
23. COMPLIANCE

A. Non-Monetary Member Incentive – The California Department of Health Care Services

APPLIES TO:

- A. This policy applies to all IEHP contracted Providers, Vendors and First Tier and Downstream Entities in accordance with contractual and regulatory requirements.
- B. This policy applies to all IEHP Medi-Cal Members.

POLICY:

- A. All non-monetary Member incentives offered to IEHP Medi-Cal Members by IEHP Team Members, contracted Providers, IPAs, Vendors and First Tier and Downstream Entities must obtain approval by the California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (MMCD) prior to implementation of such incentives.^{1,2}
- B. Non-monetary Member incentives may be used to reward Members who demonstrate effort and success in adopting health-promoting behaviors or changing health risk behaviors. The choice of incentives employed should be evidence based, whenever possible.³
- C. The value of non-monetary Member incentives must not be disproportionately large and should correspond with the value of the service (i.e., the value of the service itself or the future health care cost reasonably expected to be avoided as a result of the service).⁴
 - 1. Incentive values of less than \$25 shall be considered for single health education services or preventive care visits.
 - 2. Incentive values of approximately \$25.01-\$100 shall be considered for a series of health education classes or preventive care visits.
 - 3. The relevance of a particular incentive to a specific program or intervention, such as infant car seats in a car seat safety class, can be considered in justifying a monetary value higher than \$25.
- D. Appropriate non-monetary incentives as listed and further defined in the MMCD All Plan Letter 16-005, and approved by DHCS include, but are not limited to, the following:⁵
 - 1. Gifts or Gift Cards/Certificates;
 - 2. Tickets;
 - 3. Products or Merchandise;

¹ California Code, Welfare and Institutions Code (~~WIC~~Welf. & Inst. Code) §14407.1-

² Medi Cal Managed Care Department All Plan Letter (APL) 16-005 Supersedes Policy Letters 09-005 and 12-002 “Requirements for Use of Non-Monetary Member Incentives for Incentive Programs, Focus Groups, and Member Surveys-”

³ Ibid.

⁴ Ibid.

⁵ Ibid.

23. COMPLIANCE

A. Non-Monetary Member Incentive – The California Department of Health Care Services

4. Points Rewards Programs;
5. Transportation Assistance;
6. Enrollment or Monthly Membership Fees; and
7. Raffle Items.

E. IEHP prohibits the use of non-monetary incentives for purposes of:

1. Inducing enrollment or continuation of enrollment. Incentives must only be offered to current IEHP Medi-Cal Members.⁶
2. Distributing monetary incentives such as cash, coupons or instruments that may be converted to money:⁷
 - a. Vouchers redeemable for specific goods or services to promote good health are allowed.
 - b. Gift cards/certificates with cash value of less than \$10 may be redeemable in cash (for its cash value) under certain circumstances and with IEHP approval and subsequently DHCS approval.

PURPOSE:

- A. To ensure compliance with DHCS regulatory requirements as mandated by Welfare & Institutions Code Section 14407.1, and in accordance with Title 28, California Code of Regulations, Section 1300.46.
- B. To enhance health education program efforts while encouraging good health practices and increase Member participation, learning and motivation:
 1. To effectively use managed health care services including preventive and primary care services, obstetric care and health education services.
 2. To modify personal health behaviors and achieve and maintain healthy lifestyles and positive health outcomes.
 3. To follow self-care regimens and treatment therapies for existing medical conditions, chronic diseases, or health conditions.⁸ ~~(Welfare and Institutions Code Section (§)14407.1)~~

PROCEDURES:

- A. All IEHP Team Members, contracted Providers, IPAs, Vendors and First Tier and Downstream Entities wishing to provide non-monetary Member incentives shall adhere to the

⁶ Title 28, California Code of Regulations [\(CCR\) §-1300.46-](#)

⁷ DHCS APL 16-005-

⁸ ~~CA Welf. & Inst. Code (WIC)-§14407.1~~

23. COMPLIANCE

A. Non-Monetary Member Incentive – The California Department of Health Care Services

following submission process:

1. A Member Incentive Program Request for Approval form must be completed and submitted along with any relevant documentation to the IEHP Compliance Department's Regulatory Affairs Mailbox, complianceregulatoryaffairs@iehp.org, for review and submission to DHCS ("Member Incentive (MI) Program - Request for Approval Form," "Member Incentive (MI) Program-Focus Group Incentive (FGI) Request for Approval Form," and "Member Incentive (MI) Program-Survey Incentive (SI) Request for Approval Form" are available via the Provider Portal in the "Forms" section).
 2. Allow a minimum of forty-five (45) days between the date of submission to the IEHP Compliance Regulatory Affairs Mailbox and the start of the Member incentive program.
- B. The Member incentive shall be reviewed by an IEHP Compliance Regulatory Affairs Analyst to ensure compliance with proper submission and approval of non-monetary Member incentive programs by collecting all necessary documentation and submitting all non-monetary Member incentive requests to DHCS for approval. The submission process is as follows:⁹
1. At a minimum, fourteen (14) days must be allowed between the date of submission to DHCS and the start of the Member incentive program.
 2. All Member incentive requests shall be submitted by the IEHP Compliance Regulatory Affairs Analyst to: MMCDHealthEducationMailbox@dhcs.ca.gov.
 3. Include IEHP in the subject line along with a short description of the request (e.g., IEHP/Breast Cancer Screening Member Incentive).
 4. Copy IEHP's Director of Health Education and IEHP's MMCD Contract Manager (MMCD CM) on all requests. The MMCD CM is responsible for the oversight of all contract deliverables.
 5. All questions about Member incentives should be emailed to the Health Education Mailbox stated above and identified as stated in Step 3 above.
- C. MMCD health education consultants will review all requests, as soon as possible, and send responses directly to IEHP's Compliance Regulatory Affairs Mailbox with a copy to the MMCD CM.¹⁰
- D. End of Program evaluations must be submitted upon completion of the non-monetary Member incentive program, Focus Group incentive, or Survey incentive. Annual Updates must be submitted on an annual basis for on-going non-monetary Member incentive programs.¹¹
1. End of Program Evaluation:

⁹ DHCS APL 16-005

¹⁰ [DHCS APL 16-005](#) Ibid.

¹¹ Ibid.

23. COMPLIANCE

A. Non-Monetary Member Incentive – The California Department of Health Care Services

- a. IEHP Team Members, contracted Providers, IPAs, Vendors and First Tier and Downstream Entities responsible for the non-monetary Member incentive program shall submit to the IEHP Compliance Regulatory Affairs Mailbox a brief description of the evaluation results within fourteen (14) days after the incentive program completion date.
 - b. The evaluation form corresponding to the incentive must be completed and submitted to the IEHP Compliance Regulatory Affairs Mailbox. (“Member Incentive Program – Annual Update/Evaluation Form,” “Focus Group Incentive (FGI) Evaluation Form,” and “Survey Incentive (SI) Evaluation form” are available via the Provider Portal in the “Forms” section).
 - c. An IEHP Compliance Regulatory Affairs Analyst shall submit to DHCS the Member Incentive Program Plan Annual Update/ Evaluation Form with the evaluation results within forty-five (45) days after the incentive program completion date. The IEHP Compliance Regulatory Affairs Analyst shall submit to DHCS the Focus Group Incentive (FGI) Evaluation Form sixty (60) days after the final focus group, and shall submit the Survey Incentive (SI) Evaluation Form within sixty (60) days after the due date for completed surveys.
2. Annual Update/On-Going Incentive Program:
- a. To justify continuation of an on-going incentive program, IEHP Team Members, contracted Providers, Vendors and First Tier and Downstream Entities responsible for the non-monetary Member incentive program shall submit to the IEHP Compliance Regulatory Affairs Mailbox a brief explanation of the effectiveness and/or success rate of on-going incentive programs which are due on an annual basis. The first annual update shall be submitted thirteen (13) months after the start date of the Member incentive program and will be submitted annually based on the due date of the initial update.
 - b. The Member Incentive Program Annual Update/End of Program Evaluation Form must be completed and submitted to the IEHP Compliance Regulatory Affairs Mailbox. (“Member Incentive Program Annual Update/End of Program Evaluation Form” is available via the Provider Portal in the “Forms” section).
 - c. An IEHP Compliance Regulatory Affairs Analyst shall submit to DHCS the Member Incentive Program Annual Update/End of Program Evaluation Form with a brief explanation of the effectiveness and/or success rate of on-going incentive programs, due on an annual basis.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	July 1, 2015

23. COMPLIANCE

A. Non-Monetary Member Incentive – The California Department of Health Care Services

Chief Title: Chief Executive Officer	Revision Date:	January 1, 2020 2023
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23. COMPLIANCE

B. HIPAA Privacy and Security

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Members, Providers, Business Associates, First Tier Entities, Downstream Entities, Contractors and Health Care Entities, hereby referenced as “entities.”

POLICY:

- A. This policy is based on the following principles and procedures related to the access, use and disclosure of Member information.
1. To provide guidance regarding each entity’s responsibility related to identifiable Member information, this policy addresses intentional and unintentional breaches of Member confidentiality, including oral, written and electronic communication. The principles in this policy will help safeguard Member privacy and minimize compromise exposure and/or liability to Members, Providers, entities, and IEHP.
 2. Entities must make reasonable efforts to safeguard the privacy and security of Members’ Protected Health Information (PHI) and are responsible for adhering to this policy by using only the minimum information necessary to perform their responsibilities, regardless of the extent of access provided or available.
 3. Entities must comply with the Health Insurance Portability and Accountability Act (HIPAA) laws and regulations including, but not limited to the privacy and security of Members’ PHI, Standards for Privacy of Members’ Identifiable Health Information, the administrative, physical, and technical safeguards of the HIPAA Security Rule, and any and all Federal regulations and interpretive guidelines promulgated there under.^{1,2,3}
 4. Entities are allowed to release Member PHI to IEHP, without prior authorization from the Member, if the information is for treatment, payment or health care operations related to IEHP plans or programs.⁴
 5. Entities must notify IEHP, their Members, ~~the~~ California Department of Health Care Services (DHCS), and ~~the~~ Secretary of the U.S. Department of Health & Human Services (DHHS), of any suspected or actual breach regarding the privacy and security of a Member’s PHI within prescribed timelines and through acceptable submission formats.

~~B.A. Due to unauthorized disclosures of protected patient medical records, confidentiality requirements were enhanced, which requires Providers~~

¹ Title 45 Code of Federal Regulations (CFR) §§ Part 160, 162, and 164

² Health Information Technology for Economic and Clinical Health Act (HITECH)

³ American Recovery and Reinvestment Act of 2009

⁴ 45 CFR § 164.506(c)

23. COMPLIANCE

B. HIPAA Privacy and Security

~~to be accountable for unauthorized access to medical information, not just for unlawful use or disclosure.⁵~~

~~1. Every healthcare entity must implement appropriate administrative, technical, and physical safeguards to protect the privacy of a patient's medical record information and safeguard it from unauthorized access or unlawful access, use, or disclosure. Administrative fines for violations vary significantly.⁶~~

~~2.1. IEHP may impose sanctions, up to and including corrective action or termination, against entities for failure to comply with applicable privacy and security laws and regulations. The extent and scope of sanctions depend on the type of violation and the conduct of the entity.~~

~~3.1. All healthcare entities must educate their employees on privacy laws and their policy on privacy of medical information. The education should be documented and should include attendance.~~

~~4.1. Appropriate, documented action must be taken should unauthorized access occur.~~

DEFINITIONS:

- A. Business Associate: A person or entity that performs certain functions or activities that involve the use or disclosure of Protected Health Information (PHI) on behalf of, or providing services to, a covered entity (IEHP). The types of functions or activities that may make a person or entity a business associate include payment or health care operations activities, as well as other functions or activities regulated by the Administrative Simplification Rules.
- B. First Tier Entity: Any party that enters into a written arrangement with IEHP to provide administrative or health care services for an eligible individual.
- C. Downstream Entity: Any party that enters into a Provider agreement with a First Tier Entity to provide health care and administrative services.
- D. Contractors: Includes all contracted Providers and suppliers, first tier entities, downstream entities and any other entities involved in the delivery of payment for or monitoring of benefits.
- E. Health Care Entity: An individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.
- F. Protected Health Information (PHI): All individually identifiable health information, (including genetic information) whether oral or recorded in any form, that relates to the past, present, or future physical or mental health or condition of a Member; the provision of health

⁵ California Health and Safety Code (CA Health & Safety Code) § 1280.15

⁶ 45 CFR § 164.530(e)

23. COMPLIANCE

B. HIPAA Privacy and Security

care to a Member; or the past, present, or future payment for the provision of health care to a Member.⁷

1. PHI excludes individually identifiable health information in education records; in employment records held by a Covered Entity in its role as employer; and regarding a person who has been deceased for more than fifty (50) years.^{8,9}
2. PHI generally refers to demographic information, medical history, test and laboratory results, insurance information and other data that is collected by a health care professional to identify an individual and determine appropriate care.

G. Breach means the acquisition, access, use, or disclosure of PHI in a manner not permitted under 45 C.F.R. Part 164, Subpart E (“Privacy of Individually Identifiable Health Information”) which compromises the security or privacy of the PHI. An impermissible use or disclosure of PHI is presumed to be a breach unless the covered entity can demonstrate that there is a low probability that the PHI has been compromised. Covered entities must consider a four (4) factor objective standard.¹⁰

1. The nature and extent of PHI involved (including the types of identifies and the likelihood of re-identification);
2. The unauthorized person who used the PHI or to whom the disclosure was made;
3. Whether the PHI was actually acquired or viewed; and
4. The extent to which the risk of breach to the PHI has been mitigated.

a. Breach excludes:¹¹

- 1) Any unintentional acquisition, access, or use of PHI by a workforce member or person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under 45 C.F.R. part 164, subpart E.
- 2) Any inadvertent disclosure by a person who is authorized to access PHI at a covered entity or business associate to another person authorized to access PHI at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under 45 C.F.R. part 164, subpart E.

⁷ 45 CFR § 160.103

⁸ Family Educational Rights and Privacy Act

⁹ Title 20 United States Code (U.S.C) § 1232(g)

¹⁰ 45 CFR § 164.402

¹¹ [45 CFR § 164.402](#) *Ibid.*

23. COMPLIANCE

B. HIPAA Privacy and Security

- 3) A disclosure of PHI where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

23. COMPLIANCE

B. HIPAA Privacy and Security

PROCEDURES:

A. Due to unauthorized disclosures of ~~PHI~~ protected patient medical records, confidentiality requirements were enhanced, which requires ~~entities~~ Providers to be accountable for unauthorized access to medical information, not just for unlawful use or disclosure.¹²

1. Every healthcare entity must implement appropriate administrative, technical, and physical safeguards to protect the privacy of a patient's medical record information and safeguard it from unauthorized access or unlawful access, use, or disclosure. Administrative fines for violations vary significantly.¹³
2. IEHP may impose sanctions, up to and including corrective action or termination, against entities for failure to comply with applicable privacy and security laws and regulations. The extent and scope of sanctions depend on the type of violation and the conduct of the entity.
3. All healthcare entities must educate their employees on privacy laws and their policy on privacy of medical information. The education should be documented and should include attendance.
4. Each entity is responsible for participating in ongoing education regarding Member privacy and Member rights.
5. Appropriate, documented action must be taken should ~~an~~ unauthorized access occur.

