



## **Provider Network Expansion Fund Program Description**

### **SECTION I: OVERVIEW**

The Inland Empire continues to have the lowest ratios of both Primary Care Physicians (PCP) and Specialists of all regions in the state of California. The Provider Network Expansion Fund (NEF) Program seeks to support entities demonstrating need for funding. The NEF Program is continuously focused on improving access to care by increasing membership capacity, placing Providers in remote regions, filling network gaps, and building partnerships.

Established in 2014, NEF is the first program of its kind in the state of California. NEF supports the hiring of board-certified and board eligible PCPs, Specialists, and Advanced Practice Providers (APP) to serve the Inland Empire. Our mission to heal and inspire the human spirit is the guiding force of IEHP's NEF Program. NEF is committed in providing funding to entities who hire qualified candidates to serve as new access points for the Inland Empire. We will not rest until our communities enjoy optimal and vibrant health. The NEF Program continues to play a pivotal role in offering our Members a complete network of qualified Providers which promotes improved health outcomes and overall well-being.

### **SECTION II: FUNDING AVAILABILITY AND ALLOCATION**

The funding available for PCPs, Specialists, and APPs are as stated below:

1. The subsidy per APP is fifty percent (50%) of the one-year cost to a maximum per practitioner of \$100,000.
2. The subsidy per PCP is fifty percent (50%) of the one-year cost to a maximum per physician of \$150,000.
3. The subsidy per Specialist is fifty percent (50%) of the one-year cost to a maximum per physician of \$200,000.
4. "Costs" as stated above are defined as a total of Provider salary and direct benefits only.
5. Fifty percent (50%) of the payment will be made when credentialing for the hired Provider is completed by IEHP. Twenty-five percent (25%) of the payment will be made after the Provider completes 6 months of service. The remaining twenty-five percent (25%) of the payment will be made when the Provider completes 1 year of service. Length of service will be calculated by Provider's IEHP effective date.
6. The funding opportunity will be withdrawn through termination of the Memorandum of Understanding (MOU) if the entity is unable to hire the Provider within 6 months from the signing of the MOU. At which point, an alternate site, entity, and Provider type may be selected.
7. IEHP reserves the right to unilaterally withdraw the funding opportunity at any point in the process.



### **SECTION III: APPLICANT CRITERIA**

Stated below are the criteria to be reviewed by IEHP for consideration of funding approval:

1. If the entity has an active breach, no new applications will be accepted or considered.
2. The overall NEF Program track record for the entity submitting candidate application(s) including but not limited to:
  - a. Utilization
  - b. Membership capacity
  - c. Practice location(s)
  - d. Referral volume
3. A quarterly list of eligible Provider types is updated on IEHP's website using:
  - a. Referral data
  - b. Deficiencies identified by our regulators
  - c. Network adequacy reporting

The list of Eligible Provider Types informs the Selection Committee of current network needs. The Selection Committee encourages all entities with qualified candidates to apply. If a Provider type is not included in the list of quarterly Providers, the Selection Committee encourages applicants to submit a funding justification letter. For a complete list refer to: <https://www.Providerservices.iehp.org/en/join-our-network/Provider-network-expansion-fund>.

4. Hospitals and Urgent Care Centers do not qualify for funding. The Program focuses on supporting Providers who render services in an ambulatory or outpatient setting. The practices should be open to taking membership assignment or receiving referrals.
5. The funding justification letter is an opportunity to give a thorough description to help inform the Selection Committee of the entity's accomplishments and overall vision. The justification letter should also provide specific reasons for funding need including but not limited to current impacts on:
  - a. Case load of current Providers at practice
  - b. Work schedule/office hours
  - c. Access times for appointments

### **SECTION IV: REQUIREMENTS OF FUNDING APPROVAL**

Stated below are the requirements the Provider must fulfill upon being approved for NEF funding:

1. Physician and/or entity must be fully contracted with IEHP.
2. Physicians must be actively Board Certified or Board Eligible in the appropriate medical specialty.
3. Physician must successfully complete IEHP credentialing as approved specialty at approved location.
4. Provider must have an EMR/EHR and cooperate with IEHP in providing access to



transmission of data to and from IEHP for IEHP Members.

5. Provider must utilize IEHP's E-auth process if contracted through IEHP Direct network.
6. Provider must be full-time and open to IEHP Medi-Cal and Medicare, with no Member limit.
7. Provider must actively participate in the network for a minimum of three (3) years.
8. Provider must be new to the Inland Empire medical community and must not have prior history with IEHP's network.
9. The contracting or hiring entity cannot use funds to replace a Provider who recently left the practice.
10. The contracting or employment entity will have to pay a pro-rated amount back to IEHP if the Provider leaves the practice prior to fulfilling the terms of the Memorandum of Understanding.
11. Exceptions can be made to selection criteria and/or requirements if clinical needs outweigh either the criteria or requirements.

#### **SECTION V: SELECTION AND FUNDING PROCESS**

The selection and funding process shall be as follows:

1. The Selection Committee for the Provider Network Expansion Fund shall consist of IEHP's Chief Operating Officer, Director of Provider Network, Manager of Provider Network, and Manager of Network Development.
2. The Selection Committee will approve sites, entities, and specific Provider types for funding.
3. Entities will be notified of decision outcome and if approved for funding entities will be notified and must sign a Memorandum of Understanding provided by IEHP.
4. Hiring entity shall supply IEHP with a fully executed copy of the approved candidate's hiring agreement or equivalent for the purpose of salary and benefit verification.
5. Once benefit verification and amount of funding is determined, funding will be disbursed in three (3) payments in accordance with the Memorandum of Understanding.