3. ENROLLMENT AND ASSIGNMENT

A. Enrollment and Eligibility

APPLIES TO:

A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

A. ~~Department of Health Care Services (DHCS)~~ Health Care Options (HCO) of the Department of Health Care Services (DHCS)~~Unit~~ is responsible for enrolling and disenrolling Medi-Cal Members into IEHP.[1]

PROCEDURES:

~~A. Medi-Cal Members Only:~~

A. A Medi-Cal recipient wishing to join IEHP completes a Plan Choice Form, ~~which is then~~and submits this ~~submitted~~ to DHCS/HCO for processing.

B. Eligible Medi-Cal recipients are enrolled into IEHP through the DHCS enrollment contractor (Maximus) and the DHCS HCO unit. IEHP will receive eligibility files from DHCS/HCO that list IEHP Members.

C. HCO staff is located throughout Riverside and San Bernardino Counties at ~~the~~ major County Department of Public Social Services (DPSS) sites. An HCO ~~Representative~~ representative is available to explain Medi-Cal benefit and options to Medi-Cal recipients at these locations. ~~at these locations to explain to Medi-Cal recipients their various options for health care benefits.~~

D. HCO is the only entity that determines the enrollment and disenrollment of Medi-Cal recipients under the Two-Plan model. Enrollment forms are available through HCO (physical locations at select Medi-Cal offices or on the HCO website https://www.healthcareoptions.dhcs.ca.gov/download-forms) and may not be copied for use in a Provider's office. The Enrollment form varies for each county.

E. When requested, IEHP Enrollment Advisors will help eligible Medi-Cal recipients understand plan benefits and provide reasonable accommodations in assisting the completion of their Plan Choice Form online.

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Chief Title: Chief Operating Officer		**Revision Date:**	January 1, 2023~~2~~

[1] Department of Healthcare Services (DHCS) IEHP Two-Plan Contract, 01/10/20 (Final Rule A27), Exhibit E, Attachment 3, Provision 3, Enrollment Processing by DHCS & Provision 4, Disenrollment Processing

3. ENROLLMENT AND ASSIGNMENT

B. Medi-Cal Enrollment Process

APPLIES TO:

A. This policy applies to IEHP Medi-Cal Members.

POLICY:

A. Health Care Options (HCO) of the Department of Health Care Services (DHCS) is responsible for enrolling Medi-Cal Members into managed care plans.[1]

PROCEDURES:

A. After the county Medi-Cal offices approves the Medi-Cal application, HCO/Maximus mails a managed care plan welcome packet to new Medi-Cal recipients.

B. The managed care plan welcome packet contains, among other information, a Medi-Cal Plan Choice Form (See Attachments, "Plan Choice Form – San Bernardino – English/Spanish – Medi-Cal" and "Plan Choice Form – Riverside – English/Spanish – Medi-Cal" in Section 3) and IEHP's and Molina's Provider & Pharmacies Directory insert. The Plan Choice Form varies by county and ~~there~~ is available ~~an~~ in English and Spanish~~ version for each county~~. ~~The~~ Medi-Cal recipients can choose their health plan and their Primary Care Provider in this Plan Choice Form.

C. Medi-Cal recipients must complete and return the signed Plan Choice Form to HCO. The recipient has thirty to forty~~ five~~ (30-~~45~~40) calendar days to select a ~~Health~~ health ~~Plan~~plan.[2] Any recipient that does not return~~ing~~ a signed Plan Choice form will be assigned by DHCS/HCO to a Medi-Cal Health Plan based on ~~a complex Default~~their formula that is updated annually.

D. Fifteen (15) days prior to the month of eligibility, the Medi-Cal recipient is sent a confirmation letter informing the recipient that DHCS/HCO has accepted their selection of a Health Plan or that they have been assigned to a Health Plan.

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[1] Department of Healthcare Services (DHCS) IEHP Two-Plan Contract, 01/10/20 (Final Rule A27), Exhibit E, Attachment 3, Provision 3, Enrollment Processing by DHCS ~~& Provision 4, Disenrollment Processing~~

[2] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 13, Provision 7, Primary Care Provider Assignment

3. ENROLLMENT AND ASSIGNMENT

C. Eligible Members

APPLIES TO:

~~A.~~ This policy applies to all IEHP Medi-Cal Members.

A.

POLICY:

A. The Department of Health Care Services (DHCS) determines Member eligibility based on select criteria.

B. DHCS determines aid codes for Medi-Cal Members, along with which aid codes are eligible for Medi-Cal Managed Care.

PROCEDURES:

A. IEHP currently serves Aid Categories and Aid Codes under its Medi-Cal 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. Medi-Cal Newborns

   1. Newborns are covered at the time of birth and are paid under the mother's Medi-Cal eligibility for the month of birth and the following month[1], regardless of the eligibility status on the State Automated Eligibility and Verification System (AEVS). Once the newborn has their own active Member number they are no longer covered under the mother.

   2. IEHP strongly encourages ~~practitioners~~ Providers to assist parents in applying for Medi-Cal benefits for the newborn by initiating the enrollment process.

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

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~~[1] Affordable Care Act, Essential Health Benefits, Pregnancy, maternity, and newborn~~

3. ENROLLMENT AND ASSIGNMENT

D. IEHP Service Area

APPLIES TO:

A. This policy applies to all Medi-Cal IEHP Members.

POLICY:

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

PROCEDURES:

A. IEHP Service Areas

IEHP is licensed to serve Medi-Cal Managed Care Members for zip codes within Riverside and San Bernardino counties.

B. To be eligible to enroll in IEHP, Medi-Cal recipients must reside within ~~the covered zip codes for~~ Riverside or San Bernardino County and meet the Medi-Cal Program eligibility requirements.