A.B. Only entities and their respective staff members with a legitimate business “need to know” may access, use, or disclose Member information. This includes all activities related to treatment, payment, and health care operations on behalf of IEHP. Each ~~entity~~ Provider and their respective staff members may only access, use or disclose the minimum information necessary to perform his or her designated role regardless of the extent of access provided to him or her.¹⁴

B.C. With respect to ~~entity~~ system access, Member privacy ~~must will~~ be supported through authorization, access, and audit controls (e.g., roles-based access) and should be implemented for all systems that contain identifying Member information. Within the permitted access, a Member-system user is only to access what they need to perform his or her job.

¹² [California Health and Safety Code \(CA Health & Safety Code\) § 1280.15](#)

¹³ [45 CFR § 164.530\(c\)](#)

¹⁴ [45 CFR § 164.502\(b\)](#)

23. COMPLIANCE

B. HIPAA Privacy and Security

1. Each delegated entity is responsible to perform the security functions and implement the security controls outlined in the attached CPE Delegation Oversight Annual Audit Tool (See Attachment, “CPE Delegation Oversight Annual Audit Tool” in Section 253).

~~C. Each entity is responsible for participating in ongoing education regarding Member privacy and Member rights.~~

- D. Each entity is responsible for ensuring staff members sign a Confidentiality Statement prior to access to PHI or PII and annually thereafter. Confidentiality statements must be retained for a period of six (6) years and include at minimum.¹⁵

1. General Use;
2. Security and Privacy Safeguards;
3. Unacceptable Use; and
4. Enforcement Policies.

- E. Each entity is responsible for compliance in maintaining policies, principals and procedures related to the following:¹⁶

1. Documenting that PHI in paper form shall not be left unattended at any time unless it is locked up. Applies to work and non-work-related settings (i.e., home office, transportation, travel, fax machines, copy machines, etc.).
2. That ensures visitors to areas where PHI is contained shall be escorted and PHI shall be kept out of sight while visitors are in the area, unless they are authorized to review PHI.
3. That requires PHI to be disposed of through confidential means, such as cross-shredding or pulverizing, in a manner that prevents reconstruction of contents. There must be evidence of PHI destruction in accordance with HIPAA, if an external vendor is utilized.
4. Stating that PHI is not to be removed from the entities’ premises except for routine business purposes.

~~F. Each entity is responsible for compliance with these PHI policies and principles.~~

~~G.F.~~ Permitted Uses and Disclosures

~~1. Except as otherwise required by law, entities are allowed to release Member information, including PHI, without Member authorization, to IEHP for treatment, payment, or health care operations related to IEHP plans or programs.~~

~~2.1.~~ Activities which are for purposes directly connected with the administration of services include, but are not limited to:

¹⁵ Department of Health Care Services (DHCS)-IEHP Two-Plan Contract, 1/10/20, Exhibit G, Attachment A, Section I. Personnel Controls, Paragraph C. Confidentiality Statement

¹⁶ 45 CFR §§ 160.202, 164.530(c)

23. COMPLIANCE

B. HIPAA Privacy and Security

- a. Establishing eligibility and methods of reimbursement;
- b. Determining the amount of medical assistance;
- c. Arranging or providing services for Members;
- d. Conducting or assisting in an investigation, prosecution, or civil or criminal proceeding related to the administration of IEHP plans or programs; and
- e. Conducting or assisting in an audit related to the administration of IEHP plans or programs.

3.2. PHI must be provided to patients, or their representative if requested, preferably in an electronic format, under HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH).

4.3. PHI cannot be sold unless it is being used for public health activities, research or other activities as specified by HIPAA and/or the HITECH Act.

5.4. HIPAA gives the patient the right to make written requests to amend PHI that you are responsible for maintaining.

6.5. Upon patient request, an accounting of disclosures of PHI, and information related to such disclosures, must be provided to the patient.¹⁷

H.G. Privacy Practices Notice

1. IEHP provides the Notice of Privacy Practice (See Attachment, “Notice of Privacy Practices” in Section 23) to each new Member as follows:¹⁸
 - a. At enrollment and annually thereafter;
 - b. Within sixty (60) days of a material change to the uses or disclosures, the Member’s rights, IEHP’s legal duties, or other material privacy practices stated in the Notice; and
 - c. Upon request by any person including IEHP Members.
 - d. The IEHP Member Handbook details the plan’s security and privacy practices and refers Members to Member Services and/or the IEHP Internet website for further information.

I.H. Reporting Unauthorized Access or Disclosures:

1. IEHP or entities Providers must only provide the following required notifications if the breach involved unsecured PHI. Unsecured PHI is PHI that has not been rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified by the Secretary in guidance.

¹⁷ 45 CFR § 164.528

¹⁸ 45 CFR § 164.520

23. COMPLIANCE

B. HIPAA Privacy and Security

2. Reporting of Breaches of Unsecured PHI, Affecting Fewer than five hundred (500) Individuals:¹⁹
 - a. For breaches that affect fewer than five hundred (500) individuals, IEHP or entities Providers must provide the Secretary of the Department of Health and Human Services (DHHS) with notice annually. All notifications of breaches occurring in a calendar year must be submitted within sixty (60) days of the end of the calendar year in which the breaches occurred. This notice must be submitted electronically by completing all information required on the breach notification form which can be found on the DHHS website. A separate form must be completed for every breach that has occurred during the calendar year.
3. Reporting of Breaches of Unsecured PHI, Affecting five hundred (500) or More Individuals:²⁰
 - a. If a breach affects five hundred (500) or more individuals, IEHP or entities Providers must provide the Secretary of DHHS with notice of the breach without unreasonable delay and in no case later than sixty (60) days from discovery of the breach. This notice must be submitted electronically by completing all information required on the breach notification form which can be found on the DHHS website.
 - b. For all security breaches that require a security breach notification to more than five hundred (500) California residents as a result of a single breach of the security system, IEHP or entities Providers shall electronically submit a single sample copy of that security breach notification, excluding any personally identifiable information, to the Office of the Attorney General.²¹
 - c. In addition to notifying the affected Members, IEHP or entities Providers are required to provide notice to prominent media outlets serving the State or jurisdiction. IEHP will likely provide this notification in the form of a press release to appropriate media outlets serving the affected area. Like individual notice, this media notification must be provided without unreasonable delay and in no case later than sixty (60) days following the discovery of a breach and must include the same information required for the individual notice.
4. Submission of Additional Breach Information to DHHS:²²
 - a. If a breach notification form has been submitted to the Secretary and additional information is discovered, IEHP or entities Providers may submit an additional form, checking the appropriate box to signal that it is an updated submission. If, at the time of submission of the form, it is unclear how many individuals are affected by a breach,

¹⁹ 45 CFR § 164.404

²⁰ Ibid.

²¹ California Civil Code § 1798.29(e); California Civil Code § 1798.82(f)

²² United States Department of Health and Human Services (DHHS) of Public Law 111-5 § 13402(h)(2)

23. COMPLIANCE

B. HIPAA Privacy and Security

provide an estimate of the number of individuals affected. As this information becomes available, an additional breach report may be submitted as an addendum to the initial report.

5. Reporting Breaches to the Department of Health Care Services (DHCS):^{23,24}
 - a. IEHP must also notify DHCS when a breach occurs that affects a Medi-Cal Member. Notification is provided to the DHCS Privacy Office, Information Security Office and to the Contract Manager within the following timelines:
 - 1) By telephone, e-mail or fax within twenty-four (24) hours of discovery if PHI was or suspected to have been acquired by an unauthorized person.
 - 2) After sending initial notice, IEHP will have seventy-two (72) hours from the date of discovery to provide DHCS with an initial Privacy Incident Report (PIR).
 - 3) Within ten (10) calendar days of discovery of the breach a final, completed PIR will be submitted to DHCS, unless an exception has been obtained from DHCS for additional time needed to complete investigation.
 - b. It is the expectation of IEHP that entities involved in breaches affecting IEHP Medi-Cal Members notify IEHP within twenty-four (24) hours of discovery if PHI was, or suspected to have been, acquired by an unauthorized person. In the event that an entity provides notices to DHCS, IEHP should also be notified.
6. Member Breach Notifications:²⁵
 - a. The IEHP Member(s) whose PHI has been breached must be notified in writing of the breach in accordance with CMS and DHHS requirements. IEHP or entities Providers are required to also notify the affected Member(s) in written form and must be provided without unreasonable delay and in no case later than sixty (60) days following the discovery of a breach. This notification must include, to the extent possible, a brief description of the breach, a description of the types of information that were involved in the breach, the steps affected Members should take to protect themselves from potential harm, a brief description of what IEHP and/or entities Providers are doing to investigate the breach, mitigate the harm and prevent further breaches, as well as IEHP contact information or the contact information of the entity that caused the breach.
7. Reporting Breaches to IEHP

²³ 45 CFR §§ 164.400-414

²⁴ ~~Department of Health Care Services (DHCS)~~–IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit G, Provision 3, Section J., Breaches and Security Incidents

²⁵ 45 CFR §§ 164.400-414

23. COMPLIANCE

B. HIPAA Privacy and Security

- a. The IEHP Compliance Officer must be notified of any and all unauthorized breaches within the contractual and regulatory timeline requirements stated above. Reports of such breaches may be sent to IEHP as follows:

By Mail to: IEHP Compliance Officer
Inland Empire Health Plan
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800

By E-Mail to: compliance@iehp.org

By Fax to: (909) 477-8536

By Compliance Hotline: (866) 355-9038 (for initial notification)

By Webform: IEHP.org Provider Resources – Compliance Section

II. Corrective Action Subsequent to a Breach:

1. Entities must take prompt corrective action to mitigate and correct the cause(s) of unauthorized disclosure/breaches. IEHP requires that a written Corrective Action Plan (CAP) be submitted subsequent to a breach of IEHP Member PHI. A CAP can be submitted:

By Mail to: IEHP Compliance Officer
Inland Empire Health Plan
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800

By E-Mail to: compliance@iehp.org

By Fax to: (909) 477-8536

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	August 1, 2006
Chief Title: Chief Executive Officer	Revision Date:	January 1, 2021 2023

23. COMPLIANCE

C. Health Care Professional Advice to Members

APPLIES TO:

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

POLICY:

A. IEHP and contracted partners shall not prohibit or restrict a health care professional, acting within their professional scope of work and licensure, from advising or advocating on behalf of an IEHP Member whom they are caring for.¹

PROCEDURE:

A. A health care professional shall be able to give advice or advocate for a Member regarding the Member's:²

1. Health Status;
2. Medical Care;
3. Treatment options, which include:
 - a. Self-administered alternative treatments; and
 - b. Adequate information to make a decision against treatment options.
4. Risks and benefits of such treatments or non-treatments;
5. Right to refuse treatment; and
6. Right to express preferences about future treatment decisions.

B. A health care professional must inform a Member regarding treatment options, including the option of no treatment, in a culturally competent manner. A health care professional shall ensure a Member with a disability has effective communications with participants throughout the health system in making decisions regarding treatment options. See Policies 9C, "Access to Care for People with Disabilities" and 9H1, "Cultural and Linguistic Services – Foreign Language Capabilities."

C. IEHP shall inform Members of their right to refuse treatment and information regarding advance directives in accordance with Policy 7D, "Advance Health Care Directive."

D. If a contracted Provider violates the terms of this policy, they will be subject to contract termination.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	January 1, 2021

¹ Title 42, Code of Federal Regulations (CFR) § 422.206

² Ibid.

23. COMPLIANCE

C. Health Care Professional Advice to Members

Chief Title: Chief Medical Officer	Revision Date:	
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23. COMPLIANCE

Attachments

<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
CPE Delegation Oversight Annual Audit Tool	23B
DHCS Privacy Incident Report	23C
IEHP Code of Business Conduct and Ethics	24D , 24E
Member Incentive (MI) Program – Annual Update and End of Program Evaluation	23A
Member Incentive (MI) Program – Focus Group Incentive (FGI) Evaluation Form	23A
Member Incentive (MI) Program – Focus Group Incentive (FGI) Request for Approval Form	23A
Member Incentive (MI) Program - Request for Approval Form	23A
Member Incentive (MI) Program – Survey Incentive (SI) Evaluation Form	23A
Member Incentive (MI) Program - Survey Incentive (SI) Request for Approval Form	23A
Notice of Privacy Practices	23B, 23C



PRIVACY INCIDENT REPORTING FORM

The information reported in this form will be strictly confidential and will be used in part to determine whether a breach has occurred. **DO NOT include specific PHI or PI in this form.**

1- CASE IDENTIFYING INFORMATION

DHCS Privacy Case Number:

Reporting Entity:

DHCS Internal Health Plan County Other (specify)

Reporting Entity's Privacy Incident Case Number:

Contact Name:

Contact Email:

Contact Telephone Number:

2- SUMMARY OF PRIVACY INCIDENT

Return completed form to: privacyofficer@dhcs.ca.gov



3 – BREAKDOWN OF SUMMARY

Date(s) of Privacy Incident: Date of Discovery: Date Reported to DHCS:

Number of DHCS/CDSS Program Beneficiaries Impacted; Please Specify which Program(s) They Belong To:

How Many of the Impacted Beneficiaries Are Minors:

Title of Person Who Caused the Incident and Relationship to Reporting Entity:

Title of Unintended Recipient:

Suspected Malicious Intent: Yes No

4 – DATA ELEMENTS

DEMOGRAPHIC INFORMATION (Check all that Apply)

First Name or Initial	Last Name	Address/Zip
Date of Birth	CIN or Medi-Cal #	Social Security Number
Driver's License	Membership #	Health Plan Name
Mother's Maiden Name	Image	Password
User Name/Email Address		
Program Name:		
Other:		

FINANCIAL INFORMATION (Check all that Apply)

Credit Card/Bank Acct #	EBT Card Pin #
Claims Information	EBT Card #
Other:	

CLINICAL INFORMATION (Check all that Apply)

Diagnosis/Condition	Diagnosis Codes	Procedure Codes
Medications	(Dx) Lab Results	(CPT) Provider
TAR #	Psychotherapy Notes	Demographics
Substance Use/Alcohol Data		Mental Health Data
Other:		

Please List All Data Elements Provided by DHCS:

Please List All Data Elements Verified by SSA:



5 - LOCATION OF DISCLOSED DATA

Laptop	Network Server	Desktop Computer
Portable Electronic Device	Email	Electronic Record
Paper Data	Smart Phone	Hard Drive
CD/DVD	USB Thumb Drive	Fax
Social Media	Other:	

6 – SAFEGUARDS/MITIGATIONS/ACTIONS TAKEN IN RESPONSE TO EVENT

Was Involved Staff Trained in HIPAA Privacy Security Within the Past Year:

Yes No

Was Malicious Code/Malware Involved? Yes No N/A

Was the Data Encrypted Per NIST Standards? Yes No N/A

Status of Data? (i.e. Recovered, Destroyed, etc.):

Was an Attestation of Nondisclosure/Destruction Obtained? Yes No

(NOTE: If Written Attestation is Not Attached It Will be Considered Verbal)

Was a police report filed? Yes No

Police Report # and Department Name:

MITIGATION SUMMARY (Example: The data was destroyed/returned, etc.)



