3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

APPLIES TO:

A. This policy applies to all IEHP DualChoice ~~Cal MediConnect Plan (Medicare – Medicaid Plan)~~ Members.

POLICY:

A. IEHP provides health care coverage to eligible Members in those areas of San Bernardino and Riverside Counties for which it is licensed as a Health Maintenance Organization (HMO).

PROCEDURES:

A. Geographic Service Area

IEHP is licensed to serve eligible Members in the zip codes within Riverside and San Bernardino Counties listed below:

1. **Riverside County Zip Codes**

91752	Mira Loma	92258	North Palm Springs
92201	Indio	92260	Palm Desert
92202	Indio	92261	Palm Desert
92203	Indio	92262	Palm Desert
92210	Indian Wells	92263	Palm Desert
92211	Palm Desert	92264	Palm Desert
92220	Banning	92270	Rancho Mirage
92223	Beaumont	92274	Thermal
92230	Cabazon	92276	Thousand Palms
92234	Cathedral City	92282	White Water
92235	Cathedral City	92292	Palm Springs
92236	Coachella	92320	Calimesa
92240	Desert Hot Springs	92501	Riverside
92241	Desert Hot Springs	92502	Riverside
92247	La Quinta	92503	Riverside
92248	La Quinta	92504	Riverside
92253	La Quinta	92505	Riverside
92254	Mecca	92506	Riverside
92255	Palm Desert	92507	Riverside

3. ENROLLMENT AND ASSIGNMENT

A.   IEHP Service Area

92508 Riverside	92562 Murrieta
92509 Riverside	92563 Murrieta
92513 Riverside	92564 Murrieta
92514 Riverside	92567 Nuevo
92515 Riverside	92570 Perris
92516 Riverside	92571 Perris
92517 Riverside	92572 Perris
92518 Riverside	92581 San Jacinto
92519 Riverside	92582 San Jacinto
92521 Riverside	92583 San Jacinto
92522 Riverside	92584 Menifee
92530 Lake Elsinore	92585 Sun City
92531 Lake Elsinore	92586 Sun City
92532 Lake Elsinore	92587 Sun City
92536 Aguanga	92589 Temecula
92539 Anza	92590 Temecula
92543 Hemet	92591 Temecula
92544 Hemet	92592 Temecula
92545 Hemet	92593 Temecula
92546 Hemet	92595 Wildomar
92548 Homeland	92596 Winchester
92549 Idyllwild	92599 Perris
92551 Moreno Valley	92860 Norco
92552 Moreno Valley	92877 Corona
92553 Moreno Valley	92878 Corona
92554 Moreno Valley	92879 Corona
92555 Moreno Valley	92880 Corona
92556 Moreno Valley	92881 Corona
92557 Moreno Valley	92882 Corona
92561 Mountain Center	92883 Corona

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

2. **San Bernardino County Zip Codes**

91701	Rancho Cucamonga	92305	Angelus Oaks
91708	Chino	92307	Apple Valley
91709	Chino Hills	92308	Apple Valley
91710	Chino	92309	Baker
91729	Rancho Cucamonga	92310	Fort Irwin
91730	Rancho Cucamonga	92311	Barstow
91737	Rancho Cucamonga	92312	Barstow
91739	Rancho Cucamonga	92313	Grand Terrace
91743	Guasti	92314	Big Bear City
91758	Ontario	92315	Big Bear City
91759	Mt. Baldy	92316	Bloomington
91761	Ontario	92317	Blue Jay
91762	Ontario	92318	Bryn Mawr
91763	Montclair	92321	Cedar Glen
91764	Ontario	92322	Cedarpines Park
91766	Chino	92324	Colton
91784	Upland	92325	Crestline
91785	Upland	92326	Crest Park
91786	Upland	92327	Daggett
91798	Ontario	92329	Phelan
92252	Joshua Tree	92331	Fontana
92256	Morongo Valley	92333	Fawnskin
92268	Pioneertown	92334	Fontana
92277	Twentynine Palms	92335	Fontana
92278	Twentynine Palms	92336	Fontana
92284	Yucca Valley	92337	Fontana
92285	Landers	92338	Ludlow
92286	Yucca Valley	92339	Forest Falls
92301	Adelanto	92340	Hesperia
92304	Amboy	92341	Green Valley Lake