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3. ENROLLMENT AND ASSIGNMENT

E. Primary Care Provider Assignment

APPLIES TO:

A. This policy applies to all IEHP Medi-Cal Members~~; including Seniors and People with Disabilities (SPD) and those who are eligible for Community Based Adult Services (CBAS)~~.

POLICY:

A. Upon their enrollment, IEHP Medi-Cal 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 Medi-Cal. ~~upon enrolling with IEHP.~~

~~A. Members enrolled with IEHP will be assigned directly to a Primary Care Provider (PCP) or to a Safety-Net Clinic, as applicable, and Hospital by the first day of becoming eligible based on Member choice.~~

~~B.~~ If the Member does not select a PCP, they will be auto-assigned a PCP or to a Safety-Net Clinic, as applicable. ~~IEHP shall provide each new Member an opportunity to select a PCP.~~

~~C. IEHP will assign a PCP to all Medi-Cal Members and beneficiaries who do not choose a PCP by using family relationships or random assignment through an auto-assignment algorithm.~~

1.

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

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

4. ~~IEHP allows~~ Members ~~with~~may be allowed ~~an established relationship with their in-network~~to remain with their out-of-network PCP under certain circumstances~~Provider to remain with this Provider to avoid care disruption~~. See Policy 12A2, "Care Management Requirements – Continuity of Care."

~~F. Each Medi-Cal Member may request to transfer or be assigned to another PCP or Safety-Net Clinic, as applicable, by calling an IEHP Member Services Representative (MSR) at (800) 440-4347 or online via the IEHP Member web portal, in accordance to Policy 17A1, "Primary Care Provider Transfers - Voluntary."~~

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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] Department of Health Care Services (DHCS)-IEHP Two-Plan Contract, 1/20/20 (Final Rule A27), Exhibit A, Attachment 13, Provision 7, Primary Care Provider Assignment

~~G.~~A. ~~IEHP allows Members with an established relationship with their in-network Provider to remain with this Provider to avoid care disruption.~~

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

~~I. IEHP Medi-Cal Member who currently have an assigned Primary Care ProviderPCP 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 any individual Primary Care ProviderPCP performing services on behalf of the FQHC, RHC or IHF.~~

PROCEDURES:

~~A. IEHP receives data files directly from the designated enrollment contractor, which controls enrollment and demographic information. On a monthly and daily basis, IEHP receives an eligibility file from the Department of Health Care Services (DHCS) containing newly enrolled and updated IEHP Medi-Cal Member information.~~

~~B.~~A. IEHP processes ~~this information~~eligibility and enrollment data received from the Department of Health Care Services (DHCS) and assigns a PCP or to a Safety-Net Clinic, as applicable, to each Member based on the following:

1. Member Choice/Enrollment Forms - IEHP assigns Members to those PCPs that Members have selected as reported by the designated enrollment contractor.

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.

    a. IEHP shall provide each new Member an opportunity to select a PCP or Safety-Net Clinic, as applicable, within the first thirty (30) calendar days of enrollment.

3. Family Links - For Members received from the enrollment contractor that have not selected a PCP, the IEHP data system looks to see if any family member of the Member is currently assigned to a PCP. If a relationship is identified, the IEHP data system assigns the new Member to the same PCP as the family member(s) provided the specialty type is appropriate to the age and gender of the Member.

4. Auto Assignment - Members who have not been assigned a PCP through the above mechanism are assigned a PCP or Safety-Net Clinics, as applicable, using the IEHP auto assignment process. The auto assignment process is a computer-generated program that assigns Members to PCPs or Safety-Net Clinics, 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/Geography;

    b. Age;

    c. Gender;

d. Language;

e. Enrollment Limits; Andand

f. Quality Rating.

5. 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.

B. IEHP Medi-Cal Member 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 any individual PCP performing services on behalf of the TFQHC, RHC or IHF.

C. Members can may request to change PCPs or Safety-Net Clinic, as applicable, each month either by:.

1. IEHP Members can call IEHP Member Services to facilitate a PCP change.Calling IEHP Member Services Department at (800) 440-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.

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3. ENROLLMENT AND ASSIGNMENT

F. Member Identification Cards

APPLIES TO:

A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

A. All Members will be mailed an IEHP identification card (ID) upon ~~within seven (7) calendar days from~~ receipt of confirmation of enrollment or the effective date of coverage.~~.~~

PROCEDURES:

A. IEHP ID Card:

1. ~~Each Member receives an IEHP identification (ID) card within seven (7) calendar days of the effective date of coverage.~~ The card contains the Member Name, Member ID number, PCP effective date, Primary Care Provider (PCP) name or Clinic if applicable, ~~PCP effective date~~, PCP office telephone number, IPA (Medical Group) assigned to the Member, Hospital assigned to Member, unique Doctor number assigned to PCP, general co-payment information, IEHP Member Services telephone number, and 24-Hour Nurse Advice Line telephone number.[1]~~;~~ (See Attachment, "IEHP ID Card – Medi-Cal" in Section 3).

   a. IEHP Member Identification Cards have a yellow banner.

   b. Medi-Cal Open Access Identification Cards have "Open Access" listed as their PCP Name and Hospital.

   c. IEHP Medicare-Medi-Cal Identification Cards are titled "Medi-Cal/Medicare."

2. Each Member receives an IEHP identification (ID) card within seven (7) calendar days of the effective date of coverage.[2]

~~2.~~3. The IEHP ID card does not guarantee eligibility; therefore, it is important that Providers verify eligibility as outlined in Policy 4B1, "Eligibility Verification Methods - Eligibility Files."

