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## 11. MEMBER TRANSFERS AND DISENROLLMENT

- A. Primary Care Provider Transfers
    - 1. Voluntary
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### **APPLIES TO:**

- A. This policy applies to all IEHP Covered Members.

### **POLICY:**

- A. IEHP makes best efforts to accommodate Member requests for transfer of Primary Care Providers (PCPs) whenever possible.
- B. IEHP's goal is to respond to Member needs, facilitate continuity of care, and retain IEHP Membership.
- C. IEHP Members can change PCPs monthly.

### **PROCEDURE:**

- A. A Member may request to transfer to another PCP by calling an IEHP Member Services Representative (MSR) at (855)433-4347 Extension 8207 (English) 8209 (Spanish) or submitting a request to transfer to another PCP through the secure Member portal at [www.iehp.org](http://www.iehp.org).
- B. Members present at the Doctor's office may be granted retroactive PCP changes if the Doctor will see them that day.
- C. If the request to change a PCP is received during the current month, IEHP changes the Member's PCP effective the first day of the following month.
- D. If the Member is hospitalized, confined in a Skilled Nursing Facility (SNF), or receiving other acute institutional care at the time of request, the change is effective the first day of the next month following the Member's discharge from the facility.
- E. Members who are not able to get an appointment the same day at their PCP's office and who call Member Services, may choose to be retroactively assigned to a PCP that will see them that day.
- F. A Member's request for transferring to another PCP may be denied by IEHP for the following reasons:
  - 1. The requested PCP is closed to new enrollees due to capacity limitations.
  - 2. The requested PCP is no longer credentialed or contracted with IEHP Direct or an IEHP affiliated Delegate.
  - 3. The IEHP Chief Medical Officer (CMO) or Medical Director determines the transfer would have an adverse effect on the Member's quality of care.
- G. IEHP must notify Members of any termination by the Member's PCP or Delegate a minimum of 30 calendar days prior to the effective date of the contract termination or 15 calendar days

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after receipt or issuance of the termination notice to provide services. In this event, the Member may continue to receive care from the PCP until IEHP has made provisions for the assumption of health care services by another PCP and notified the Member by mail.

- H. The plan for assuring Member continuity of care must include options for the new PCP assignment and transfer of care. The Delegate has two (2) options:
1. Recommend assigning the Member to another PCP within the Delegate with subsequent transfer of care facilitated by the Delegate.
    - a. Member's medical records, including approved authorizations, need to be forwarded to the new PCP. Since there is no change in Delegate, Member will receive uninterrupted care.
  2. Refer the Member to IEHP Member Services for new PCP assignments with a different Delegate and transfer of care.
    - a. Member's Medical records, including approved authorizations, need to be forwarded to the new PCP. Since there is a change in Delegate the new Delegate must honor the approval from the previous Delegate, either seeking a LOA with the Specialist approved by the previous Delegate or directing the Member in network to another Specialist that can perform the approved services.
- I. Under specific circumstances, Member transfers may be retroactive.
1. Retroactive PCP transfers for Members that have been enrolled with IEHP for 10 days or less, can occur if all the following are met:
    - a. The newly enrolled Member, the Member's parent, or legal guardian contacts Member Services by the 10<sup>th</sup> of their first month of enrollment.
    - b. The Member has not accessed any medical services (e.g., E.D. visit, PCP visit, etc.).
    - c. The Member is not in the middle of care.
  2. Retroactive PCP transfers for Members that have been enrolled with IEHP for greater than 10 days can occur under the following circumstances:
    - a. Members assigned to a PCP greater than 10 miles or 30 minutes from their home, or assigned to a Hospital greater than 15 miles or 30 minutes from their home;<sup>1</sup> or Members assigned to an inappropriate PCP specialty type (e.g., adult assigned to a pediatrician); or Members assigned to a PCP different than other family Members (assuming appropriate specialty of PCP).
    - b. For all the above, the Member must not have chosen the PCP, and must not have accessed services during the current month.
    - c. The request for a retroactive transfer is made by the Member, the Member's parent, or legal guardian if Member was auto-assigned or new to the plan.

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<sup>1</sup> Title 28 California Code of Regulations (CCR) § 1300.67.2.2

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3. Other retroactive PCP transfers can occur due to continuity of care or other circumstances as approved by the Chief Operating Officer (COO) or Director of Provider Relations, or designees.
- J. If a Provider notifies IEHP that a Member is assigned to a PCP greater than 10 miles or 30 minutes from the Member's residence, to a Hospital more than 15 miles or 30 minutes from the Member's residence, to the wrong specialty type, or that family members are split between PCPs, IEHP researches how the Member was assigned to the PCP.
1. If the Member did not choose the PCP, IEHP will assign a PCP to Member who did not choose one using family relationships or random assignment utilizing an auto-assignment algorithm.
  2. If the Member actively chose the PCP, the Member remains assigned.