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

92342	Helendale	92392	Victorville
92344	Hesperia	92393	Victorville
92345	Hesperia	92394	Victorville
92346	Highland	92395	Victorville
92347	Hinkley	92397	Wrightwood
92350	Loma Linda	92398	Yermo
92352	Lake Arrowhead	92399	Yucaipa
92354	Loma Linda	92401	San Bernardino
92356	Lucerne Valley	92402	San Bernardino
92357	Loma Linda	92403	San Bernardino
92358	Lytle Creek	92404	San Bernardino
92359	Mentone	92405	San Bernardino
92365	Newberry Springs	92406	San Bernardino
92368	Oro Grande	92407	San Bernardino
92369	Patton	92408	San Bernardino
92371	Phelan	92410	San Bernardino
92372	Pinon Hills	92411	San Bernardino
92373	Redlands	92412	San Bernardino
92374	Redlands	92413	San Bernardino
92375	Redlands	92414	San Bernardino
92376	Rialto	92415	San Bernardino
92377	Rialto	92418	San Bernardino
92378	Rimforest	92420	San Bernardino
92382	Running Springs	92423	San Bernardino
92385	Skyforest	92424	San Bernardino
92386	Sugarloaf	92427	San Bernardino
92391	Twin Peaks		

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

B. Exclusions

The following listed zip codes are comprised of remote rural and/or mountainous areas where IEHP is not licensed to provide health care service(s) in these areas.

1. **Riverside County Excluded Zip Codes**

   92225   Blythe
   92226   Blythe
   92239   Desert Center/Eagle Mountain

2. **San Bernardino County Excluded Zip Codes**

92242	Big River/Earp	92364	Nipton/Baker
92267	Parker Dam	92366	Mountain Pass
92280	Vidal/Blythe	93558	Red Mountain
92323	Cima	93562	Trona/Argus
92332	Essex	93592	Trona
92363	Needles		

C. To be eligible to enroll in IEHP Programs, Members must reside within the covered zip codes for Riverside or San Bernardino Counties.

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Chief Approval: *Signature on file*	**Original Effective Date:**	July 1, 2013
Chief Title: Chief Operating Officer	**Revision Date:**	January 1, ~~2017~~2023

3.   ENROLLMENT AND ASSIGNMENT

B   Primary Care Provider Assignment

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APPLIES TO:

A.   This policy applies to all IEHP DualChoice ~~Cal MediConnect Plan (Medicare – Medicaid Plan)~~ Members.

POLICY:

A.   Upon their enrollment, IEHP DualChoice, ~~Cal MediConnect Plan (Medicare – Medicaid Plan)~~ Members will have the opportunity to select ~~their~~ any Primary Care Provider (PCP), who has a panel that is open to Member assignment and contracted with IEHP DualChoice. ~~upon enrolling with IEHP.~~

~~A.~~1. If ~~they~~ the Member do~~es~~ not select a PCP, they will be auto assigned a PCP or to a Safety-Net Clinic, as applicable.

B.   ~~Each Member has the right to choose any PCP who has a panel that is open to Member assignment and is contracted to provide services for IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.~~

~~C.~~2. In rural areas where PCP coverage is limited, Members may be assigned to a Nurse Practitioner (NP). NPs in a rural area are approved to act as a PCP.[1] ~~PCP selection is based on Member choice, family relationships, or random assignment utilizing an auto-assignment algorithm.~~

~~D.~~3. ~~IEHP allows~~ Seniors and Persons with Disabilities (SPD) Members ~~to~~ may select a Specialist as their PCP if the Specialist agrees to abide by PCP requirements.[2]

E.   ~~A Member may request to transfer to another PCP or Safety-Net Clinic, as applicable, by calling an IEHP Member Services Representative (MSR) at 1-877-273-IEHP (4347) or online via the IEHP Member web portal, in accordance to Policy 17A1, "Primary Care Provider Transfers - Voluntary."~~

~~F.~~4. ~~IEHP allows~~ Members may be allowed to remain with ~~with an established relationship with~~ their ~~their in-network~~out-of-network PCP ~~Provider to remain with this Provider to avoid care disruption~~under certain circumstances. See Policy 12A5, "Care Management Requirements – Continuity of Care."