~~3.~~B. Temporary IEHP ID Card:

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

2. 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~~

[1] Health and Safety Code § 1367.29

[2] Department of Health Care Services (DHCS)-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 13, Provision 4, Written Member Information

~~device~~this be acknowledged as valid in compliance with the specifications listed ~~above~~below.

~~2.~~3. Temporary IEHP ID Cards are printed with an expiration date of the last day of the current month.

~~3.~~4. The IEHP ID card does not guarantee eligibility; therefore, it is important that Providers verify eligibility each time Member seeks services as outlined in Policy 4B2, "Eligibility Verification Methods – Eligibility Verification Options."

~~4.~~1. ~~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.~~C. Medi-Cal Benefits Identification Card (BIC) ~~Card~~:

1. In addition to the IEHP ID Card, Medi-Cal Members continue to receive a Benefit Identification Card (BIC) from the State. The BIC only contains beneficiary identification information and does not guarantee eligibility[3] (See Attachment, "BIC Card" in Section 3). Members should carry both IEHP and Medi-Cal ID cards.

~~C.~~D. Providers are encouraged to verify Member's identification through a secondary means, preferably ~~such as, a Driver License or state identification card~~ 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] Medi-Cal Provider Manual, Part 1 – Automated Eligibility Verification System (AEVS): General Instructions

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3. ENROLLMENT AND ASSIGNMENT

G. Post Enrollment Kit

APPLIES TO:

A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

A. All Medi-Cal Members receive a Post Enrollment Kit.

PROCEDURES:

A. Post-enrollment materials are sent to new IEHP Members or reinstated Members within seven (7) calendar days of their effective date with IEHP.[1]

B. Post-enrollment kits are mailed monthly and/or daily to Members following enrollment confirmation via the State eligibility files.

C. The materials included in the Post-enrollment kits are:

Contents	Medi-Cal	Open Access	Seniors and Persons with Disabilities
Welcome to IEHP Letter/EOC Access Notice	✔	✔	✔
IEHP MC Member Handbook Summary Guide	✔	✔	✔
Health Information Form (HIF/MET)	✔	✔	✔
Getting Needed Care ~~After Hours~~ Magnet	✔	✔	✔
~~Getting Care After Hours Brochure~~	~~✔~~	~~✔~~	~~✔~~
Non-Discrimination Taglines	✔	✔	✔
Privacy Notice	✔	✔	✔
Texting Opt-In/Connect IE ~~Flyer~~/ Behavioral Health Intro Flyer	✔	✔	✔
~~Behavioral Health Intro Flyer~~	~~✔~~	~~✔~~	~~✔~~
Provider and Pharmacy Directory			✔

[1] Department of Health Care Services (DHCS) – IEHP Two-Plan Contract, 01/10/20 (Final Rule A27), Exhibit A, Attachment 13, Provision 4, Written Member Information

D. ~~Kaiser members are excluded from the kits listed above and~~ Members assigned to Kaiser receive a kit directly from Kaiser~~.~~; therefore, excluded from the above.

E. All materials included in the Post-enrollment kits do not have any statements that may demonstrate enrollment is necessary to obtain or avoid losing Medi-Cal eligibility.[2]

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[2] DHCS-IEHP Two-Plan Contract, 01/10/20 (Final Rule A27), Exhibit A, Attachment 15, Provision 3, Marketing Plan

3. ENROLLMENT AND ASSIGNMENT

H. Primary Care Provider Auto-Assignment Process

APPLIES TO:

A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

A. IEHP will assign a Primary Care Provider (PCP) to all Medi-Cal Members and beneficiaries who do not choose a PCP by using an auto-assignment algorithm.

PURPOSE:

A. The intent of the algorithm or logic for PCP auto-assignment is to identify the best match between a PCP and a Member in terms of demographics, access, and quality.

DEFINITIONS:

A. Safety-Net Clinic – any Provider of comprehensive primary care or acute hospital inpatient services that provides these services to a significant total number of Medi-Cal and charity and/or medically indigent patients in relation to the total number of patients served by the Provider. Examples of Safety-Net Providers include Federally Qualified Health Centers; governmentally operated health systems; community health centers; Rural and American Indian Health Service Programs; disproportionate share hospitals; and public, university, rural, and children's hospitals.[1]

PROCEDURES:

A. IEHP shall provide each new Member an opportunity to select a PCP or Safety-Net Clinic, as applicable, within the first thirty (30) calendar days of enrollment (See policy 03E, "Primary Care Provider Assignment~~.~~"). Members who have not chosen a PCP, are auto-assigned to a PCP. ~~See policy 03E, "Primary Care Provider Assignment."~~

B. The following steps will be followed to auto-assign Members to available PCPs in the network.

   1. **Provider Exclusions**: The auto-assignment algorithm will review PCPs available for Member assignment and determine if any are ineligible to receive auto-assignment. The following factors will exclude a PCP from auto-assignment:

      a. The PCP's primary specialty is General Practice.

      b. The PCP has reached their assignment capacity. The PCP's membership limit is the maximum number of Members a PCP can be assigned to ensure they can provide

[1] Department of Health Care Services (DHCS)-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit E, Attachment 1, Definitions

adequate and continuous access to care. See policy 18A2, “Primary Care Provider – Enrollment Capacity.”

c. The PCP has a practicing restriction issued by the Medical Board of California. The practicing restriction does not result in a loss of license but indicates a serious violation, that restricts the Provider from auto-assignment. Practicing restrictions are discussed and reviewed in either Credentialing Subcommittee or Peer Review Subcommittee and then updated by Credentialing to reflect in IEHP’s systems. PCPs concerned that they may have a practicing restriction may contact their Provider Services Representative (PSR) to inquire.