7 - CORRECTIVE ACTION PLAN (CAP) - Please Include Implementation Date
A CAP is implemented in an attempt to prevent this type of Privacy Incident from reoccurring).

8 - DETERMINATION

Has Your Entity Determined This to be a (check all that apply):

Federal Breach

State Breach

Non-Breach

In the Event DHCS Determines Notification is Not Legally Required, Do You Still Intend to Send Written Notification (Note: Review & approval by DHCS is still required prior to dissemination of *all* notification letters.): Yes No

An Incident is presumed to be a Breach. If you Have Evidence under 45 CFR 164.402(2)(1)(I-IV), Please Provide the Evidence and the HIPAA Provision That Applies to Find That a Breach Does Not Exist. [HITECH BREACH DEFINITION AND EXCEPTIONS](#)



A Public Entity

Inland Empire Health Plan

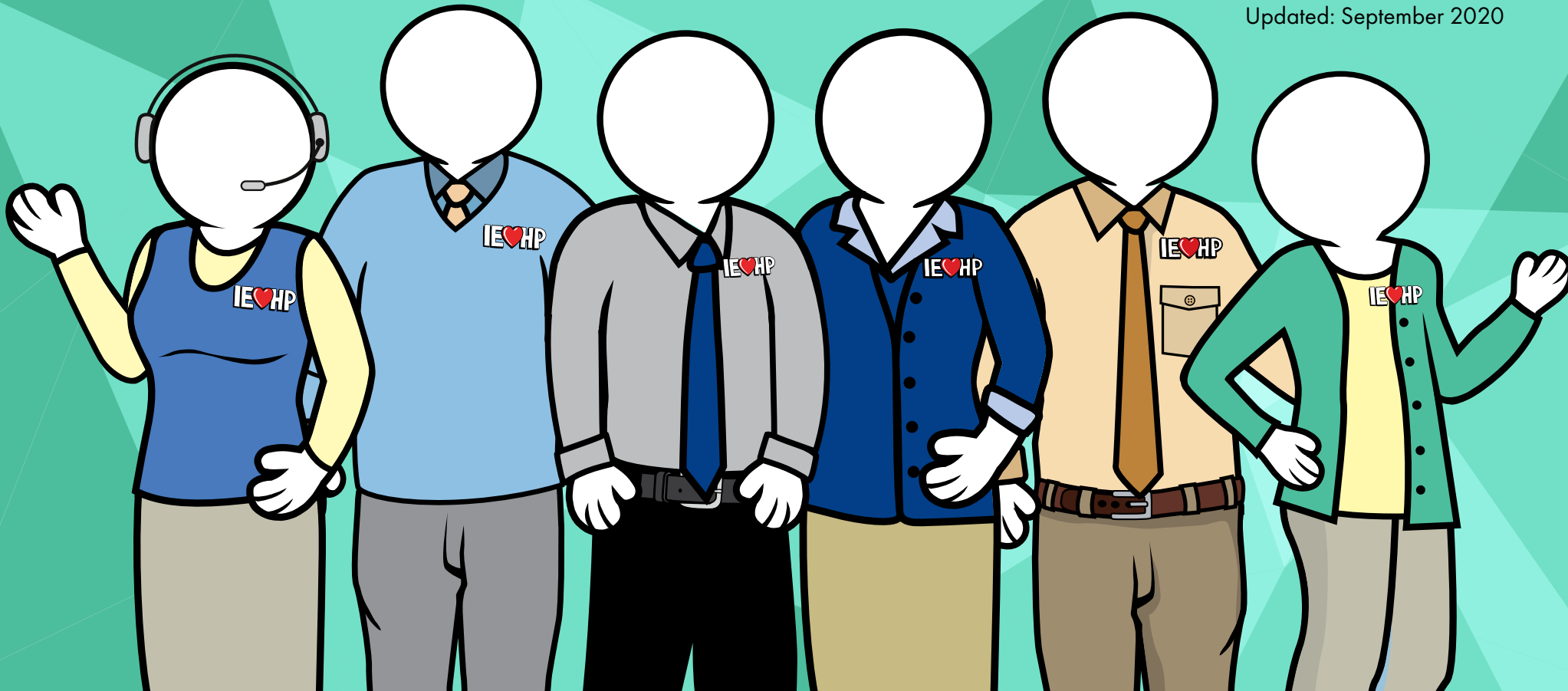
CODE OF BUSINESS CONDUCT AND ETHICS

COMPLIANCE



Doing what's right, together.

Updated: September 2020



Our shared commitment to honesty,
integrity, transparency, and accountability

A message about the IEHP Code of Business Conduct and Ethics

Every day we are confronted with decisions to make and tasks to accomplish as IEHP Team Members. Our choices and the product of our work can directly impact our Members, Providers, and Business Associates. At times, we might find ourselves challenged as to how we should address an issue or how we can best exemplify IEHP's commitment to excellence.

Contained within the *IEHP Code of Business Conduct and Ethics (Code of Conduct)* is information to help guide you in making the most ethical decisions to preserve our workplace culture, preserve our culture of compliance, support our core values, and make IEHP the best place to work in the Inland Empire. Also provided in this *Code of Conduct* are Team Member resources, including how to report compliance issues, how to access the complete library of policies in our *Team Member Handbook*, and other helpful tips and tools to ensure your success.

The information provided in this document applies to all of us – the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership Team, Team Members, Temporary Staff, and IEHP's Business Associates – and it should be reviewed and referenced often. Much like a compass, the *Code of Conduct* sets the direction for IEHP and guides everyone to do the right thing.

Our shared commitment to honesty, integrity, transparency, and accountability helps develop the trust of our Members and our Providers. It also helps us establish good working relationships with our federal and state regulators. The *Code of Conduct* supports this commitment by helping us understand how IEHP Team Members must comply with laws and regulations that govern health care to ensure IEHP maintains a reputation of excellence.

If you are unable to find the answer to your question or concern here, you are encouraged to raise the issue with your Manager, Human Resources Representative, or the Compliance Team to help determine the right thing to do.

Thank you for helping us be leaders in the delivery of health care.



Jarrod McNaughton, MBA, FACHE
Chief Executive Officer



Janet Nix
Chief Organizational Development Officer

1

Introduction to the IEHP Code of Conduct

- 1.1 Our Commitment
- 1.2 Mission
- 1.3 Vision
- 1.4 Core Values
- 1.5 Focus Areas

2

Making IEHP a Great Place to

- 2.1 IEHP's Team Culture
- 2.2 IEHP's Rules of Conduct
- 2.3 Respect for Our Members
- 2.4 Respect for Our Providers
- 2.5 Respect for Team Members
- 2.6 Exemplifying the IEHP Brand
- 2.7 Zero Tolerance for Retaliation and Intimidation

3

Preserving IEHP's Culture of Compliance

- 3.1 IEHP's Compliance Program
- 3.2 Fraud, Waste, and Abuse (FWA)
- 3.3 Member Privacy
- 3.4 Conflict of Interest (COI), Gifts, and Entertainment
- 3.5 IEHP's Compliance Training Program
- 3.6 Federal and State Regulators
- 3.7 Interacting with Regulatory Agencies
- 3.8 Eligibility to Participate in Federal and State Healthcare Programs
- 3.9 Protecting IEHP's Assets and Information
- 3.10 Safeguarding IEHP's Systems

4

Know How to Find

- 4.1 Know How to Speak Up
- 4.2 Team Member Resources

1

Introduction to the IEHP Code of Conduct

1.1 Our Commitment

IEHP is firmly committed to conducting its health plan operations in compliance with ethical standards, contractual obligations under federal and state programs, laws, and regulations applicable to Medi-Cal and IEHP DualChoice. This commitment extends to the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership Team, Team Members, Temporary Staff, and IEHP's Business Associates who support IEHP's mission.

1.2 Mission

We heal and inspire the human spirit.

1.3 Vision

We will not rest until our communities enjoy optimal care and vibrant health.

1.4 Core Values

We do the right thing by:

- Placing our Members at the center of our universe.
- Unleashing our creativity and courage to improve health and well-being.
- Bringing focus and accountability to our work.
- Never wavering in our commitment to our Members, Providers, Partners, and each other.

1.5 Focus Areas



2

Making IEHP a Great Place to Work

2.1 IEHP's Team Culture

IEHP's Team Culture embodies our values, beliefs, and approach of interacting with people inside and outside our organization.

Our Team Culture sees the Team Member as a valued person. It supports the idea that everyone on the team counts, and everyone can make a difference. It drives us to do the right thing for our Members, our Providers, and each other. However, for our Team Culture to be a success, we need all Team Members to sustain it.

Here are 10 key traits to sustain IEHP's Team Culture:

1. Focus on the needs of our Members and Providers
2. Create ideas that move IEHP forward
3. Aspire to make a difference every day
4. Strive to improve every day
5. Work with others in a cooperative and collaborative manner
6. Treat fellow Team Members with courtesy, respect, and professionalism
7. Mix hard work with fun – look forward to coming to work
8. Be a positive influence on everyone
9. Know that everyone's role is vital to our success
10. Take pride in IEHP and our accomplishments

Practice these every day. Aim for success because that's what makes us different. **Always remember that we are here to do the right thing for our Members, our Providers, and each other.**



2.2 IEHP's Rules of Conduct

IEHP expects everyone – the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership Team, Team Members, Temporary Staff, and IEHP's Business Associates – to work together in an ethical and professional manner that promotes public trust and confidence in IEHP's integrity. Actions considered contrary to that expectation are listed in this document and may subject anyone mentioned above to disciplinary actions, up to and including contract or employment termination (as applicable).

2.3 Respect for Our Members

IEHP Members deserve to be treated with respect and to experience the kind of customer service that each one of us expects to receive. This means every Member encounter with a Team Member is an opportunity to demonstrate excellent customer service.

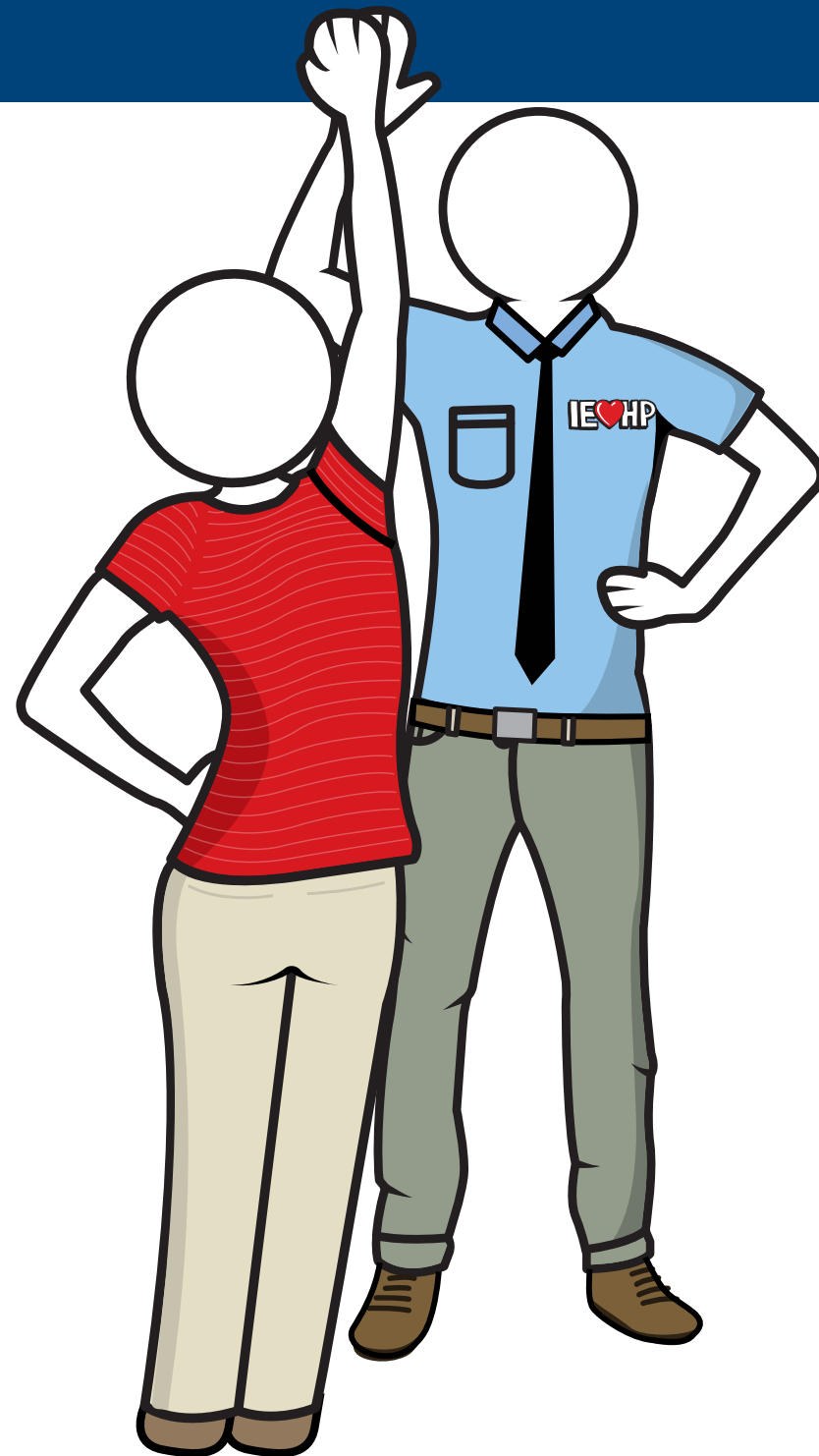
2.4 Respect for Our Providers

IEHP is dedicated to giving our Providers a level of service that exceeds their expectations. Every Team Member who interacts with a Provider should do so with professionalism.

2.5 Respect for Team Members

IEHP sees you, the Team Member, as a valued person. Every one of your fellow Team Members deserves to be treated with the same level of respect and professionalism that you would expect in return. Everyone counts, and everyone can make a difference.

You have joined a winning Team!



2.6 Exemplifying the IEHP Brand

IEHP Branding, Communications, and Marketing

The IEHP brand is one of our organization's most valuable assets. Developing and protecting the brand is an important part of every Team Member's job. This means adhering to established IEHP Branding, Communications, and Marketing standards when communicating about IEHP to Members, your fellow IEHP Team Members, and the community at large.

Here is a quick reference for communicating about IEHP:

- **Ask the IEHP Marketing Department** — All IEHP marketing and Member materials must be developed by the Marketing Department. Please do not write letters to Members or create your own marketing materials without proper management and regulatory approvals.
- **Get co-branded materials approved** — All co-branded (IEHP and other companies or vendors) and other marketing materials created by other companies or vendors must be approved by the Marketing Department prior to distribution. Send materials and requests to the Communications Manager.
- **Refer all media requests** — It doesn't happen often, but if you are approached or contacted by the media to discuss IEHP, please refer them to the Director of Communications and Marketing.

Find our IEHP Team Member Marketing and Branding Fact Sheet located in the IEHP Brand Portal at iehp.workfrontdam.com/bp/#/.