G.   ~~IEHP allows the choice of traditional and Safety-Net Providers for Member's PCP selection and has procedures in place for proportionate assignment.~~

H.   ~~IEHP Medi-Cal Members who currently have an assigned Primary Care Provider~~PCP ~~at a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Indian Health Facilities (IHF) will be assigned directly to the clinic, not to an individual Primary Care Provider~~PCP ~~performing services on behalf of the FQHC, RHC or IHF.~~

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[1] Title 42 Code of Federal Regulations (CFR) § 491
[2] California Welfare and Institutions Code (Welf. & Inst. Code), § 14182 (b)(11).

3.   ENROLLMENT AND ASSIGNMENT

B   Primary Care Provider Assignment

PROCEDURES:

A.   ~~IEHP receives eligibility and enrollment data files directly from the Centers for Medicare and Medicaid Services (CMS) containing enrollments, disenrollments, and updated IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Member information.~~

~~B.~~A.   IEHP processes ~~this information~~eligibility and enrollment data received from the Centers for Medicare and Medicaid Services (CMS) and assigns a PCP or to a Safety-Net Clinic, as applicable, to each Member based on the following:

1.   Enrollment Application~~Health Care Options (HCO)~~ – ~~IEHP receives a weekly HCO file from the state which includes the PCP that is chosen by the Member.~~ If a Member does not make a PCP or Medical Group selection during the enrollment process, but the Member was previously associated with IEHP and assigned to a currently active IEHP Medicare-contracted PCP, IEHP will ~~continue~~ keep the assignment.

2.   Member Choice/IEHP Contact – IEHP assigns Members to those PCPs or Safety-Net Clinics, as applicable, that they have requested through contact with an IEHP representative.

3.   Auto-Assignment - Members who have not been assigned to a PCP through either of the above processes are assigned to a PCP or to a Safety-Net Clinic, as applicable, using the IEHP Auto Assignment Process. The Auto Assignment process is a computer-generated program that assigns Members to PCPs or to a Safety-Net Clinic, as applicable, by identifying the best match between a PCP and Member in terms of access and quality. ~~See Policy 3H, "Primary Care Provider Auto-Assignment Process~~."

   a.   ~~residence~~Residence/geography;

   b.   ~~age~~Age;

   c.   ~~gender~~Gender;

   d.   ~~language~~Language;

   e.   ~~enrollment~~Enrollment limits~~;~~ and

   f.   ~~quality~~Quality rating.

4.   Manual Assignment - Eligibility representative selects a Provider for Members using internal system Provider search. This Provider search locates a Provider for the Member based upon the Members' geographical location as well as age and gender.

C.   IEHP Medi-Cal Members who currently have an assigned PCP at a Tribal Federally Qualified Health Center (TFQHC), Rural Health Clinic (RHC) or Indian Health Facilities (IHF) will be assigned directly to the clinic, not to an individual PCP performing services on behalf of the TFQHC, RHC or IHF.

D.   Members ~~can~~ may request to change PCPs or to a Safety-Net Clinic, as applicable, each month. ~~IEHP Members can call IEHP Member Services to facilitate a PCP change~~ either by:

3. ENROLLMENT AND ASSIGNMENT

B   Primary Care Provider Assignment

1. Calling IEHP Member Services Department at (888) 273-IEHP (4347); or

2. Visiting the Member portal on IEHP's website at www.iehp.org. .

C. See Section 17, "Member Transfers and Disenrollment" for more information.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	July 1, 2013
Chief Title: Chief Operating Officer	**Revision Date:**	January 1, 2023

3.   ENROLLMENT AND ASSIGNMENT

C.   Member Identification Cards

APPLIES TO:

