1. ELIGIBILITY AND VERIFICATION

A. Eligibility Verification

APPLIES TO:

A. This policy applies to all IEHP Covered Members.

POLICY:

A. Member eligibility must be verified at each visit.

B. The IEHP ID card is issued for Member convenience and identification purposes only and does not guarantee eligibility.

PURPOSE:

A. To ensure accurate and timely eligibility information is available for all participants in the IEHP network.

PROCEDURES:

A. IEHP receives data files including both eligibility and demographic data. For IEHP Covered Members, eligibility information is received from California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) via an 834 electronic file transmission daily, which IEHP processes upon receipt.

B. IEHP processes the eligibility data files received, assigns a Primary Care Provider (PCP) to each Member and updates any changes reported for the Subscriber/Member.

C. Recognizing that the network is comprised of Providers with existing systems employing varying technologies, IEHP offers multiple methods for distributing eligibility information to Providers and PCPs, including:

1. Eligibility files;

2. IEHP website at www.iehp.org;

D. These methods offer Providers and PCPs different levels of detail in the information reported for each Member. The information reported about the Member may contain:

1. Member Name;

2. IEHP Identification Number/Member Number/Subscriber ID;

3. Date of Birth;

4. Gender;

5. Member Address;

6. Member Phone Number;

7. Language Preference;

8. Status (Member is currently active);

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9. Effective date of terminations or transfers;

10. Metal Plan or Program (IEHP Covered, etc.);

11. Assigned PCP;

12. PCP effective date;

13. PCP Phone Number;

14. Assigned Hospital;

15. Grace Period (if applicable)

16. Co-pay/Deductible information

E. When a Member visits their assigned PCP, Provider or Clinic, the PCP/Provider/Clinic must verify eligibility before rendering services. In addition to verifying eligibility, the PCP/Provider is encouraged to verify the Member's identification through a secondary means, preferably with both a picture and signature. This may include but not be limited to driver's license, state, consular, or municipal identification.

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	☐ DHCS	☐ CMS
	☐ DMHC	☐ NCQA
Original Effective Date:	January 1, 2024	
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1.   ELIGIBILITY AND VERIFICATION

B.   Member Co-payments

APPLIES TO:

A. This policy applies to all IEHP Covered Members.

POLICY:

A. IEHP Covered Members have a co-payment due at the time of service based on their Metal Tier Plan.

PROCEDURE:

A. IEHP Members are issued an IEHP ID card that identifies the co-payment.

1. Since an IEHP ID card does not guarantee eligibility, Providers must confirm Member eligibility before collecting a co-payment, as discussed in Policy 1A, "Eligibility Verification." Additionally, Providers are encouraged to verify Members' identification through secondary means.

B. Discrepancies regarding whether a co-payment is due should be directed to IEHP Member Services (855)433-4347 Extension 8207 (English) 8209 (Spanish)while the Member is present.

C. For Vision Benefits Only:

1. In the event that services are not covered under the IEHP Plan or are denied by IEHP as not being medically necessary, for example non-covered cosmetic contact lenses or non-Medi-Cal benefit frames, **the Provider must not charge the Member unless the Provider has obtained a written waiver from the Member**. The waiver must be obtained in advance of rendering services and must specify those non-covered services or services IEHP has denied as not being medically necessary and must clearly state that the Member is responsible for payment of those services. See "Attachment/Non-Covered Services Waiver Forms" found on the IEHP website.[1]

2. The form must be signed by both the Member and the Provider and be retained as part of the Member's optometric record for a period of seven (7) years. In these cases, Providers cannot bill IEHP for the contact lens materials and fitting services or for frames purchase.

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[1] https://www.providerservices.iehp.org/en/resources/provider-resources/forms

1. ELIGIBILITY AND VERIFICATION

B. Member Co-payments

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