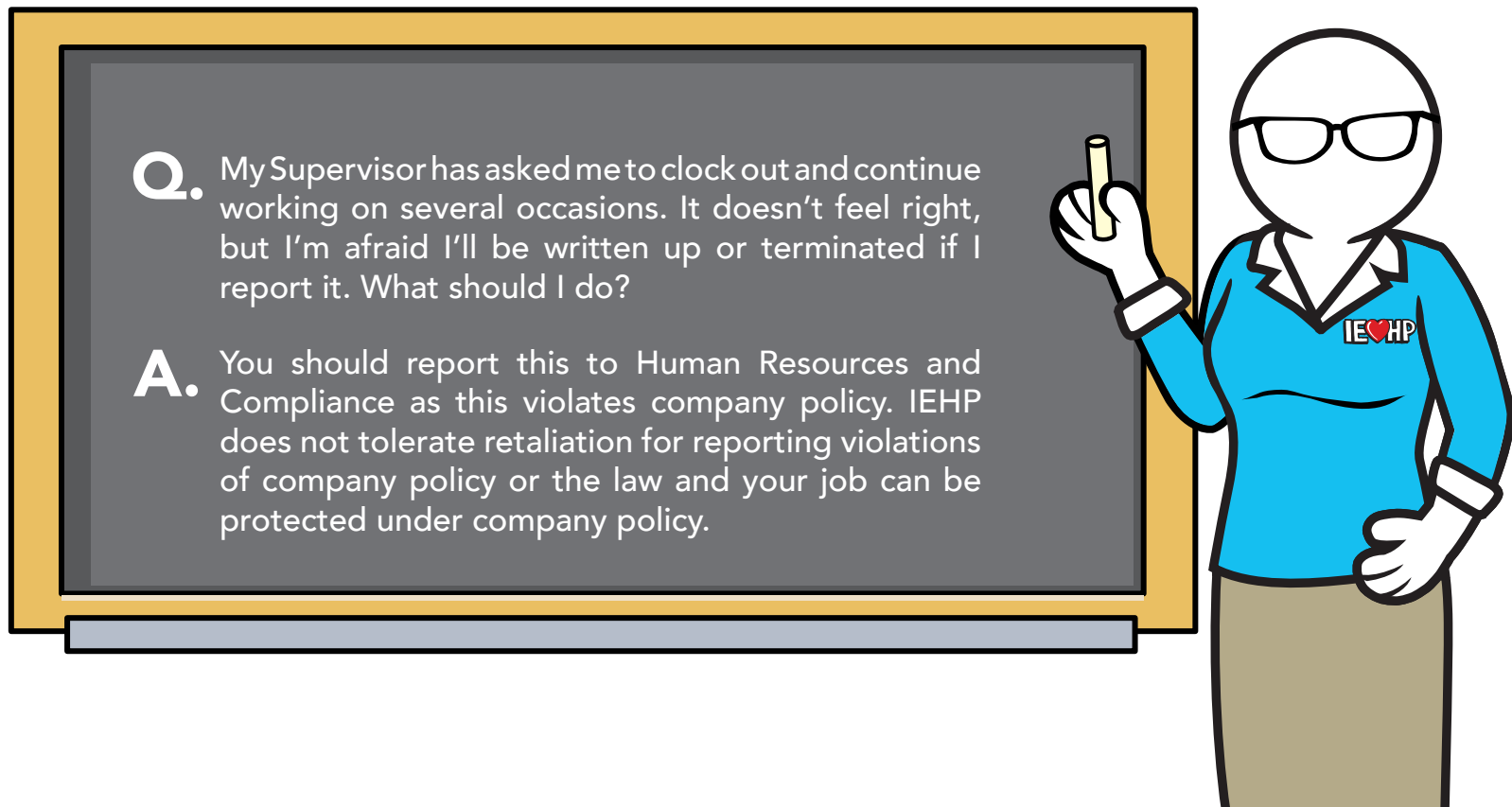


2.7 Zero Tolerance for Retaliation and Intimidation

All Team Members are encouraged to report potential compliance issues without fear of intimidation or retaliation, including (but not limited to):

- Reporting potential/suspected compliance issues (Privacy, FWA, or non-compliance)
- Conducting self-evaluations and/or
- Remedial actions

IEHP has a zero-tolerance retaliation policy and will discipline individuals who retaliate with discriminatory behavior or harassment, up to and including termination of employment. Additional information on IEHP's non-retaliation and non-intimidation practices are detailed in the Harassment and Illegal Discrimination Prevention (Policy Against Harassment) and the Corrective Action policies in the *Team Member Handbook* located on DocuShare via JIVE.



3

Preserving IEHP's Culture of Compliance

3.1

IEHP's Compliance Program

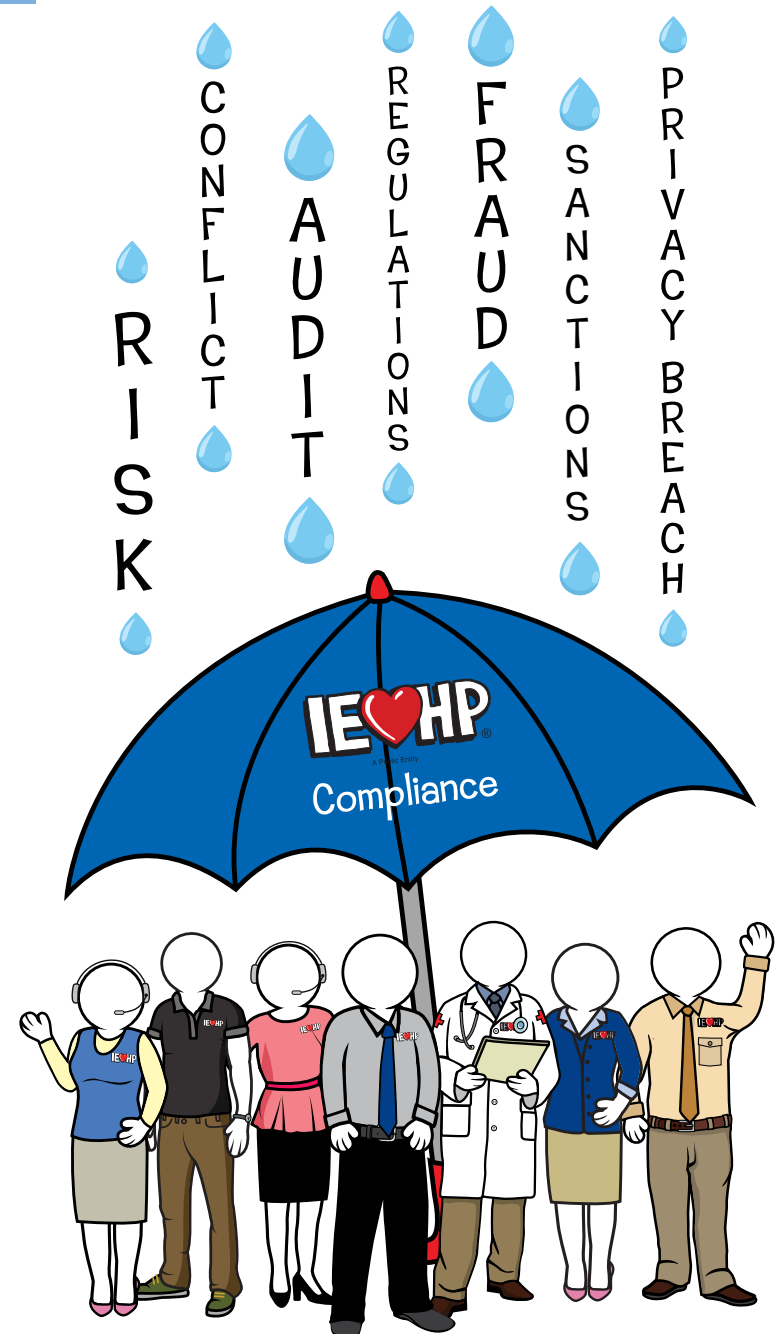
IEHP is committed to maintaining a working environment that fosters conducting business with integrity and that permits the organization to meet the highest ethical standards in providing quality health care services to our Members. This commitment extends to our Business Associates and Delegated Entities that support IEHP's mission.

Our Compliance Program is designed to:

- Ensure we comply with applicable laws, rules, and regulations
- Reduce or eliminate Fraud, Waste, and Abuse (FWA)
- Prevent, detect, and correct non-compliance
- Reinforce our commitment to culture of compliance for which we strive
- Establish and implement our shared commitment to honesty, integrity, transparency, and accountability

Additional information on IEHP's Compliance Program can be found on IEHP Intranet page (JIVE), Compliance Corner, and on IEHP's website: www.iehp.org, including:

- Reporting potential issues of non-compliance, Fraud, Waste, or Abuse, and Privacy incidents
- IEHP's *Code of Business Conduct and Ethics*
- Non-Retaliation and Non-Intimidation policies
- IEHP's Fraud, Waste, and Abuse (FWA) Program
- IEHP's Privacy Program
- Details about IEHP's Regulatory Agencies
- Links to helpful Compliance Program resources



3.2 Fraud, Waste and Abuse (FWA)

IEHP has established a Fraud, Waste, and Abuse Program that investigates allegations of fraud, waste and/or abuse on the part of Members, Providers, vendors, pharmacies, health plans, Team Members, and any entity doing business with IEHP. A powerful weapon against FWA is a knowledgeable and responsible Team Member who can recognize potential fraud and know how to report it. Every Team Member has a responsibility to report suspected FWA under federal and state laws, and in accordance with IEHP Policy.

The Federal False Claims Act and similar state laws make it a crime to submit a false claim to the government for payment. False claims include, but are not limited to billing for treatment not rendered; upcoding to bill for higher reimbursement; and falsifying records to support billed amounts.

These same laws protect individuals known as “whistleblowers.” These individuals generally have inside knowledge of potential non-compliant or fraudulent activities such as false claims billing by companies for whom they work or have worked.

Under the Federal False Claims Act, whistleblowers may bring a civil lawsuit against the company on behalf of the U.S. Government and, if the suit is successful, they may be awarded a percentage of the funds recovered.

There is a provision in the Federal False Claims Act that protects a whistleblower from retaliation by an employer. Actions such as suspension, threats, harassment, or discrimination could be considered retaliatory. IEHP will not tolerate retaliation against any person who has suspected fraudulent activity and reported those suspicions in compliance with IEHP policy.

See Section 4.1 **Know How to Speak Up** for information on how to report any concerns of potential FWA. See Compliance Policy and Procedure, *Fraud, Waste, and Abuse Program* available on Compliance 360 for more information on the IEHP FWA Program.



Q. I've been working recently with billing information from a Provider's office. I've noticed the office has been billing for services that seem unusual or that don't make sense according to the Member's diagnosis. What should I do?

A. Your observation could be a potential fraud- or abuse-related concern. You are required to make a report to the Special Investigations Unit in the Compliance Department via the Compliance Mailbox, the Compliance Hotline, or any of the reporting methods outlined in Section **4.1 Know How to Speak Up** found in this document. Any information that you have available related to your report should be submitted to assist in the investigation. All Team Members are required to report suspected fraud, waste, or abuse concerns.

Q. If my Supervisor directs me to do something that I think will result in non-compliance with a regulation or IEHP policy, should I do it?

A. No, you should not. Laws, regulations, contract requirements, and IEHP policies must be observed. If anyone, even your Supervisor or Manager, asks or directs you to ignore or break them, speak to your Supervisor or Manager about it. If you are uncomfortable speaking with your Supervisor or Manager about it, contact Human Resources and/or Compliance.

Q. While working on a Member's case, I noticed that he had a lot of different prescribing physicians who are prescribing him narcotic prescriptions and had many visits to the Emergency Room. Is this something I should report?

A. Yes, Doctor shopping and overutilization could be considered a form of abuse of the Member's benefits. You are required to make a report to the Special Investigations Unit in the Compliance Department via the Compliance Mailbox, the Compliance Hotline, or any of the reporting methods outlined in Section **4.1 Know How to Speak Up** found in this document.

3.3 Member Privacy

A Member's protected health information (PHI) is protected by the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and state confidentiality laws. The Member information that is protected by these regulations includes, but is not limited to:

Demographic Information

- Name
- Social Security Number
- Address
- IEHP Member ID Number
- Date of Birth
- Medi-Cal ID Number
- Driver's License
- Health Plan Name

Financial Information

- Credit Card Numbers
- Bank Account Numbers
- Claims Information

Clinical Information

- Diagnosis
- Psychotherapy Notes
- Condition
- Authorizations
- Medications
- Mental Health Data
- Lab Results
- Clinical Notes

The law defines a breach of Member privacy as the acquisition, access, use, or disclosure of PHI that is not permitted under HIPAA. This generally means that a breach occurs when PHI is accessed, used, or disclosed to an individual or entity that does not have a business reason to know that information. The law does allow information to be accessed, used or disclosed when it is **related to treatment, payment, or health care operations (TPO)** directly related to the work that we do here at IEHP on behalf of our Members. Examples of breaches include, but are not limited to:

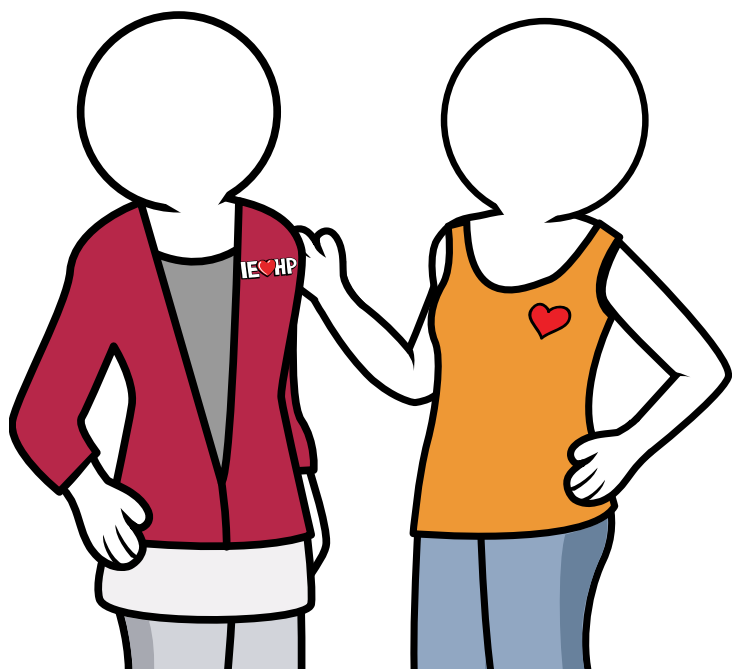
- Accessing information when it does not pertain to your job
- Sending information to the incorrect fax number
- Disclosing unauthorized information verbally (in person or over the phone)
- Sending mail to the wrong address
- Sending unsecured emails outside of the IEHP network or to the incorrect recipient

If a Team Member discovers a potential privacy incident or breach, he or she is required to report the issue immediately to the Special Investigations Unit in the Compliance Department via the Compliance Mailbox, the Compliance Hotline, or any of the reporting methods outlined in Section 4.1 *Know How to Speak Up* found in this document.

When a breach of PHI is discovered, IEHP must report it to the DHCS Privacy Office, DHCS Contract Manager, and DHCS Information Security Officer within twenty-four hours of discovery and to the Office for Civil Rights (OCR) under the Department of Health and Human Services (HHS) within the required time frames. A failure to report according to our regulated time frames may result in monetary penalties and/or sanctions against IEHP. **If a Team Member identifies a potential breach, he or she should notify the Special Investigations Unit in the Compliance Department immediately so that the issue can be investigated and the incident reported, if necessary, to the appropriate regulatory agencies.**

Unauthorized access, use or disclosure of confidential information may make a Team Member subject to a civil action and may subject IEHP to penalties under prevailing federal and state laws and regulations, including HIPAA and the HITECH Act. Failure to comply with IEHP confidentiality, privacy, and security policies may result in disciplinary action, up to and including termination of employment or contract termination.