d. The PCP is on a one (1) year credentialing cycle. The committee did not deny participation in the Network but has elected to review the PCP again in one (1) year rather than the standard three (3) year cycle.

e. The PCP has a low-quality rating. A low-quality rating is defined as a Global Quality Pay-for-Performance (GQP4P) ~~P4P Quality~~ quality score that falls below the 25th percentile of the IEHP Network. The quality rating score is based on the most recent GQP4P ~~lobal Quality (GQ) P4P~~ Final Score available for Providers. All Final GQ P4P scores for the IEHP Network are tabulated and percentile cut points are defined. Any Provider with a GQ~~-~~P4P Final score that falls below the 25th percentile will be excluded from the auto-assignment process. Updates to this score will occur annually, as new final quality scores are available.

f. The PCP has a future termination date with the network. A PCP must have an active PCP affiliation line without a planned termination date to receive new Members through the auto-assignment process. PCPs who have already notified IEHP of a future change (relocating, IPA and/or Hospital change, or terminating the IEHP PCP network) will have a panel status reflecting the future change and will be excluded from the auto-assignment process and the impacted panel will not receive auto-assignment until after the future change, as applicable

2. **Provider “Must Match” Attributes:** Once PCPs who are ineligible to receive auto-assignment have been removed from the pool of eligible PCPs, the following conditions must be met in order for a PCP to be eligible for selection to match to a Member in the auto-assignment algorithm:

a. The PCP’s panel status allows for auto-assignment. The PCP must have a panel status of Open or Limited: Non-Standard Age Limit for Specialty in IEHP’s system. PCPs can confirm with their ~~Provider Services Representative~~PSR or IPA if their panel status reflects one of the ~~aforementioned~~ statuses.

b. The PCP must have an active PCP affiliation with the same line of business as the Member. For Open Access Members, the PCP must also have a separate active affiliation for the Open Access program.

c. The PCP must have an active PCP affiliation with an effective date on or before the Member's effective date.

d. For a PCP with a primary specialty of OB/GYN, only female Members identified as female in IEHP's system age 14 and older will be eligible to be auto assigned to this type of PCP; male Members or Members under 14 years old will not be auto assigned to these PCPs.

e. The PCP must have an office within ten (10) miles or thirty (30) minutes travel time from the Member's home to be assigned as the Member's PCP.[2]~~;~~ See Policy 9A, – "Access Standards."

f. At least 50% of auto-assigned Medi-Cal Expansion (MCE – L1, M1, 7U) Members must be assigned to the county health system clinics, if there is a county PCP who is meeting all other "Must Match" filters. This condition applies to MCE Members only.[3]

3. **Provider Weighting:** Providers that are eligible to receive auto-assignment and meet the "Must Match" filters will create a pool of available PCPs to whom the Member may be assigned. This pool of PCPs will be further assessed against a series of quality attributes with associated "weights."~~.~~ The following attributes are listed in descending order according to their weight value. The attributes with the greater weight values are at the top of the list. The attributes will be used to determine the "best matched" PCP for the Member.

   a. Quality Rating - The quality rating is an annually updated score based on the PCP's ~~Global Quality Pay for Performance (~~GQP4P) performance and percentile ranking within the IEHP PCP network. For Clinics receiving Membership assignment, the quality rating is assigned to the clinic level instead of at the individual PCP level within the clinic but reflects the cumulative quality rating of the PCPs practicing at the clinic. PCPs who do not receive a quality rating during the annual update receive a comparable rating value in lieu of a quality rating. The ratings are published and shared with PCPs in June of each year, based on the final ~~Global Quality~~ GQP4P annual report. The Groups listed below are the quality rating weighted groups listed in descending order:

      1) Quality 75th – PCPs with a GQ~~-~~P4P quality score that falls at or above the 75th Percentile (i.e., ≥75th Percentile). This group would receive the highest quality "weight".

      2) Quality "NA" – PCPs who were not issued a GQ-P4P quality score due to length of time in IEHP's Network (Providers who were recently credentialed in IEHP's network (less than twelve (12) months prior) or not meeting minimum

[2] Department of Health Care Services (DHCS) All Plan Letter (APL) 21-006 (Supersedes APL 20-003), "Network Certification Requirements"
[3] Assembly Bill 85 (Chapter 24, Statutes of 2013)

Membership assignment requirements (PCPs with less than two hundred (200) Members assigned at the beginning of a calendar year do not meet the requirements to participate in ~~Global Quality~~ GQP4P that calendar year)

3) Quality 50th – PCPs with a GQ~~-~~P4P quality score that falls between the 75th Percentile and the 50th Percentile (i.e., <75th Percentile and ≥50th Percentile).

4) Quality 25th – PCPs with a GQ~~-~~P4P quality score that falls between the 50th Percentile and the 25th Percentile (i.e., <50th Percentile and ≥25th Percentile).

5) Quality <25th - PCPs with a GQ~~-~~P4P quality score that falls below the 25th Percentile (i.e., <25th Percentile). PCPs in this group are excluded from auto-assignment.

b. Facility Site Review (FSR) and Medical Record Review (MRR) - A PCP whose most recent office site audit has a score of 90% or higher for both the FSR and the MRR. The FSR and MRR~~-~~ are conducted utilizing State-mandated audit tools and are in place to ensure Provider offices maintain standards for physical accessibility, safety, and medical record keeping.

c. Family Link – Connected to a PCP who is already assigned as the PCP to other individuals within the Member's family (identified through a Family Link).