A.   This policy applies to all IEHP DualChoice ~~Cal MediConnect Plan (Medicare – Medicaid Plan)~~ Members.

POLICY:

A.   All Members will be mailed an IEHP Identification (ID) Card ~~(ID) or~~ and Evidence of Coverage (EOC) document, no later than the Member's effective date of ~~IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)~~ coverage. ~~When a confirmed enrollment is received less than ten (10) calendar days from the end of the month, and the beneficiary is effective the 1st of the next month, ID cards will be sent within ten (10) calendar days after the receipt of Centers for Medicare and Medicaid Services (CMS) Confirmation of enrollment.[1]~~

PROCEDURES:

A.   IEHP ID Card:

1.   ~~Each Member will be mailed an IEHP Identification (ID) Card no later than the Member's effective date of IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) coverage.~~ The ID ~~card~~ Card contains the Primary Care Provider (PCP) name or Clinic, if applicable, PCP office telephone number, IPA (Medical Group) assigned to the Member, IEHP Member Services telephone number, and 24-Hour Nurse Advice Line telephone number (See Attachment, "IEHP ID Card – DualChoice~~Cal MediConnect~~" in Section 3).

2.   If IEHP is unable to mail the ~~Member~~ ID Card prior to the effective date, it will be mailed within ten (10) calendar days of receiving the ~~CMS~~ confirmation of enrollment from the Centers for Medicare and Medicaid Services (CMS).~~[2]~~[3]

   ~~a.   IEHP will mail the ID Card no later than ten (10) calendar days from receipt of CMS confirmation of enrollment or by the last calendar day of the month prior to the effective date, whichever occurs later.~~

3.   Temporary IEHP ID Card:

   a.   A temporary IEHP ID Card is available for Providers to print through the IEHP website at www.iehp.org.

   b.   Members can access the temporary ID card via the secure Member Portal at www.iehp.org. If the Member presents the temporary ID card via a mobile device such as a tablet or phone, IEHP requests that ~~the temporary ID card viewed through~~

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[1] ~~CY2020 California MMP Marketing Guidance~~

[2] ~~Ibid.~~Medicare Communication and Marketing Guidelines (MCMG)

[3] Medicare-Medicaid Plan Enrollment and Disenrollment Guidance, Section 30.5.2

3. ENROLLMENT AND ASSIGNMENT

C. Member Identification Cards

the mobile device this be acknowledged as valid in compliance with the specifications listed abovebelow.

b.c. Temporary ID Cards are printed with an expiration date of the last day of the current month.

c.d. The IEHP ID card Card does not guarantee eligibility; therefore, it is important that Providers verify eligibility as outlined in Policy MA_4A, "Eligibility Verification."

d.a. Members can access the temporary ID card via the secure Member Portal at www.iehp.org. If the Member presents the temporary ID card via a mobile device such as a tablet or phone, IEHP requests that the temporary ID card viewed through the mobile device be acknowledged as valid in compliance with the specifications listed above.

B. Evidence of Coverage:

1. IEHP is required to provide the Member with a welcome letter and an Evidence of Coverage (EOC)/ Member Handbook within ten (10) calendar days of the confirmed enrollment from CMS. The Provider should verify the eligibility as outlined in Policy 4B2, "Eligibility Verification Methods – Eligibility Verification Options."

C. Medicare Card:

1. In addition to the IEHP ID Card, Medicare Members continue to receive their Medicare card Card issued by the Social Security Administration. The Medicare card Card only contains beneficiary identification information and does not guarantee eligibility.

D. Medi-Cal BIC Card:

1. In addition to the IEHP ID Card, IEHP DualChoice Eligible Members will continue to receive a Benefit Identification Card (BIC) from the State. The BIC only contains beneficiary identification information and does not guarantee eligibility (See Attachment, "BIC Card" in Section 3).

E. Providers are encouraged to verify Member's identification through a secondary means, such as a Driver License or state identification card preferably with both a picture and signature,. when presented with an IEHP ID Card. This should be used as a precautionary measure to protect against fraud and abuse of the Member's ID card. This may include but not be limited to driver's license, state, consular, or municipal identification.