For additional information, refer to IEHP's *HIPAA Authorization to Disclose PHI* available in the *Team Member Handbook* located on DocuShare and to IEHP Compliance Policy and Procedure, *HIPAA Program Description*, available on Compliance 360.



Q. My family member is an IEHP Member, and she has asked me to check on the status of an authorization. Can I access and view the information as an IEHP Team Member?

A. Accessing information outside the scope of your job would be considered inappropriate according to IEHP's policies and HIPAA. You are encouraged to direct your family member to call Member Services, just like any other IEHP Member.

Q. I heard that my neighbor, who is an IEHP Member, has been sick recently. Can I look at his record to make sure he's receiving services and is doing well?

A. No, concern over your neighbor's well-being does not give you the right to access or view his information. As IEHP Team Members, we are only allowed to access, use or disclose information when it is related to treatment, payment or health care operations for one of our Members and it pertains to a business purpose.

Q. My brother, who is an IEHP Member, asked me to check on the status of a referral. Since he has given me permission, can I view his account?

A. No, even though your brother has given you permission, he should be directed to call Member Services to ensure that he receives the correct guidance on the status of his referral and ensure it is appropriately documented in our systems.

Q. I need to look up my friend's address. I know he is an IEHP Member, and it would be easier to obtain his information from his account rather than calling him. Am I allowed to do so?

A. No, if you access your friend's account without a business purpose, you are violating your friend's right to privacy, IEHP's policies, and HIPAA. Just because we have the ability to access the information does not mean we have the right to do so.

Workplace business decisions must be made with objectivity and fairness. A Conflict of Interest (COI), or even the appearance of one, should be avoided. A COI presents itself in the form of a personal or financial gain for an individual or entity that could possibly corrupt the motivation of that individual or entity.

At IEHP, our actions and choices should be guided by our desire to serve our Members, our organization, and the entities that we conduct business with. Any COI may distort or cloud our judgment when making decisions on behalf of IEHP. Team Members at all levels in the organization are required to comply with the conflict of interest policy. Examples of COI include, but are not limited to:

- Accepting concurrent employment with, acting for, or rendering services to any business or endeavor, with or without compensation, which competes with or conducts business with IEHP
- Selling products directly or indirectly in competition with IEHP financial interest or business involvement with an outside concern which conducts business with or is a competitor of IEHP
- Representing IEHP in any transaction in which a personal interest exists
Accepting gifts, like free tickets or

- any substantial favors, from an outside company that does business with or is seeking to do business with IEHP

Team Members should avoid any business, activity or situation, which may possibly constitute a COI between their personal interests and the interests of IEHP. Team Members must disclose to their Supervisor any situation which may involve a COI.

Additional information is provided in IEHP Human Resources Policy, *Conflict of Interest*.

While creating and maintaining strong relationships with our Members, business partners, and customers is vital to the success of IEHP, a Team Member may not accept gifts, entertainment, or any other personal favor or preferential treatment to or from anyone with whom IEHP has, or is likely to have, any business dealings. Doing so allows others to raise at least the possibility that business decisions are not being made fairly or objectively.

Team Members must disclose to their Supervisor any activity or situation related to offering or receiving gifts related to their employment with IEHP.

Q. A Member sent me a twenty-dollar gift card for a local restaurant as a way to thank me for the services I provided to him. I know I can't accept the gift, but could I buy food to share with my department as a way to spread the gift around?

A. No, unfortunately you cannot accept the gift card, even if you shared it with your department. The gift should be returned to the Member. Please work with your Manager for appropriate handling.

Q. One of our vendors would like to send my entire team tickets to a baseball game. They told me that they appreciate all of the business that IEHP does with them and want to express their gratitude. Can we accept the tickets?

A. No, you may not accept the tickets. IEHP must always remain free of potential conflicts of interest. By taking the tickets, you might create the perception that IEHP conducts business with this particular vendor because of the gifts or "perks" that they provide to our organization. Talk to your Supervisor or Manager about how to handle the situation.

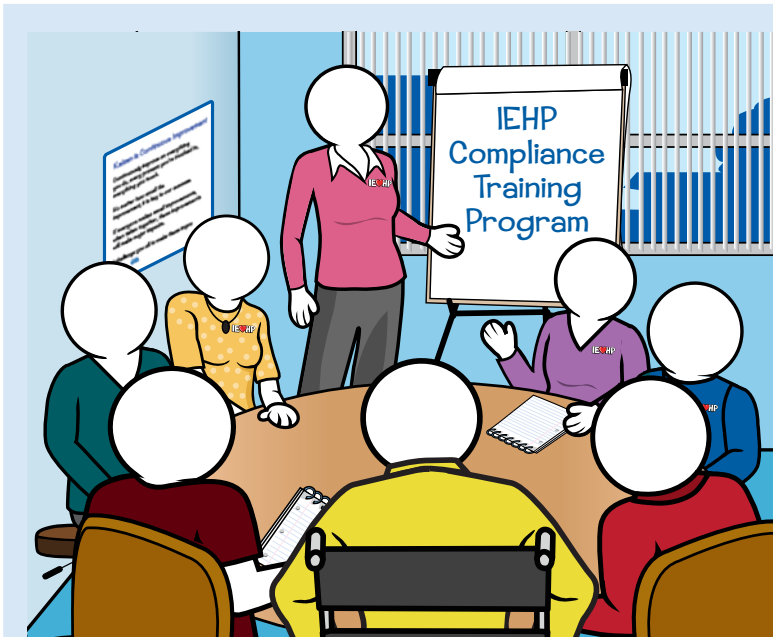
3.5

IEHP Compliance Training Program

The Compliance Training Program focuses on information related to IEHP's Compliance Policies and Procedures; *Code of Conduct*; elements of an effective compliance program; Fraud, Waste, and Abuse; and HIPAA programs.

Compliance Training is mandatory:

- Compliance Training must be completed by all of the IEHP Governing Board Members, IEHP Team Members, Temporary Employees, Interns, and Volunteers within 90 days of hire, assignment or appointment.
- All of the IEHP Governing Board Members, IEHP Team Members, Temporary Employees, Interns, and Volunteers are also required to complete Compliance Training on an annual basis.
- IEHP requires **First Tier Entities** to provide Compliance Training to their employees and **Downstream Entities** within 90 days of hire, assignment or appointment, and annually thereafter.



First Tier Entity is any party that enters into a written arrangement with IEHP to provide administrative services or health care services to an IEHP Member.

Downstream Entity is any party that enters into a written arrangement with persons or entities below the level of the arrangement between IEHP and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

All Team Members are responsible for ensuring they receive, understand, and attest to the New Hire and Annual Compliance Training.

3.6 Federal and State Regulators

The health care industry is heavily regulated by federal and state agencies responsible for ensuring health care organizations operate in compliance with contractual and regulatory obligations. IEHP is regulated by the Centers for Medicare & Medicaid Services (CMS), the Department of Health Care Services (DHCS), and the Department of Managed Health Care (DMHC).

The Centers for Medicare & Medicaid Services (CMS)

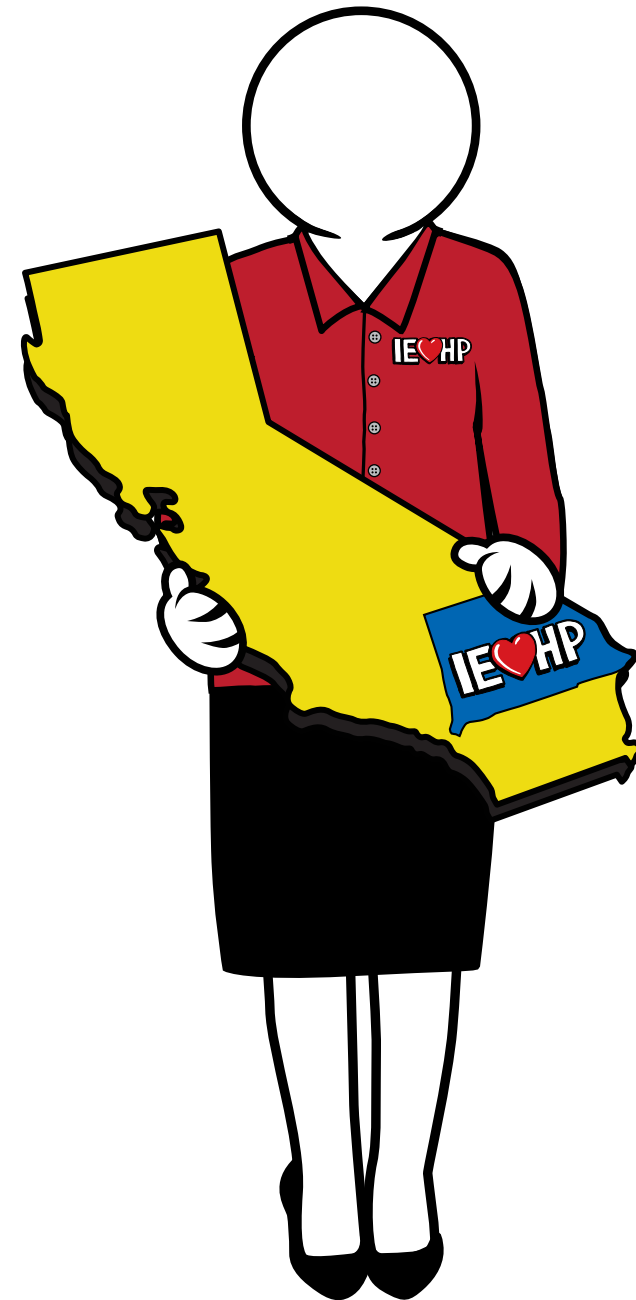
CMS is an agency within the U.S. Department of Health & Human Services responsible for administration of several key federal health care programs. CMS oversees Medicare (the federal health insurance program for seniors and persons with disabilities) and Medicaid (the federal needs-based program). IEHP maintains a contract with CMS to operate as a Medicare-Medicaid Plan (MMP).

The Department of Health Care Services (DHCS)

DHCS is one of thirteen departments within the California Health and Human Services Agency (CHHS) that provides a range of health care services, social services, mental health services, alcohol and drug treatment services, income assistance, and public health services to Californians. DHCS administers publicly financed health insurance and safety net programs and works to effectively use federal and state funds to operate the Medi-Cal program. DHCS ensures that high-quality, efficient health care services are delivered to more than 13 million Californians (or one in three Californians). IEHP maintains contracts with DHCS to operate Medi-Cal managed care services.

The Department of Managed Health Care (DMHC)

DMHC regulates health care service plans that deliver health, dental, vision, and behavioral health care benefits. DMHC protects the rights of approximately 20 million enrollees, educates consumers about their rights and responsibilities, ensures financial stability of the managed health care system, and assists Californians in navigating the changing health care landscape. DMHC reviews all aspects of the plan's operations to ensure compliance with California law. IEHP maintains two Knox-Keene Licenses with DMHC to operate in California.



3.7 Interacting with Regulatory Agencies

IEHP maintains open and frequent communications with regulatory agencies, such as CMS, DHCS, and DMHC. You may be contacted by a regulatory agency via inquiry, subpoena, or other legal document regarding IEHP's operations or Member care. If you are contacted by a regulatory agency through the course of your work, contact your Supervisor and the Compliance Officer right away. All of the IEHP Governing Board Members, Team Members, Business Associates, and Delegated Entities are

expected to respond to regulatory agencies in a truthful, accurate, and complete manner. Responses should be coordinated with leadership, compliance, or legal, as appropriate. If through the course of your work, you identify or suspect that a response provided to a regulatory agency has been misrepresented – either by dishonesty, omission, or misunderstanding – you must correct it and contact your Supervisor and the Compliance Officer right away.

3.8 Eligibility to Participate in Federal and State Health Programs

As a part of compliance program oversight, IEHP performs Participation Status Reviews. This involves a review of several federal and state databases which list individuals and entities that have been excluded, suspended, or opted out from participation, contract, or subcontract with federal or state health care programs. Lists reviewed include, but are not limited to: the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE); the U.S. General Services Administration (GSA) System for Award Management (SAM); Medicare Opt Out Lists; the CMS Preclusion List (as applicable); and the DHCS Medi-Cal Suspended and Ineligible List. Exclusion screening is conducted upon appointment, hire or commencement of a contract, as applicable, and monthly thereafter. This ensures the Governing Board Members, Team Members and/or Delegated Entities are not excluded/suspended or do not become excluded/suspended from participating in federal and state health care programs.

If IEHP learns that any prospective or current, Board Member, Team Member or Delegated Entity has been proposed for exclusion or excluded, IEHP will promptly remove the individual

or entity from IEHP's Programs consistent with applicable policies and/or contract terms. Payment may not be made for items or services furnished or prescribed by an excluded person or entity. Payments made by IEHP to excluded persons or entities after the effective date of their suspension, exclusion, debarment, or felony conviction, and/or for items or services furnished at the medical direction or on the prescription of a physician who is suspended, excluded, or otherwise ineligible to participate are subject to repayment/recoupment. The Compliance Department will review potential organizational obligations related to the reporting of identified excluded or suspended individuals or entities and/or refund obligations and consult with legal counsel, as necessary and appropriate, to resolve such matters.

As an IEHP Team Member, if you are ever excluded from participating in any federal or state program, it is your obligation to notify IEHP Human Resources and the Compliance Department immediately.

3.9 Protecting IEHP's Assets and Information

The resources and information Team Members use and obtain during their employment at IEHP is to be used solely for the purpose of conducting IEHP business.

Confidential information includes, but is not limited to:

- IEHP's proprietary information about the company
- Proprietary information about IEHP's contracted entities
- Private information about our Providers
- Personal and/or private information about our Team Members

Confidential information may be in the form of:

- Documents and tapes
- Electronic information
- Lists and computer print-outs
- Studies and reports
- Drafts and charts
- Records and files

Such confidential information should never be disclosed to individuals outside of IEHP during employment or at anytime thereafter except as required by a Team Member's immediate Supervisor or as required by law. This would include telling an individual something confidential or saying something confidential where it can be overheard by those without a business need to know. **It also includes viewing confidential information that is unrelated to your job.**



The IEHP Rules of Conduct for Computer Systems and Mobile Devices

IEHP expects Team Members and business entities utilizing IEHP computer systems, networks, and mobile communication devices to use these systems in an ethical and professional manner.

