, services will be provided to eligible IEHP Members consistent with the terms of the grant funding as they apply to the eligible population.
    2. For Home Visit services not supported by external grant funding, RCCHA may request to meet with IEHP to develop specific terms including but not limited to services, rates and the process for reimbursement.

## **XII. POPULATION-BASED PROGRAMS**

- A. IEHP and RCCHA agree to collaborate in matters pertaining to RCCHA's community-based prevention programs.
- B. The roles and responsibilities of the parties are as follows:
  1. RCCHA shall identify, develop, and maintain community-based prevention programs;
  2. IEHP shall provide data, training and other support as mutually agreed upon by the parties to be necessary to achieve the goals of these programs.