3. ENROLLMENT AND ASSIGNMENT

C. Member Identification Cards

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3.   ENROLLMENT AND ASSIGNMENT

D.   Eligible Members

APPLIES TO:

A.   This policy applies to all IEHP DualChoice ~~Cal MediConnect Plan (Medicare – Medicaid Plan)~~ Members.

POLICY:

A.   The Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) determine Member eligibility based on select criteria.

B.   DHCS determines Medi-Cal Aid Codes for IEHP DualChoice ~~Cal MediConnect Plan (Medicare – Medicaid Plan)~~ Members.

PROCEDURES:

A.   IEHP currently serves Aid Categories and Aid Codes under its IEHP DualChoice ~~Cal MediConnect Plan (Medicare – Medicaid Plan)~~ contract with the State under the Two Plan ~~and Coordinated Care Initiative (CCI)~~ Model. Please refer to the DHCS website for the most current Aid Code Chart: http://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx > Resources & Information > Aid Code Chart (PDF).

B.   Recipients have both Medicare Part A and Part B.

~~C.~~ Under ~~the CCI Duals program~~IEHP DualChoice, Medi-Cal beneficiaries may be eligible for ~~Long~~Long-Term Services and Supports (LTSS) benefits~~, such as~~:

   ~~1.   Community-Based Adult Services (CBAS) – eligibility to this benefit is determined by IEHP;~~

~~2.~~C.~~Long Term Care (LTC)/Skilled Nursing Facility (SNF) – eligibility to the benefit is determined by the county.~~. Please see Section 12, "Coordination of Care" for benefit and program eligibility information.

D.   Recipients assigned an Aid Code or Aid Category not listed on the DHCS Aid Code Chart under the ~~Two~~ Two-Plan Model remain under the State's fee-for-service system and cannot select IEHP as their health plan.

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3.   ENROLLMENT AND ASSIGNMENT

E.   Post Enrollment Kit

APPLIES TO:

A.   This policy applies to all IEHP DualChoice ~~Cal MediConnect Plan (CMC) (Medicare Medicaid Plan)~~ Members.

POLICY:

A.   All IEHP DualChoice Members receive a Post Enrollment Kit (i.e., Welcome Kit).

PROCEDURES:

A.   Post-Enrollment Member materials include all notification forms and letters, as well as, sections of newsletters that are used to enroll, disenroll, and communicate with Members on many different membership operational policies, rules and procedures. Post Enrollment Member materials include, but are not limited to: [1],[2]

   1.   Mailing Envelope;

   2.   Welcome Letter;

   3.   Health Risk Assessment (HRA) Letter

   4.   Member Handbook;

   5.   Formulary and Provider Directory Access Letter: Centers for Medicare and Medicaid Services (CMS) approved notice of online availability of Formulary and Provider Directory instead of providing a hard copy;

   6.   Getting Needed Care Magnet;

   7.   Privacy Notice;

   8.   IEHP DualChoice~~CMC~~ Phone Number Magnet;

   9.   Non-Discrimination Taglines; ~~and~~

   10. Others such as: Health Education materials, Medication Therapy Management Program (MTMP) materials, mail service forms for Part D drugs, etc.; and

   11. I.D. Card (Mailed Separately).

B.   If an enrollee requests any of these documents in hardcopy, the Plan/Part D sponsor will mail the hard copy within three (3) business days of the request.[3]

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[1] ~~Medicare Managed Care Manual, "~~Medicare Communications and Marketing Guidelines (MCMG)", ~~42 CFR §§ 422.2267, 423.2267)Section 100~~
[2] Title 42 Code of Federal Regulations (CFR) § 422.2267- 423.2267
[3] ~~Ibid.~~42 CFR § 422.2267 (d) (2)

3. ENROLLMENT AND ASSIGNMENT

E. Post Enrollment Kit

C. Enrollees who choose to enroll into IEHP DualChoice will be sent the materials listed above no later than ten (10) calendar days from receipt of CMS confirmation of enrollment or by the last day of the month prior to the effective date, whichever occurs later.[4],[5]

D. For late month enrollment transactions (those for which CMS confirmation of enrollment is received less than ten (10) calendar days before the end of the month prior to the effective date), these materials below must be sent no later than ten (10) calendar days from receipt of CMS confirmation of enrollment. We will refer to the date of the Transaction Reply Report (TRR) that has the notification to identify the start of the ten (10) calendar day timeframe.