The following are examples of actions which may subject a Team Member or business entity to disciplinary action, up to and including termination of employment or contract termination. This is not a complete list, and activities that are not covered in this list will be handled on a case-by-case basis:

■ Improper use of email systems including:

- Sending threatening, hateful, and offensive email messages
- Excessive usage of business email accounts for personal use
- Sending IEHP data to personal email accounts

■ Improper use of IEHP's internet access connections including:

- Online gambling
- Excessive access to websites that are not work-related or that don't provide information beneficial to IEHP, its Members and/or Providers
- Unsecure transmission of ePHI, PII and other sensitive information
- Hosting unauthorized web-based services
- Activities related to copyright infringement
- Unauthorized usage of Cloud-based or Online Hosted Services
- The use of internet-based email services, including, but not limited to, Hotmail, Gmail and Yahoo mail to transmit or receive PHI or other sensitive company information

■ Unauthorized/improper access or usage of IEHP computer systems including:

- Removal of IEHP data in any form
- Disabling and/or bypassing computer security applications and security controls
- Software installation
- Removal of IEHP computer systems and/or components
- Modification of IEHP computer systems
- Access, removal and/or sharing of IEHP encryption technologies
- Attempts to access computer systems, networks and/or unauthorized data
- Sharing individually assigned network or application login credentials
- Not reporting computer system anomalies, errors, malfunctions, and/or security incidents
- Not reporting lost or stolen IEHP computer resources
- Intentional distribution of inappropriate materials in electronic form

Social Media

IEHP understands that various forms of communication occur through social media, including, but not limited to, Facebook, Twitter, Instagram, Snapchat, LinkedIn, Blogs, and YouTube, and may occur in the form of social networking, blogging, and video/image sharing.

IEHP Team Members are prohibited from using IEHP computer and network resources to access social media sites that do not serve IEHP business needs or purposes. Accessing personal social media accounts should be done on personal time using a personally owned device.

Team Members may not post or transmit any material or information that includes confidential or proprietary information, information specific to internal operations, or information that would compromise the confidentiality of protected health information (PHI). Unacceptable use of social media may include (this is not a complete list):

- Posting of statements, pictures, or cartoons that could constitute any form of unlawful harassment, including sexual harassment, bullying, or abusive conduct of any kind
- Posting of pictures taken in IEHP work areas where confidential information or PHI may be visible
- Unauthorized representation of posting on behalf of IEHP or inappropriately “tagging” IEHP, its Team Members, or other business affiliates
- Posting of statements that are slanderous or detrimental to IEHP, fellow Team Members, or other business affiliates
- Posting of confidential or proprietary information of IEHP, vendors, or other business affiliates

Team Members who violate IEHP’s Social Media policy or demonstrate poor judgment in how they use social media will be subject to disciplinary action, up to and including, termination.

Additional information on IEHP’s Social Media policy is available in the *Team Member Handbook* located on DocuShare, via JIVE. Team Members may also be notified through email of any change (revisions and/or additions) to the Social Media Policy.

Q. I need to do some work from home and was thinking about emailing a copy of a report that is generated by IEHP to my personal email account. If it doesn’t contain PHI, can I send the report to myself?

A. No, transmitting IEHP proprietary information to a personal email account is not permissible. Team Members are encouraged to use their remote access connection to conduct any IEHP business remotely. If you don’t have remote access, ask your Supervisor or Manager if remote access is an option for you.

Q. I’ve noticed that one of my co-workers spends more than just her break time utilizing the internet for personal use on her desktop computer. Is that a violation of the *Code of Conduct*?

A. Excessive activity on websites that are not work related or that do not provide information that is beneficial to IEHP, its Members or Providers could be considered a violation of the *Code of Conduct*. Please share the issue with your Supervisor, Manager or with Human Resources to handle appropriately.

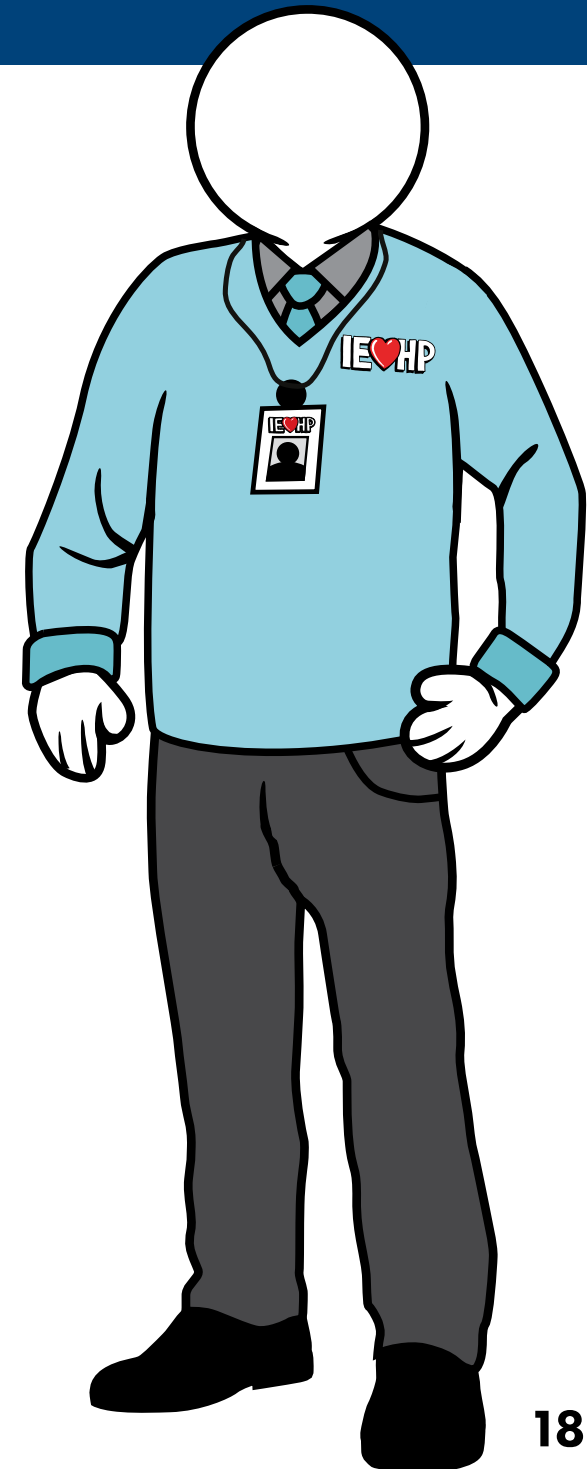
Facilities

- All Team Members are responsible for providing their own badge access when entering IEHP facilities and are responsible for requesting a new company badge, if needed.
- All Team Members are responsible for checking out a temporary company badge when their badge is misplaced. All Team Members are also responsible for returning their temporary badge once a new, permanent badge has been issued.
- All Team Members must play a role in making our facility a safe place:
 - Ensure building doors successfully close completely after entering
 - Ensure no outside entity “piggy backs” on IEHP Team Members
 - Report any suspicious activity or individuals in the building, suites, or parking lots to:
Atrium.Security@Securitasinc.com
 - Offer guidance and/or question the attendance of an individual who appears lost

For information about IEHP’s policies and procedures, please visit the Facilities Page on JIVE.

Q. I think it would be rude to question someone without a badge who is trying to enter the facility. Why are Team Members responsible for this?

A. As IEHP Team Members, we are all responsible for safeguarding IEHP assets, information, and our facilities from abuse and inappropriate access. If someone is attempting to enter our building without proper authorization (i.e., an IEHP-issued badge or checking in with reception) we run the risk of allowing an unauthorized individual having access to private information or IEHP property. Please ensure that any individuals coming through a locked door behind you have a badge on. Do not allow anyone to enter through a locked door behind you without first verifying that he or she is wearing a badge.



4

Know How to Find Help

4.1 Know How to Speak Up

IEHP's *Code of Conduct* provides guidance on the behavior expected of all IEHP Governing Board Members, Team Members, Business Associates, and Delegated Entities. These individuals and entities are encouraged to discuss the *Code of Conduct* with their Manager, Director, or Chief Officer; with the Human Resources Department; with the Compliance Team or the IEHP Compliance Officer. These resources are available to you in assessing the situation and reaching a decision to report a compliance concern. All individuals and entities doing business with IEHP have a right and a responsibility to promptly report known and/or suspected violations of this Code.

Compliance concerns will be reviewed and investigated, where warranted, thoroughly, and as confidentially as the law allows. IEHP will conduct a fair, impartial and objective investigation into your concerns and will take appropriate action to correct any violations or issues of non-compliance that are identified. IEHP maintains a system to receive, record, respond to, and track compliance questions or reports from any source. Investigative findings that meet federal and/or state criteria for additional investigation are referred to the appropriate federal and/or state entity.

The following are reporting methods any individual can use to report compliance concerns – remember, reports can be made without fear of retaliation, anonymously, or you may reveal your identity – it is up to you. When reporting an issue, be prepared to provide as much detail as possible to allow proper investigation of the issue.

- **Call:** the **Compliance Hotline** toll free at **1-866-355-9038**, 24 hours/day, 365 days/year. If a Compliance Team Member is not available, a confidential voice mailbox will take your message and the Team will pick it up on the next business day.
- **Email:** compliance@iehp.org
- **Mail:** IEHP Compliance Officer
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800
- **Visit:** the IEHP Compliance Officer or the Compliance Special Investigations Unit at IEHP.
- **Access JIVE:** IEHP Team Members can also report compliance issues on JIVE, IEHP's intranet. Click on "Compliance Corner," then click on "Report a Compliance Issue." On this page you will find information and links on reporting potential compliance issues.
- **Go online:** visit IEHP's website at www.iehp.org search for links to "report forms."



4.2 Team Member Resources

The *Team Member Handbook* is intended to provide you with some basic information about the policies and procedures of IEHP and about the benefits provided to you as a Team Member.

You are encouraged to read the entire manual to familiarize yourself with our policies and procedures. Should you need to reference these policies, refer to the *Team Member Handbook* located on DocuShare, via JIVE.

Team Member resources include:

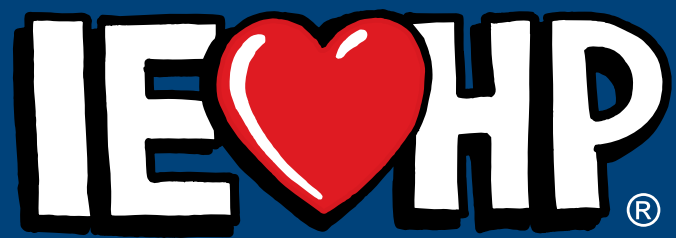
Resource	Location	Description
The Compliance Corner	JIVE	Contains information related to the Compliance Programs, report forms and the latest Compliance news
Compliance 360	JIVE	Contains IEHP company policies and policy attachments
IEHP <i>Team Member Handbook</i>	DocuShare, via JIVE	Provides basic information about the policies of IEHP for Team Members
Compliance Program Information and Reporting Information	www.iehp.org	General information about IEHP's Compliance, Fraud, Waste, and Abuse, and Privacy Programs

THANK YOU!

Our mission and reputation at IEHP are entrusted to all of the IEHP Governing Board Members, Team Members, Business Associates, and Delegated Entities to foster, build, and continuously improve upon. We can look to our *Code of Conduct* to help promote our values and guide us in always doing the right thing.

Thank you for carefully reading the IEHP *Code of Business Conduct and Ethics*, referencing it often, and committing to following it in your daily work here at IEHP.





A Public Entity

Inland Empire Health Plan

MEMBER INCENTIVE (MI) PROGRAM ANNUAL UPDATE / END OF PROGRAM EVALUATION FORM

Member Incentive (MI) Evaluations are required for all member programs that offer incentives. Complete this form and email it to MMCDHealthEducationMailbox@dhcs.ca.gov and cc your Contract Manager.

End of Program Evaluations are due 45 days after the program has ended.

Annual Updates are required for ongoing programs (includes programs that are recurring and completed periodically with the same purpose *and* target population) – the first one is due 13 months after the program desired start date. Subsequent updates are due annually based on the date of the first Annual Update.

The Managed Care Plan's (MCP's) Qualified Health Educator must review and sign off on all MI Program Annual Updates and Evaluations.

Email subject line must include: MCP name, Sub plan name-if applicable, targeted disease/behavior, MI Annual Update or MI Program Evaluation (e.g. *CA Best HP_ A_ MI Annual Update*). **Include your originally approved MI request form with the email.** For more information, see APL 16-005.

A. Managed Care Plan:

Date:

B. Submitted on behalf of _____, subcontracting MCP N/A

C. Please list the counties where you implemented this incentive program:

Complete: Annual Update

Actual Start Date:

Approved limited term program that has become ongoing

End of Program Evaluation

Date Program Ended:

Approved ongoing program that has ended

1. Was this MI part of a PDSA, PIP, or other QI project? No Yes

2. Targeted Disease/Behavior (as listed on MI request form):

3. Number of members identified as **eligible** for MI program:

4. Number of members who completed the requirements and received the incentive: N/A

5. Number of members who completed the requirements and were entered into the drawing:
 N/A

6. Number of prizes awarded through random drawing: N/A

7. What type(s) of incentives did you offer, what is the current value of each, and how many did you distribute to members? **(Complete the appropriate section(s) of the table below. Explain if and why you made any changes in type or value from the original MI request form)**

Incentive Type	Value	# Provided
<input type="checkbox"/> Gift card; <u>specify type</u> of card (e.g., Target, Walmart, grocery, movie, etc.): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Product or merchandise; <u>specify type</u> (and indicate <u>how it relates</u> to the focus of the incentive program, e.g., glucometer for diabetes): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Tickets; <u>specify type</u> (e.g., movie, local events): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Transportation; <u>specify type</u> (e.g., vouchers or tokens for bus, taxi, etc.): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Enrollment or monthly membership fees; <u>specify type</u> of membership: Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Drawing/Raffle (<u>specify drawing item(s)</u> and maximum number of drawing winners): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Points Rewards Program (<u>how many points will be awarded?</u>): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Other, please describe: Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#

8. Total monetary value of all incentives/raffle prizes listed in question #7 table (see above):

9. Please acknowledge that your MCP has addressed the following:

- MCP has reviewed successes and challenges in the **planning** process for the MI program
- MCP has reviewed successes and challenges in the **implementation** process for the MI Program
- MCP has reviewed successes and challenges in the **evaluation** process for the MI Program
- MCP has identified successes and challenges in **identifying eligible members** for the MI program

MCP has identified successes and challenges in **notifying eligible members** of the MI program

MCP has identified successes and challenges **verifying** the member has completed the required action

MCP has identified successes and challenges impacting the overall **member completion rate**

MCP has identified successes and challenges in **partnering with providers** for the MI program, if applicable

10. Additional comments (if any):

11. MCP Contact Person (person submitting the form and/or person responsible for the program):

Email:

Phone:

12. **The MCP's Qualified Health Educator has reviewed this Annual Update or End of Program Evaluation form.**

Name:

Email:

Date:

Internal MCP Communication/Comments:

DHCS Reviewer's Name and Title:

Date submitted to DHCS:

DHCS Comments:

FOCUS GROUP INCENTIVE (FGI) EVALUATION FORM

Focus Group Incentive (FGI) Evaluations are required for all focus groups that offer incentives. Complete this form and email it to MMCDHealthEducationMailbox@dhcs.ca.gov and cc your Contract Manager.

End of Focus Group Evaluations are due 60 days after the last focus group was held.

Annual Updates are required for ongoing focus groups (includes focus groups that are recurring and completed periodically with the same purpose *and* target population) – the first one is due 13 months after the first focus group. Subsequent updates are due annually based on the date of the first Annual Update.

The Managed Care Plan's (MCP's) Qualified Health Educator must review and sign off on all FGI Annual Updates and Evaluations.