~~d. Provider Language Match (threshold languages) – The designated threshold languages for San Bernardino and Riverside County are English and Spanish.~~

~~1) Higher weights are attributed when the threshold language audit is passed by a PCP site, and the PCP or the PCP's clinical office staff speaks a threshold language that is the Member's preferred language.~~

~~2) Weights are also attributed when the threshold language audit is passed by a PCP site, but only the PCP's non-clinical office staff speaks a threshold language that is the Member's preferred language.~~

~~e.~~d. Provider Language Match ~~(non-threshold languages) – any language other than the designated threshold languages for San Bernardino and Riverside County; English and Spanish.~~

1) Higher weights are attributed to PCPs where the PCP or the PCP's clinical office staff speaks a ~~non-threshold~~ language that is the Member's preferred language.

2) Weights are also attributed when the PCP's non-clinical office staff, but not the clinical staff or PCP, speaks a ~~non-threshold~~ language that is the Member's preferred language.

~~f.~~e. Indian Health Facility (IHF) or Tribal Federally Qualified Health Center (TFQHC) – A higher weighting is attributed to clinics classified as an ~~Indian Health Facility~~IHF or TFQHC when a Member is identified with the race/ethnicity of American Indian or Alaskan Native in the DHCS 834 eligibility file.

g.f. Board Certification - Board certification indicates advanced training that is specialty specific. A higher weighting is attributed to a PCP with a board-certified primary specialty and where the board-certification is effective (either lifetime or non-expired). For Clinics receiving Membership assignment, a higher weighting is attributed if the Clinic has affiliated PCPs with a board-certified primary specialty and where the board-certification is effective (either lifetime or non-expired).

h.g. Electronic Medical Record (EMR) System - A PCP who uses ~~an electronic medical record system in their office. Utilizing~~ an EMR system has the potential to identify care gaps, improve the quality of care received by the Members, provide Members with easier access to their personal medical information and as a result, improve Member satisfaction. This information is self-reported during the bi-annual Provider Directory verification and can be updated by the PCP at any time by reporting an EMR update or change to their PSR. IEHP reserves the right to further verify the information by other methods as determined necessary to ensure its accuracy and validity.

i.h. Walk-in Appointments - A PCP office that will see Members on a walk-in basis and does not require appointments for any types of visits, including physicals and sick visits. This information is self-reported during the bi-annual Provider Directory verification but can be updated by the PCP at any time by notifying their PSR. IEHP reserves the right to further verify the information by other methods as determined necessary to ensure its accuracy and validity.

j.i. Extended Hours - A PCP office that is open to Members at a time other than regular business hours Monday-Friday 8am to 5pm; the office must be open any weekday before 8am and/or after 5pm and/or on the weekends. This information is self-reported during the bi-annual Provider Directory verification but can be updated by the PCP at any time by notifying their PSR. IEHP reserves the right to further verify the information by other methods as determined necessary to ensure its accuracy and validity.

k.j. Distance - Distance from the PCP's office to the Member's home. A PCP located closer to the Member is weighted higher than a PCP who is further away.

C. The following elements do not influence the auto-assignment algorithm:

1. Current Membership - The total Members assigned to a PCP or Clinic (only for Clinics receiving Membership assignment) does not add any additional priority selection or additional weighting to Member selection.

~~2. The PCP's IPA - The PCP's affiliation with a specific IPA – Delegated or IEHP Direct – does not add any additional priority selection or additional weighting to Member selection.~~

~~3.~~2. Type or Brand of Electronic Medical Record (EMR) – The type or brand of EMR utilized by the PCP does not add any additional priority selection or additional weighting to Member selection.

INLAND EMPIRE HEALTH PLAN			
Chief Approval: *Signature on file*	**Original Effective Date:**	August 1, 2020
Chief Title: Chief Operating Officer	**Revision Date:**	January 1, ~~2022~~2023

3. ENROLLMENT AND ASSIGNMENT

Attachments

DESCRIPTION	POLICY CROSS REFERENCE
BIC Card	3F
Plan Choice Form – Riverside – English – Medi-Cal	3B
Plan Choice Form – Riverside – Spanish – Medi-Cal	3B
Plan Choice Form – SB – English – Medi-Cal	3B
Plan Choice Form – SB – Spanish – Medi-Cal	3B
IEHP ID Card - Medi-Cal	3F

MEDI-CAL CHOICE FORM

Use this form to join or change health plans. If you need help filling out this form, call 1-800-430-4263.

Mail Completed form to: California Department of Health Care Services • Health Care Options • Box 989009, W. Sacramento, CA 95798-9850.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS ⬬ TO INDICATE YOUR CHOICE. SEE BACK FOR EXAMPLE

1) Head of Household Name (First Name, Last Name)

2) Sex ◯ M ◯ F

3) Telephone Number

4) Home Address (House Number, Street, Apartment Number, City, and Zip Code)

Please choose a Health Plan from the list for each member listed. The Doctor/Clinic Codes can be found in the Health Plan Provider Directory.

5) Applicant's Name (First Name, Last Name)

6) Sex ◯ M ◯ F

6a) Due Date (if pregnant)

6b) Social Security Number

HEALTH PLANS

◯ ***I wish to JOIN or change my plan to:***

◯ 305 Inland Empire Health Plan

◯ 355 Molina Healthcare Partner

◯ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

◯ KA ◯ HN

Enter plan change reason code*.