   1. Member Handbook;

   2. Formulary and Provider Directory Access Letter; and

   3. IEHP Member Identification Card.

E. All appropriate disclaimers must be on all materials listed above.

F. All materials that are included in the Post-Enrollment Kit must be approved by CMS and the State prior to distribution.[6]

G. All materials will be translated into the Plan's threshold languages, which areis Spanish, Chinese, and Vietnamese.

H. All materials will be made available, upon request, in alternate formats including, but not limited to, large print, Braille, and Audio.

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[4] Medicare Managed Care Manual, "Medicare-Medicaid Plan Enrollment and Disenrollment Guidance", Section 30.5.2
[5] Title 42 Code of Federal Regulations (CFR) § 423.2267 (e)(1)
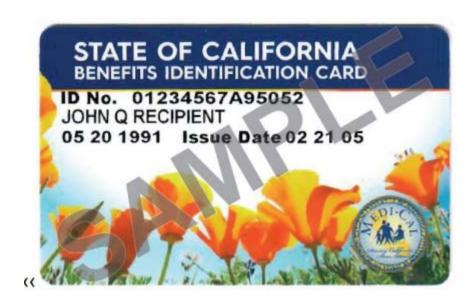[6] 42 CFR § 422.2261 – 423.2261

3. ENROLLMENT AND ASSIGNMENT

E. Post Enrollment Kit

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3. ENROLLMENT AND ASSIGNMENT

Attachments

DESCRIPTION	POLICY CROSS REFERENCE
BIC Card	3C
IEHP ID Card – IEHP DualChoice	3C

IE♥HP

INLAND EMPIRE HEALTH PLAN

Plastic Benefits
Identification Card (BIC)

STATE OF CALIFORNIA
BENEFITS IDENTIFICATION CARD

ID No.   01234567A95052
JOHN Q RECIPIENT
05 20 1991   Issue Date 02 21 05

SAMPLE

MEDI-CAL

SIGNATURE

This card is for identification ONLY. It does not guarantee eligibility. Carry this card with you to your medical provider. DO NOT THROW AWAY THIS CARD. Misuse of this card is unlawful.

IEHP DualChoice
Cal MediConnect Plan (Medicare-Medicaid Plan)

Member Name: Jane Doe

Member ID: 20200299999900

PCP Name: Joan Provider
Medical Group: A Medical Group

CMS Contract: H5355   Plan Benefit Package: 001

MedicareRx
Prescription Drug Coverage
RxBIN: 012353
RxPCN: 04110000
RxGRP: CMCMD

X55165080044?

Notice to Members In case of an Emergency, go to the nearest Emergency Room (ER). Plan covers ER services in U.S. only.

Aviso para los Miembros En caso de emergencia, acuda a la Sala de Emergencias más cercana. El plan cubra los servicios de Sala de Emergencias solamente en los EE. UU.

Member Services: 1-877-273-IEHP (4347) or TTY 1-800-718-4347, 8am-8pm PST, 7 days a week, including holidays.

Servicios para Miembro: 1-877-273-IEHP (4347) o TTY 1-800-718-4347, de 8am-8pm PST (Hora del Pacífico), los 7 días de la semana, incluidos días festivos.

Nurse Advice Line/Línea de Consejos de Enformería: 1-888-244-IEHP (4347) or TTY 1-866-577-8355.

Denti-Cal: 1-800-322-6384 or TTY 1-800-735-2922

PCP Phone: (909)804-8283

Website: www.iehp.org

Send claims to: IEHP, P.O. Box 4259, Rancho Cucamonga, CA 91729-4259