Email subject line must include: MCP name, Sub plan name-if applicable, purpose of focus group, FGI Evaluation (e.g. *HealthPlan_ MES_ FGI Evaluation*). **Include your originally approved FGI request form with the email.** For more information, see APL16-005.

A. Managed Care Plan: _____ Date: _____

B. Submitted on behalf of _____, subcontracting MCP N/A

C. Please list the counties where you held these focus groups:

Complete: Annual Update **Actual Start Date:**
 Approved limited term focus group that has become ongoing
 End of Focus Group Evaluation **Date last group was held:**
 Approved ongoing focus group that has ended

1. Was this FGI part of a PDSA, PIP, or other QI project? No Yes
2. Targeted Disease/Behavior (as listed on FGI request form):
3. Total number of focus groups (all languages):
4. Total number of attendees (all languages):
5. Number of focus groups conducted and attendees in English only (provide date of focus group and # of participants): N/A
6. Number of focus groups conducted and attendees in languages other than English, if applicable (provide language, date of focus group, and # of participants): N/A

7. What type(s) of incentives did you offer, what is the current value of each, and how many did you distribute to members? **(Complete the appropriate section(s) of the table below. Explain if and why you made any changes in type or value from the original FGI request form)**

Incentive Type	Value	# Provided
<input type="checkbox"/> Gift card; <u>specify type</u> of card (e.g., Target, Walmart, grocery, movie, etc.): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Product or merchandise; <u>specify type</u> (and indicate <u>how it relates</u> to the focus of the incentive program, e.g., glucometer for diabetes): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Tickets; <u>specify type</u> (e.g., movie, local events): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Transportation; <u>specify type</u> (e.g., vouchers or tokens for bus, taxi, etc.): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Enrollment or monthly membership fees; <u>specify type</u> of membership: Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Drawing/Raffle (<u>specify drawing item(s)</u> and maximum number of drawing winners): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Points Rewards Program (<u>how many points will be awarded?</u>): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Other, please describe: Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#

8. Total monetary value of all incentives/raffle prizes listed in question #7 table (see above):

How do you plan to use the data collected from the focus group(s) (include program, procedure, or policy revisions/changes)?

9. Please acknowledge that your MCP has addressed the following:

- MCP has identified successes and challenges in **recruiting eligible members** for the focus group(s)
- MCP has identified successes and challenges in **reducing barriers for members to attend** the focus group (location, time of day of group, transportation and/or child care services provided, food offered, etc.)
- MCP has reviewed successes and challenges in the **planning** process for the focus group(s)

MCP has reviewed successes and challenges in the **implementation** of the focus group(s)

MCP has reviewed successes and challenges in the **evaluation** of the focus group(s)

10. Additional comments (if any):

11. MCP Contact Person (person submitting the form and/or person responsible for the focus group):

Email:

Phone:

12. **The MCP's Qualified Health Educator has reviewed this Annual Update or End of Focus Group Evaluation form.**

Name:

Email:

Date:

Internal MCP Communication/Comments:

DHCS Reviewer's Name and Title:

Date submitted to DHCS:

DHCS Comments:

FOCUS GROUP INCENTIVE (FGI) REQUEST FOR APPROVAL FORM

Focus Group Incentives (FGI) require DHCS approval prior to implementation. Complete this form and email it to MMCDHealthEducationMailbox@dhcs.ca.gov and cc your Contract Manager. Please attach your focus group outline, draft of the script, or sample questions.

The Managed Care Plan's (MCP's) Qualified Health Educator must review and sign off on all FGI Requests for Approval.

Email subject line must include: MCP name, Sub plan name-if applicable, purpose of focus group(s), FGI Request and desired start date (e.g. *HealthPlan_ Member Satisfaction_ FGI Request_ July 1, 2020*). Submit at least two weeks prior to desired start date. For more information, see APL 16-005.

- A. Managed Care Plan: _____ Date: _____
- B. Submitted on behalf of _____, subcontracting MCP N/A
- C. Please list the counties where you plan to hold these focus groups:

1. What is the focus group **desired** start date?
2. What is the **expected** date of the final focus group(s)? _____ or Ongoing (includes recurring focus groups that happen periodically with the same purpose *and* target population)
3. Is this focus group part of a PDSA, PIP, or other QI project? No Yes
4. Targeted Disease/Behavior (use Targeted Disease/Behavior Code list):
 Other, please describe: _____
5. Who is eligible for the focus group (i.e. target population, eligibility criteria, etc.)?
6. What type(s) of incentives will you offer members who participate in the focus group, the value of each, and the reason you selected the incentive and amount? (**complete the appropriate section(s) of the table below**)

Incentive Type	Value
<input type="checkbox"/> Gift card; <u>specify type</u> of card (e.g., Target, Walmart, grocery, movie, etc.): How did you select this incentive and amount:	\$
<input type="checkbox"/> Product or merchandise; <u>specify type</u> (and indicate <u>how it relates</u> to the focus of the incentive program, e.g., glucometer for diabetes): How did you select this incentive and amount:	\$
<input type="checkbox"/> Tickets; <u>specify type</u> (e.g., movie, local events): How did you select this incentive and amount:	\$

<input type="checkbox"/> Transportation; specify type (e.g., vouchers or tokens for bus, taxi, etc.):	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Enrollment or monthly membership fees; specify type of membership:	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Drawing/Raffle (specify drawing item(s) and maximum number of drawing winners):	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Points Rewards Program (how many points will be awarded?):	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Other, please describe:	\$
How did you select this incentive and amount:	

7. How many members do you intend to have for each focus group? List range (e.g. 6 – 10):

–

8. How many focus groups do you plan to conduct for this specific request (if ongoing, enter how many focus groups you plan to conduct annually)?

9. What is the intended length of time for each focus group? minutes

10. List languages other than English in which the focus group(s) will be conducted, and the number of focus groups for each language, if applicable:

11. Please acknowledge that your MCP has addressed the following in planning the **implementation** for this FGI:

MCP has determined how eligible members will be **recruited** for the focus group(s)

MCP has considered how to **reduce barriers** for members to attend the focus group(s) (time of day of group, transportation and/or child care services provided, food offered, etc.)

MCP has determined the **location** where the focus group(s) will be held is appropriate and convenient for the recruited population

MCP has determined whether and how to **notify providers** of the focus group(s)

MCP will **inform members** that gift cards cannot be used for purchasing tobacco, alcohol, or firearms, if applicable

12. Please acknowledge that your MCP has addressed the following in planning the **evaluation** for this FGI:

MCP has a process in place to count the **number of focus groups** conducted

MCP has a process in place to count the **number of members who attend** each focus group

MCP has a process in place to count the **number of members who received** the incentive or were **entered** into the drawing and **received** a prize from a drawing

MCP has determined how to assess the **planning** process for the focus groups

MCP has determined how to assess the **implementation** process for the focus groups

MCP has determined how to assess the **evaluation** process for the focus groups

13. Attached to the request is a focus group outline, draft of the script, or sample questions

14. Additional comments (if any):

15. MCP Contact Person (person submitting the form and/or person responsible for the focus group):

Email:

Phone:

16. **The MCP's Qualified Health Educator has reviewed the Focus Group and this FGI Request for Approval form.**

Name:

Email:

Date:

Internal MCP Communication/Comments:

DHCS Approver's Name and Title:

Date:

DHCS Comments:

MEMBER INCENTIVE (MI) PROGRAM REQUEST FOR APPROVAL FORM

Member Incentive (MI) Programs *require DHCS approval* prior to implementation. Complete this form and email it to MMCDHealthEducationMailbox@dhcs.ca.gov and cc your Contract Manager.

The Managed Care Plan's (MCP's) Qualified Health Educator must review and sign off on all MI Program Requests for Approval.

Email subject line must include: MCP name, Sub plan name- if applicable, targeted disease/behavior, MI Request and desired start date (e.g. *CA Best HP_ CDC-E_ MI Request_ July 1, 2020*). Submit at least two weeks prior to desired start date. For more information, see APL 16-005.

A. Managed Care Plan: _____ Date: _____

B. Submitted on behalf of _____, subcontracting MCP N/A

C. Please list the counties where you plan to implement this program:

1. What is the **desired** start date?
2. What is the **expected** end date? _____ or Ongoing (includes recurring programs and programs that happen periodically with the same purpose *and* target population)
3. Is this MI Program part of a PDSA, PIP, or other QI project? No Yes
4. Targeted Disease/Behavior (use Targeted Disease/Behavior Code list):
 Other, please describe: _____
5. Indicate HEDIS measure, if applicable: _____
6. Who is eligible for the MI program (i.e., target population, eligibility criteria, etc.)?
7. What steps must the member complete in order to receive the incentive (i.e., make appointment, complete lab work, have doctor sign form, mail back to MCP in envelope provided, etc.)?
8. What type(s) of incentives will you offer to the program participants, the value of each, and the reason you selected the incentive and amount? (**complete the appropriate section(s) of the table below**)

Incentive Type	Value
<input type="checkbox"/> Gift card; <u>specify type</u> of card (e.g., Target, Walmart, grocery, movie, etc.): How did you select this incentive and amount:	\$
<input type="checkbox"/> Product or merchandise; <u>specify type</u> (and indicate <u>how it relates</u> to the focus of the incentive program, e.g., glucometer for diabetes):	\$

How did you select this incentive and amount:

Tickets; specify type (e.g., movie, local events): \$

How did you select this incentive and amount:

Transportation; specify type (e.g., vouchers or tokens for bus, taxi, etc.): \$

How did you select this incentive and amount:

Enrollment or monthly membership fees; specify type of membership: \$

How did you select this incentive and amount:

Drawing/Raffle (specify drawing item(s) and maximum number of drawing winners): \$

How did you select this incentive and amount:

Points Rewards Program (how many points will be awarded?): \$

How did you select this incentive and amount:

Other, please describe: \$

How did you select this incentive and amount:

9. Please acknowledge that your MCP has addressed the following in planning the **implementation** for this MI program:

- MCP has determined how eligible members will be **identified** for the MI program
- MCP has determined how eligible members will be **notified** of the MI program
- MCP has considered how to **reduce barriers** for members to complete the required action
- MCP has determined how to **verify** the member has completed the required action
- MCP has considered challenges that may impact the overall **member completion rate**
- MCP has determined whether and how to **notify providers** of the MI program
- MCP will **inform members** that gift cards cannot be used for purchasing tobacco, alcohol, or firearms, if applicable

10. Please acknowledge that your MCP has addressed the following in planning the **evaluation** for this MI program:

- MCP has a process in place to count the number of eligible members **identified** for the MI program
- MCP has a process in place to count the number of members who **complete** the program requirements
- MCP has a process in place to count the number of members who **received** the incentive or were **entered** into the drawing and **received** a prize from a drawing
- MCP has determined how to assess the **planning** process for the MI program
- MCP has determined how to assess the **implementation** process for the MI Program

MCP has determined how to assess the **evaluation** process for the MI Program

11. Additional comments (if any):

12. MCP Contact Person (person submitting the form and/or person responsible for the program):

Email:

Phone:

13. The MCP's Qualified Health Educator has reviewed the Member Incentive Program and this MI Request for Approval form.

Name:

Email:

Date:

Internal MCP Communication/Comments:

DHCS Approver's Name and Title:

Date:

DHCS Comments:

SURVEY INCENTIVE (SI) EVALUATION FORM

Survey Incentive (SI) Evaluations are required for all surveys that offer incentives. Complete this form and email it to MMCDHealthEducationMailbox@dhcs.ca.gov and cc your Contract Manager.

End of Survey Evaluations are due 45 days after the last survey was completed.

Annual Updates are required for ongoing surveys (includes surveys that are recurring and completed periodically with the same purpose *and* target population) – the first one is due 13 months after the survey desired start date. Subsequent updates are due annually based on the date of the first Annual Update.

The Managed Care Plan's (MCP's) Qualified Health Educator must review and sign off on all SI Annual Updates and Evaluations.

Email subject line must include: MCP name, Sub plan name-if applicable, purpose of survey, SI Evaluation (e.g. *HealthPlan_ Member Satisfaction_ SI Evaluation*). **Include your originally approved SI request form with the email.** For more information, see APL 16-005.

A. Managed Care Plan: _____ Date: _____

B. Submitted on behalf of _____, subcontracting MCP N/A

C. Please list the counties where you conducted these surveys:

Complete: Annual Update **Actual Start Date:**
 Approved limited term survey that has become ongoing
 End of Survey Evaluation **Date last survey was completed:**
 Approved ongoing survey that has ended

1. Was this SI part of a PDSA, PIP, or other QI project? No Yes
2. Targeted Disease/Behavior (as listed on SI request form):
3. Total number of surveys distributed/attempted (all languages):
4. Total number of surveys returned/completed (all languages):
5. Number of surveys completed in languages other than English (list the language and count):
 N/A

6. What type(s) of incentives did you offer, what is the current value of each, and how many did you distribute to members? **(Complete the appropriate section(s) of the table below. Explain if and why you made any changes in type or value from the original SI request form)**

Incentive Type	Value	# Provided
<input type="checkbox"/> Gift card; <u>specify type</u> of card (e.g., Target, Walmart, grocery, movie, etc.): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Product or merchandise; <u>specify type</u> (and indicate <u>how it relates</u> to the focus of the incentive program, e.g., glucometer for diabetes): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Tickets; <u>specify type</u> (e.g., movie, local events): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Transportation; <u>specify type</u> (e.g., vouchers or tokens for bus, taxi, etc.): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Enrollment or monthly membership fees; <u>specify type</u> of membership: Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Drawing/Raffle (<u>specify drawing item(s)</u> and maximum number of drawing winners): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Points Rewards Program (<u>how many points will be awarded?</u>): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Other, please describe: Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#

7. Total monetary value of all incentives/raffle listed in question #6 table (see above):

8. How close were you to collecting the number/percentage of completed surveys expected to meet your previously identified goal? (select one)

- | | | | | |
|---------------------------------|----------------------------|-----------------------------------|-----------------------------|----------------------------------|
| Many more surveys than expected | More surveys than expected | About as many surveys as expected | Fewer surveys than expected | Many fewer surveys than expected |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. How do you plan to use the data collected from the surveys (include program, procedure, or policy revisions/changes)?

10. Please acknowledge that your MCP has addressed the following:

MCP has reviewed successes and challenges in **identifying and contacting members** for the survey

MCP has identified successes and challenges for members **to complete the survey**

MCP has identified successes and challenges in **counting the number/percentage of completed surveys**

MCP has identified successes and challenges in **partnering with providers** for the surveys, if applicable

MCP has reviewed successes and challenges in the **planning** process for the surveys

MCP has reviewed successes and challenges in the **implementation** process for the surveys

MCP has reviewed successes and challenges in the **evaluation** process for the surveys

11. Additional comments (if any):

12. MCP Contact Person (person submitting the form and/or person responsible for the surveys):

Email:

Phone:

13. **The MCP's Qualified Health Educator has reviewed this Annual Update or End of Survey Evaluation form.**

Name:

Email:

Date:

Internal MCP Communication/Comments:

DHCS Reviewer's Name and Title:

Date submitted to DHCS:

DHCS Comments:

SURVEY INCENTIVE (SI) REQUEST FOR APPROVAL FORM

Survey Incentives (SI) require DHCS approval prior to implementation. Complete this form and email it to MMCDHealthEducationMailbox@dhcs.ca.gov and cc your Contract Manager. Please attach a draft of the survey or sample questions.