5) Applicant's Name (First Name, Last Name)

6) Sex ◯ M ◯ F

6a) Due Date (if pregnant)

6b) Social Security Number

HEALTH PLANS

◯ ***I wish to JOIN or change my plan to:***

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◯ 355 Molina Healthcare Partner

◯ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

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5) Applicant's Name (First Name, Last Name)

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6a) Due Date (if pregnant)

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HEALTH PLANS

◯ ***I wish to JOIN or change my plan to:***

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◯ 355 Molina Healthcare Partner

◯ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

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INTERNAL USE ONLY

*** PLAN CHANGE REASON CODES:**

Code 1: I could not choose the doctor or dentist I wanted
Code 2: The health/dental plan did not meet my needs
Code 3: My doctor/dentist did not meet my needs
Code 4: Too far to go
Code 5 : I did not choose this plan
Code 6: Moving out of the county
Code 7: Indian Health Program Exemption
Code 8: Medical/Dental Exemption
Code 9: Other

NOTICE: I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of any issue, which is subject to the State hearing process.

CHOICE STATEMENT: I/We have made written choice to receive Medi-Cal benefits through the medical plans as I/we have indicated on this form. I/We have read and understand the conditions of this agreement. I/We understand that in order to change my/our current Medi-Cal Health plan, I/we must complete this form.

Head of Household's Signature   Date

Other Adult's Signature   Date

Other Adult's Signature   Date

7254061943

Highly Confidential

RS_0MM3452_ENG_0707

Please use the following example when you fill in the form:

PLEASE PRINT IN CAPITAL LETTERS ONLY.

1	2	3	4	5	6	7	8	9	0	,	A	B	C	D	E	F	G	H
I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	-

PLAN PARTNER INFORMATION FOR:

305 Inland Empire Health Plan

KA KP Cal, LLC

355 Molina Healthcare Partner

HN Health Net Comm Solutions

PRIVACY STATEMENT

The Department of Health Care Services will keep the information you provide. It is used only to enroll and/or disenroll people that are eligible for Medi-Cal managed care. The laws that allow this are in the Welfare and Institutions Code, Sections 14016.5, 14016.6, 14087.305, 14087.31, 14087.35, 14087.36, 14087.38, 14087.96, 14088, 14089, 14089.5, and 14631, and California Code of Regulations, Section 51085.5. If any information asked for on the choice form is missing, then someone on the form may not be able to join a health plan, get out of a plan, or choose the plan he or she wants.

Only other government agencies that relate to the Medi-Cal program can see the information you provide. The persons listed on the form can look at the files that Medi-Cal keeps on them. However, any information that is being used in an investigation or lawsuit cannot be seen. If you want to see your Medi-Cal file, contact the Department of Health Care Services at the address on the other side of this form.

MEDI-CAL CHOICE FORM

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1) Head of Household Name (First Name, Last Name)

2) Sex ◯ **M** ◯ **F**

3) Telephone Number

4) Home Address (House Number, Street, Apartment Number, City, and Zip Code)

Please choose a Health Plan from the list for each member listed. The Doctor/Clinic Codes can be found in the Health Plan Provider Directory.

5) Applicant's Name (First Name, Last Name)

6) Sex ◯ **M** ◯ **F**

6a) Due Date (if pregnant)

6b) Social Security Number

HEALTH PLANS

◯ ***I wish to JOIN or change my plan to:***

◯ 306 Inland Empire Health Plan

◯ 356 Molina Healthcare Partner

◯ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

◯ KA ◯ HN

Enter plan change reason code*.

5) Applicant's Name (First Name, Last Name)

6) Sex ◯ **M** ◯ **F**

6a) Due Date (if pregnant)

6b) Social Security Number

HEALTH PLANS

◯ ***I wish to JOIN or change my plan to:***

◯ 306 Inland Empire Health Plan

◯ 356 Molina Healthcare Partner

◯ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

◯ KA ◯ HN

Enter plan change reason code*.

5) Applicant's Name (First Name, Last Name)

6) Sex ◯ **M** ◯ **F**

6a) Due Date (if pregnant)

6b) Social Security Number

HEALTH PLANS

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◯ 306 Inland Empire Health Plan

◯ 356 Molina Healthcare Partner

◯ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

◯ KA ◯ HN

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INTERNAL USE ONLY

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NOTICE: I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of any issue, which is subject to the State hearing process.

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Head of Household's Signature Date

Other Adult's Signature Date

Other Adult's Signature Date

Highly Confidential

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1	2	3	4	5	6	7	8	9	0	,	A	B	C	D	E	F	G	H
I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	-

PLAN PARTNER INFORMATION FOR:

306 Inland Empire Health Plan
KA KP Cal, LLC
356 Molina Healthcare Partner
HN Health Net Comm Solutions

PRIVACY STATEMENT

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FORMULARIO DE ELECCIÓN MEDI-CAL

Utilice este formulario para unirse o cambiarse de plan de salud. Si necesita ayuda para completar este formulario, llame al 1-800-430-3003.

Envíe por correo este formulario completo a: California Department of Health Care Services • Health Care Options • Box 989009, W. Sacramento, CA 95798-9850.

SÍRVASE ESCRIBIR CLARAMENTE EN LETRA IMPRENTA USANDO SÓLO TINTA AZUL O NEGRA. LLENE COMPLETAMENTE LOS ÓVALOS ⬬ PARA INDICAR SU ELECCIÓN. VEA EL EJEMPLO EN LA PARTE POSTERIOR.

1) Nombre del Jefe de Familia (Nombre, Apellido) — 2) Sexo ◯ M ◯ F — 3) Número de Teléfono

4) Dirección (Número de la Casa, Calle, Número de Departamento, Ciudad y Código Postal)

Sírvase escoger un Plan de Salud de la lista para cada miembro mencionado. Los Códigos del Doctor/ Clínica se pueden encontrar en el Directorio de Proveedores del Plan de Salud.

5) Nombre del Solicitante (Nombre, Apellido) — 6) Sexo ◯ M ◯ F — 6a) Fecha Programada (si está embarazada) — 6b) Número de Seguro Social

PLANES DE SALUD

◯ ***Deseo UNIRME o cambiar mi plan a:***

◯ 305 Inland Empire Health Plan

◯ 355 Molina Healthcare Partner

◯ 000 Regular Medi-Cal (FFS)

Código del Doctor / Clínica

Nombre del Socio del Plan (véase la parte posterior del formulario de elección)

Ingrese el código de la razón del cambio de plan.* ◯ KA ◯ HN

5) Nombre del Solicitante (Nombre, Apellido) — 6) Sexo ◯ M ◯ F — 6a) Fecha Programada (si está embarazada) — 6b) Número de Seguro Social

PLANES DE SALUD

◯ ***Deseo UNIRME o cambiar mi plan a:***

◯ 305 Inland Empire Health Plan

◯ 355 Molina Healthcare Partner

◯ 000 Regular Medi-Cal (FFS)

Código del Doctor / Clínica

Nombre del Socio del Plan (véase la parte posterior del formulario de elección)

Ingrese el código de la razón del cambio de plan.* ◯ KA ◯ HN

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PLANES DE SALUD

◯ ***Deseo UNIRME o cambiar mi plan a:***

◯ 305 Inland Empire Health Plan

◯ 355 Molina Healthcare Partner

◯ 000 Regular Medi-Cal (FFS)

Código del Doctor / Clínica

Nombre del Socio del Plan (véase la parte posterior del formulario de elección)

Ingrese el código de la razón del cambio de plan.* ◯ KA ◯ HN

INTERNAL USE ONLY

***CÓDIGOS DE LAS RAZONES DEL CAMBIO DE PLAN:**

Código 1: No pude escoger al doctor o dentista que deseaba
Código 2: El plan de salud/ dental no satisfacía mis necesidades
Código 3: Mi doctor/ dentista no satisfacía mis necesidades
Código 4: Está muy lejos de mi casa
Código 5: Yo no escogí este plan
Código 6: Se muda del co
Código 7: Exoneración del Programa de Salud Indio (Indian Health Program Exemption)
Código 8: Exoneración Médica/ Dental
Código 9: Otro

NOTIFICACIÓN: He leído la descripción del plan. Entiendo que Kaiser requiere el uso del arbitraje neutro obligatorio para resolver ciertas disputas. Esto incluye disputas acerca de si se proporcionó el tratamiento médico correcto (llamado negligencia médica) y otras disputas relacionadas a los beneficias o la prestación de servicios. Si escojo Kaiser, renuncio a mi derecho a un jurado o proceso judicial para esas ciertas disputas. Asimismo, estoy de acuerdo en que se utilice el arbitraje neutro obligatorio para resolver esas ciertas disputas. No renuncio a mi derecho de pedir una audiencia en el Estado relacionada con cualquier tema, que esté comprendida en el proceso de audiencia en el Estado.

DECLARACIÓN DE ELECCIÓN: Yo/ nosotros he/ hemos hecho la elección por escrito para recibir los beneficios de Medi-Cal a través de los planes médicos, tal como lo he/hemos indicado en este formulario. Yo/ nosotros he/ hemos leído y entendido las condiciones de este contrato. Yo/ nosotros entendemos que para cambiar mi/ nuestro plan de Salud Medi-Cal actual, yo/ nosotros debemos completar este formulario.

Firma del Jefe de la Familia — Fecha — Firma de Otro Adulto — Fecha — Firma de Otro Adulto — Fecha

Highly Confidential

Utilice el siguiente ejemplo cuando complete el formulario:
SÍRVASE COMPLETAR LA INFORMACIÓN SÓLO CON LETRAS MAYÚSCULAS.

1	2	3	4	5	6	7	8	9	0	,	A	B	C	D	E	F	G	H
I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	-

INFORMACIÓN PARA EL SOCIO DEL PLAN SOBRE:

305 Inland Empire Health Plan
KA KP Cal, LLC
355 Molina Healthcare Partner
HN Health Net Comm Solutions

DECLARACIÓN DE PRIVACIDAD

El Departamento de Servicios de Salud (Department of Health Care Services) conservará la información que usted proporcione. Sólo se utiliza para inscribir y/o retirar personas que son elegibles para atención administrada Medi-Cal. Las leyes que regulan esta información se encuentran en el Código de Bienestar e Instituciones (Welfare and Institutions Code), Secciones 14016.5, 14016.6, 14087.305, 14087.31, 14087.35, 14087.36, 14087.38, 14087.96, 14088, 14089, 14089.5, y 14631 y el Código de Reglamentos de California Sección 51085.5 (California Code of Regulations). Si faltara alguna información solicitada en el formulario de elección, entonces alguna de las personas que aparece en el formulario no va a poder unirse a un plan de salud, salir de un plan o escoger el plan que él o ella desee.

Sólo las agencias gubernamentales relacionadas con Medi-Cal program podrán acceder a la información que usted proporcione. Las personas que aparecen en el formulario pueden ver los archivos que Medi-Cal tiene de ellos. Sin embargo, no se podrá tener acceso a ninguna información que se esté utilizando en una investigación o demanda. Si desea ver su archivo Medi-Cal, contáctese con el Departamento de Servicios de Salud (Department of Health Care Services) en la dirección que aparece en el reverso de este formulario.