The Managed Care Plan's (MCP's) Qualified Health Educator must review and sign off on all SI Requests for Approval.

Email subject line must include: MCP name, Sub plan name-if applicable, purpose of survey, SI Request and desired start date (e.g. *HealthPlan_ Newsletters_ SI Request_ July 1, 2020*). Submit at least two weeks prior to desired start date. For more information, see APL 16-005.

A. Managed Care Plan: _____ Date: _____

B. Submitted on behalf of _____, subcontracting MCP N/A

C. Please list the counties where you plan to conduct these surveys:

-
1. What is the survey **desired** start date?
 2. What is the **expected** cutoff date for completed/returned survey(s)? _____ or Ongoing (includes recurring surveys that happen periodically with the same purpose *and* target population)
 3. Is this survey part of a PDSA, PIP, or other QI project? No Yes
 4. Targeted Disease/Behavior (use Targeted Disease/Behavior Code list):
 Other, please describe: _____
 5. Who is eligible/will receive the survey (i.e. target population, eligibility criteria, etc.)?
 6. What type(s) of incentives will you offer members who participate in the survey, the value of each, and the reason you selected the incentive and amount? (**complete the appropriate section(s) of the table below**)

Incentive Type	Value
<input type="checkbox"/> Gift card; <u>specify type</u> of card (e.g., Target, Walmart, grocery, movie, etc.): How did you select this incentive and amount:	\$
<input type="checkbox"/> Product or merchandise; <u>specify type</u> (and indicate <u>how it relates</u> to the focus of the incentive program, e.g., glucometer for diabetes): How did you select this incentive and amount:	\$
<input type="checkbox"/> Tickets; <u>specify type</u> (e.g., movie, local events): How did you select this incentive and amount:	\$

<input type="checkbox"/> Transportation; specify type (e.g., vouchers or tokens for bus, taxi, etc.):	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Enrollment or monthly membership fees; specify type of membership:	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Drawing/Raffle (specify drawing item(s) and maximum number of drawing winners):	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Points Rewards Program (how many points will be awarded?):	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Other, please describe:	\$
How did you select this incentive and amount:	

7. How will you distribute/conduct the survey? List all methods (e.g. mail, phone, etc.):
8. List languages other than English in which the survey(s) will be conducted/translated:
9. Please acknowledge that your MCP has addressed the following in planning the **implementation** for this SI:
- MCP has determined how eligible members will be **identified and contacted** for the survey
 - MCP has considered how to **reduce barriers** for members to complete the survey
 - MCP has considered **the number/percentage of completed surveys** needed to achieve identified goal
 - MCP has determined whether and how to **notify providers** of the survey(s)
 - MCP has defined what will be **counted as a completed survey** (i.e. majority of questions answered, key questions answered, all questions answered, etc.)
 - MCP will **inform members** that gift cards cannot be used for purchasing tobacco, alcohol, or firearms, if applicable
10. Please acknowledge that your MCP has addressed the following in planning the **evaluation** for this SI:
- MCP has a process in place to count the number of surveys **distributed (mail) or attempted (phone)**
 - MCP has a process in place to count the number of surveys **returned (mail) or completed (phone)**
 - MCP has a process in place to **count the number of members who received** the incentive or were **entered** into the drawing and **received** a prize from a drawing
 - MCP has determined how to assess the **planning** process for the survey(s)

MCP has determined how to assess the **implementation** process for the survey(s)

MCP has determined how to assess the **evaluation** process for the survey(s)

11. Attached to the request is a draft copy of the survey or sample questions

12. Additional comments (if any):

13. MCP Contact Person (person submitting the form and/or person responsible for the survey):

Email:

Phone:

14. The MCP's Qualified Health Educator has reviewed the Survey and this SI Request for Approval form.

Name:

Email:

Date:

Internal MCP Communication/Comments:

DHCS Approver's Name and Title:

Date:

DHCS Comments:



Message From
INLAND EMPIRE HEALTH PLAN (IEHP)
Notice of Privacy Practices
Effective: April 14, 2003
Revised: January 1, 2022

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IEHP provides health care to you through Federal, State and Commercial programs. We are required by state and federal law to protect your health information. And we must give you this Notice that tells how we may use and share your information and what your rights are.

Your information is personal and private.

We receive information about you from Federal, State, and local agencies after you become eligible and enroll in our health plan. We also receive medical information from your doctors, clinics, labs, and hospitals in order to approve and pay for your health care.

CHANGES TO NOTICE OF PRIVACY PRACTICES

IEHP must obey the Notice currently in effect. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future. If we do make changes, we will revise this Notice and send it to you right away.

How We May Use and Share Information About You

Your information may be used or shared by IEHP only for treatment, payment, and health care operations associated with the particular program in which you are enrolled. The information we use and share includes, but is not limited to:

- Your name,
- Address,
- Personal facts,
- Medical care given to you, and
- Your medical history.

Some actions we take when we act as your Health Plan include:

- Checking your eligibility, enrollment, and amount of medical aid
- Approving, giving, and paying for health care services
- Investigating or prosecuting cases (like fraud)
- Checking the quality of care that you receive
- Coordinating the care you receive

Some examples of why we would share your information with others involved in your health care:

- 1. For treatment:** You may need medical treatment that requires us to approve care in advance. We will share information with doctors, hospitals, and others in order to get you the care you need.
- 2. For payment:** IEHP reviews, approves, and pays for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics, and others who bill us for your care. We may also forward bills to other health plans or organizations for payment.
- 3. For health care operations:** We may use information in your health record to judge the quality of the health care you receive. We may also use this information in audits, fraud, and abuse investigations, planning, and general administration.

We may also contact you to provide information about other health-related benefits and services that may be of interest to you, such as health education programs and management of certain health conditions.

Other Uses for Your Health Information

1. Sometimes a court will order us to give out your health information. We will also give information to a court, investigator, or lawyer if it is about the operation of one of the other programs. This may involve fraud or actions to recover money from others, when the Federal, State, Commercial entity, or IEHP has paid your medical claims.
2. You or your doctor, hospital, and other health care providers may appeal decisions made about claims for your health care. Your health information may be used to make these appeal decisions.
3. We may also share your health information with agencies and organizations, which check how our health plan is providing services.
4. We must share your health information with the federal government when it is checking on how we are meeting privacy rules.

When Written Permission is Needed

If we want to use your information for any purpose not listed above, we must get your written permission. If you give us your permission, you may take it back in writing at any time.

What Are Your Privacy Rights?

You have the right to ask us not to use or share your protected health care information in the ways described above. We may not be able to agree to your request.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept reasonable requests when necessary to protect the safety of your information.

You and your personal representative have the right to inspect and get a paper or electronic copy of your health information. You will be sent a form to fill out and may be charged a fee for the costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

You have the right to ask that information in your records be amended if it is not correct or complete. We may refuse your request if:

- The information is not created or kept by IEHP, or
- We believe it is correct and complete.

If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records and your statement will be kept with your records.

You have the right to be notified of a breach of unsecured protected health information in the event that you are affected by the breach.

You have the right to restrict certain disclosures of protected health information to IEHP where you pay, or another person on your behalf pays, out of pocket in full for the health care item or service.

You have the right to receive an account of instances where your protected health information was shared.

**** IMPORTANT ****

IEHP DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR OR CLINIC.

When we share your health information you have the right to request a list of:

- Whom we shared the information with,
- When we shared it,
- For what reasons, and
- What information was shared.

You have a right to request a paper copy of this Notice of Privacy Practices. You can also find this Notice on our website at: www.iehp.org

How do you Contact us to Use Your Rights?

If you want to use any of the privacy rights explained in this Notice, please write us at:

IEHP Director of Compliance and Regulatory Affairs

INLAND EMPIRE HEALTH PLAN

P.O. Box 1800

Rancho Cucamonga, CA 91729

Email: compliance@iehp.org

Or, you can call IEHP Member Services at 1-800-440-IEHP (4347); TTY/TDD users should call 1-800-718-4347.

Complaints

If you believe that we have not protected your privacy and wish to complain, you may file a complaint by writing: INLAND

EMPIRE HEALTH PLAN

P.O. Box 1800

Rancho Cucamonga, CA 91729

Or, you can call IEHP Member Services at 1-800-440-IEHP (4347); TTY/TDD users should call 1-800-718-4347.

Or, you may contact the agencies below:

Privacy Officer

c/o: Office of HIPAA Compliance

Department of Health Care Services

P.O. Box 997413, MS 4722

Sacramento, CA 95899-7413

Email: Privacyofficer@dhcs.ca.gov

Telephone: (916) 445-4646

Fax: (916) 440-7680

Secretary of the U.S. Department of Health and Human Services

Office for Civil Rights

Attention: Regional Manager

90 Seventh St.; Federal Bldg., St. 5-100

San Francisco, CA 94103

For additional information, call (800) 368-1019 or

U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748) or (866) 788-4989 TTY

Use Your Rights Without Fear

IEHP cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.

IEHP has always been committed to protecting Members' privacy and maintaining the confidentiality of their personal and medical information in all settings in accordance with and in compliance with HIPAA and all other state and federal laws. All IEHP employees are required to have education and training upon hire and annually thereafter about ways to protect your health information from being looked at and/or talked about by others who are not a part of your healthcare delivery system. We have, and enforce, policies about limiting building access and visitors to IEHP. Electronic records are protected by administrative, physical, and technical safeguards. Our Business Associates are required to have the same privacy protections that IEHP has in place.

Questions

If you have any questions about this Notice and want further information, please contact the IEHP Privacy Officer at the address and phone number listed on page 3.



DISCRIMINATION IS AGAINST THE LAW LA DISCRIMINACIÓN ES UN ACTO CONTRA LA LEY

Inland Empire Health Plan (IEHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. IEHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

IEHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact IEHP Member Services at 1-800-440-4347 (TTY: 1-800-718-4347).

If you believe that IEHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
Inland Empire Health Plan
10801 Sixth Street, Suite 120
Rancho Cucamonga, CA 91730
Telephone: 1-800-440-4347 (TTY: 1-800-718-4347)
Fax: 1-909-890-5748
Email: CivilRights@iehp.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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Inland Empire Health Plan (IEHP) cumple con las leyes Federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. IEHP no excluye a las personas ni las trata de forma diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

IEHP:

- Proporciona asistencia y servicios gratuitos a personas con discapacidad para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lenguaje de señas calificados
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios lingüísticos gratuitos a personas que prefieren comunicarse en un idioma diferente al inglés, como los siguientes servicios:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita recibir estos servicios, comuníquese con Servicios para Miembros de IEHP al 1-800-440-4347 (TTY: 1-800-718-4347).

Si considera que IEHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja formal ante el Coordinador de Derechos Civiles:

Civil Rights Coordinator
Inland Empire Health Plan
10801 Sixth Street, Suite 120
Rancho Cucamonga, CA 91730
Teléfono: 1-800-440-4347 (TTY: 1-800-718-4347)
Fax: 1-909-890-5748 **Correo electrónico:** CivilRights@iehp.org

Puede presentar una queja formal en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el Coordinador de Derechos Civiles está a su disposición para ayudarle.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos de manera electrónica a través del Portal de Quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de queja en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.



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ARABIC

يلتزم IEHP بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-440-4347 (رقم هاتف الصم والبكم: 1-800-718-4347).

ARMENIAN

IEHP-ը հետևում է քաղաքացիական իրավունքների մասին գործող դաշնային օրենքներին և խտրականություն չի ցուցաբերում՝ ցեղի, մաշկի գույնի, ազգային պատկանելության, տարիքի, հաշմանդամության կամ սեռի հիման վրա:
ՈւՇԱԴՐՈՒԹՅՈՒՆՆԵՐԷՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-440-4347 (TTY (հեռատիպ)՝ 1-800-718-4347):

CHINESE

IEHP 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-440-4347 (TTY : 1-800-718-4347)。

FARSI

از IEHP از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قایل نمی شود.
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-440-4347 (TTY: 1-800-718-4347) تماس بگیرید.

HINDI

IEHP लागू होने योग्य संघीय नागरिक अधिकार क़ानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।
ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-440-4347 (TTY: 1-800-718-4347) पर कॉल करें।

HMONG

IEHP ua raws cov kev cailij choj pej xeeb uas yuam siv ntawm Tsom Fwv Teb Chaw (Federal civil rights laws) thiab tsis muaj kev ntxub ntxaug vim yog ibhom neeg, cev nqaij tawv, neeg keeb kwm hauv lub teb chaws, hnuv nyoog laus hluas, kev tsis taus, los sis txiv neeg los yog poj niam.
LUS CEEV: Yog tias koj hais lus Hmoob, muaj kev pab txhais lus hmoob pub dawb rau koj. Hu rau 1-800-440-4347 (TTY: 1-800-718-4347).

JAPANESE

IEHP は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-440-4347 (TTY:1-800-718-4347) まで、お電話にてご連絡ください。

KHMER

IEHP ប្រតិបត្តិការច្បាប់សិទ្ធិស៊ីវិលនៃរដ្ឋបាលសហព័ន្ធជាធរមាន និងមិនរើសអើង យោងទៅលើជាតិសាសន៍ ពណ៌សំបុរ ដើមកំណើត អាយុ ភាពពិការ ឬភេទ ឡើយ។
ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ ទូរស័ព្ទទៅលេខ 1-800-440-4347 (TTY: 1-800-718-4347)។



DISCRIMINATION IS AGAINST THE LAW LA DISCRIMINACIÓN ES UN ACTO CONTRA LA LEY

KOREAN

IEHP은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-440-4347 (TTY: 1-800-718-4347)번으로 전화해 주십시오.

PUNJABI

IEHP, ਲਾਗੂ ਫੈਡਰਲ ਸਿਵਲ ਅਧਿਕਾਰ ਕਾਨੂੰਨ ਦੀ ਪਾਲਣਾ ਕਰਦਾ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅੰਗਤਾ, ਜਾਂ ਸੈਕਸ ਦੇ ਆਧਾਰ ਤੇ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰਦਾ ਹੈ। ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 1-800-440-4347 (TTY: 1-800-718-4347) 'ਤੇ ਕਾਲ ਕਰੋ।

RUSSIAN

IEHP соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-440-4347 (линия TTY: 1-800-718-4347).

TAGALOG

Sumusunod ang IEHP sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-440-4347 (TTY: 1-800-718-4347).

THAI

IEHP ได้ปฏิบัติตามรัฐธรรมนูญฉบับที่คุ้มครองสิทธิที่เหมาะสม และไม่ได้แบ่งแยกทางชาติพันธุ์ สีผิว เชื้อชาติ อายุ ความพิการ หรือเพศ

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-440-4347 (TTY: 1-800-718-4347).

LAO

IEHP ປະຕິບັດຕາມກົດໝາຍວ່າດ້ວຍສິດທິພົນລະເມືອງຂອງຮຸບຮ່າງທີ່ບັງຄັບໃຊ້ແລະບໍ່ຈຳເລກໂດຍອີງໃສ່ພື້ນຖານດ້ານເຊື້ອຊາດ, ສີ່ຜິວ, ຊາດກຳເນີດ, ອາຍຸ, ຄວາມພິການ, ຫຼືເພດ. ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-440-4347 (TTY: 1-800-718-4347).

VIETNAMESE

IEHP tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-440-4347 (TTY: 1-800-718-4347).