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PLANES DE SALUD

◯ ***Deseo UNIRME o cambiar mi plan a:***

◯ 306 Inland Empire Health Plan

◯ 356 Molina Healthcare Partner

◯ 000 Regular Medi-Cal (FFS)

Código del Doctor / Clínica ___

Nombre del Socio del Plan (véase la parte posterior del formulario de elección)

Ingrese el código de la razón del cambio de plan.* ___ ◯ KA ◯ HN

5) Nombre del Solicitante (Nombre, Apellido) ___ 6) Sexo ◯ M ◯ F ___ 6a) Fecha Programada (si está embarazada) ___/___/___ 6b) Número de Seguro Social ___-___-___

PLANES DE SALUD

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◯ 356 Molina Healthcare Partner

◯ 000 Regular Medi-Cal (FFS)

Código del Doctor / Clínica ___

Nombre del Socio del Plan (véase la parte posterior del formulario de elección)

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PLANES DE SALUD

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Highly Confidential

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I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	-

INFORMACIÓN PARA EL SOCIO DEL PLAN SOBRE:
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KA KP Cal, LLC
356 Molina Healthcare Partner
HN Health Net Comm Solutions

DECLARACIÓN DE PRIVACIDAD

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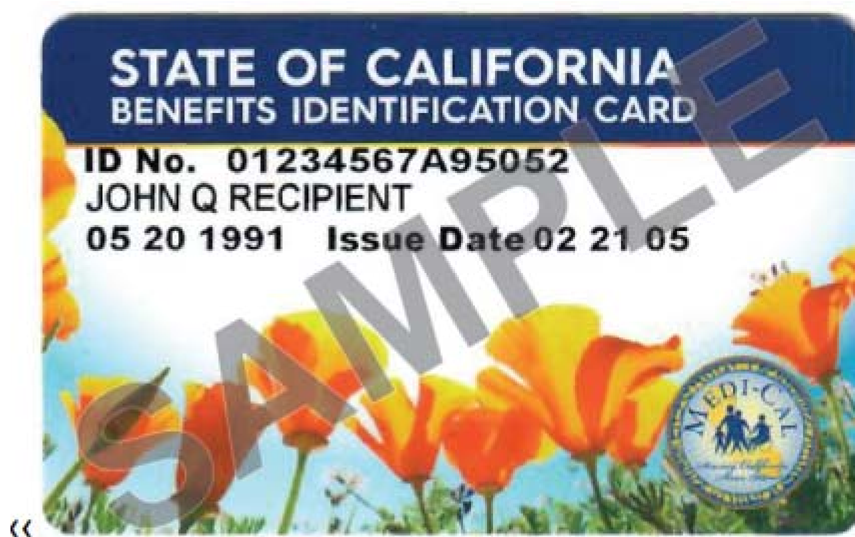
INLAND EMPIRE HEALTH PLAN

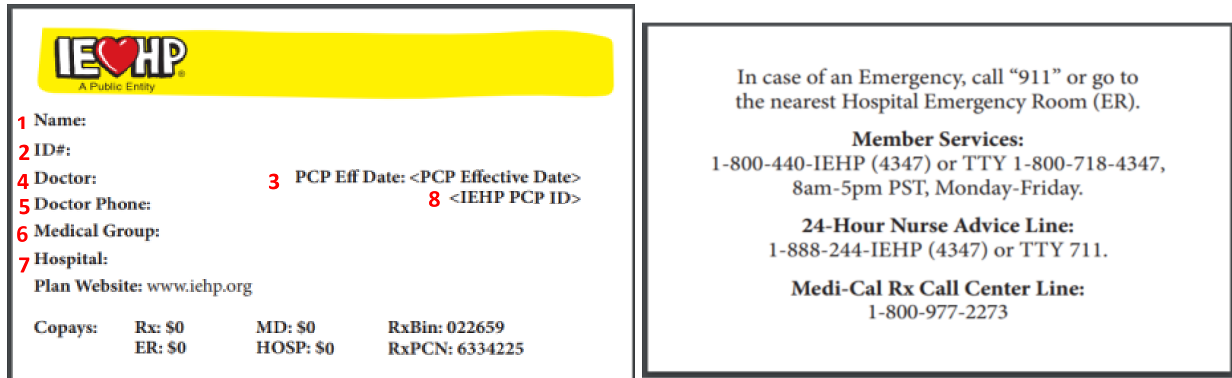
Plastic Benefits
Identification Card (BIC)



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 ID Card – Medi-Cal



IEHP
A Public Entity

1 Name:
2 ID#:
4 Doctor: 3 PCP Eff Date: <PCP Effective Date>
8 <IEHP PCP ID>
5 Doctor Phone:
6 Medical Group:
7 Hospital:
Plan Website: www.iehp.org

Copays: Rx: $0 MD: $0 RxBin: 022659
ER: $0 HOSP: $0 RxPCN: 6334225

In case of an Emergency, call "911" or go to the nearest Hospital Emergency Room (ER).

Member Services:
1-800-440-IEHP (4347) or TTY 1-800-718-4347,
8am-5pm PST, Monday-Friday.

24-Hour Nurse Advice Line:
1-888-244-IEHP (4347) or TTY 711.

Medi-Cal Rx Call Center Line:
1-800-977-2273

1. Member Name – First Name, Last Name
2. Member ID # - Unique IEHP Assigned #
3. PCP Effective Date – mm/dd/yyyy
4. Doctor/Safety Net Clinic Name – First Name, Last Name of assigned PC
5. Phone – PCP's phone number
6. Medical Group – IPA (Medical Group) assigned to Member
7. Hospital – Primary Hospital assigned to Member
8. Doctor # - Unique # assigned to PCP
9. Co-pay amounts: Medi-Cal Members have zero ($0) co-pay.
10. 800 Number for IEHP Member Services
12. Nurse Advice Line Phone Number