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	<input type="checkbox"/> DHCS	<input type="checkbox"/> CMS
	<input type="checkbox"/> DMHC	<input type="checkbox"/> NCQA
Original Effective Date:	January 1, 2024	
Revision Effective Date:		

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## 11. MEMBER TRANSFERS AND DISENROLLMENT

- A. Primary Care Provider Transfers
    - 2. Involuntary
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### **APPLIES TO:**

- A. This policy applies to all IEHP Covered Members.

### **POLICY:**

- A. Involuntary Primary Care Provider (PCP) transfers can occur upon request by the PCP, after specific criteria are met, approved by the Delegate Medical Director and the IEHP Provider Relations Team.
- B. Except as described below, PCP transfers are voluntary and performed at the request of the Member, within timeframes and processes as noted in policy 11A1, “Primary Care Provider Transfers – Voluntary.”

### **PROCEDURES:**

- A. Involuntary PCP transfers can be requested by a PCP due to a breakdown of the PCP-Member relationship and the inability of the PCP to continue providing care to the Member. The PCP must make his/her request in writing to the Delegate Medical Director. If Member is assigned under IEHP Direct, the PCP must make his/her request in writing to the Provider Call Center (PCC) Team at fax (909) 890-4342 and include at a minimum the following information:
  - 1. Member Name;
  - 2. IEHP Member ID; and
  - 3. Reason for request of involuntary PCP change.
- B. All efforts are made by the IPA to preserve PCP-Member relationships to ensure continuity of care.
- C. The Delegate Medical Director is responsible for assessing the PCP/Member relationship and/or the eligibility and medical status of the Member that has resulted in the request for involuntary PCP change.
- D. If the Delegate Medical Director determines after the assessment that the PCP-Member relationship has deteriorated to the point that it impacts or potentially impacts the care of the Member, the Delegate Medical Director must notify the IEHP Provider PCC Team. The written notification should be sent via fax at (909) 890-4342 and must include:
  - 1. Member Name;
  - 2. Member ID;
  - 3. Reasons for request of involuntary PCP change; and
  - 4. Plan for assuring Member continuity of care.

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- E. The plan for assuring Member continuity of care must include information about the new PCP assignment and transfer of care. The Delegate must:
1. Recommend assigning the Member to another PCP within the Delegate with subsequent transfer of care facilitated by the Delegate.
    - a. Member's Medical records, including approved authorizations, need to be forwarded to the new PCP. If there is a change in Delegate the new Delegate must honor the approval from the previous Delegate, either seeking an LOA with the specialist approved by the previous Delegate or directing the Member in-network to another specialist that can perform the approved services.
- F. IEHP monitors involuntary PCP transfers for Members within an Delegate. Members may not be involuntarily transferred out of an IPA unless there have been three (3) involuntary PCP transfers within the same Delegate within a six (6) month period. The Delegate Medical Director must submit a letter to IEHP's Director of Provider Relations to request an involuntary transfer from the Delegate.
- G. The IEHP Provider Relations team reviews the request, obtains additional information from the Delegate, the Member, the PCP and IEHP staff as needed, and then executes the request.
- H. If the request for transfer is approved, IEHP informs the Delegate and the Member regarding the transfer, including specifics of the new PCP and timeframes for the transfer.
- I. The Delegate remains responsible for any medically necessary care required by the Member for 30 days during the divorce process and until the PCP transfer is completed.
- J. If required, the Peer Review Subcommittee serves as the review body for any disagreements between the PCP, Member, Delegate and/or IEHP regarding involuntary PCP changes.

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## **11. MEMBER TRANSFERS AND DISENROLLMENT**

### **B. Episode of Care - Inpatient**

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#### **APPLIES TO:**

A. This policy applies to all IEHP Covered Members.

#### **POLICY:**

A. IEHP has adopted the following procedures to minimize disruption of care for the Member while inpatient, as well as the financial impact to the new Provider.

#### **PROCEDURES:**

##### **A. New Member Enrollment**

1. IEHP ensures the provision of discharge planning when a Member is admitted to a Hospital or institution and continuation into the post-discharge period. This includes ensuring necessary care, services and supports are in place in the community for the Member once they are discharged. See Policy 9F, “Acute Admission and Concurrent Review” for more information.

##### **B. Member No Longer Eligible With IEHP**

1. If a Member loses Covered California eligibility during an inpatient stay, IEHP is no longer financially responsible for services rendered as of the effective date of the Member’s ineligibility.

##### **C. PCP Requested Hospital Change**

1. When a PCP transfers affiliation from one Hospital to another, the receiving Hospital must be contracted with IEHP and agrees to accept all Members, regardless of their medical condition.
2. IEHP is responsible for the authorization and payment for all services provided for any Member currently receiving inpatient care at the time of the transfer.

##### **D. Capitated Hospital Changes to Per Diem**

1. When a Hospital converts from a Capitated Agreement to a Per Diem Agreement with IEHP, payment for medical services for Members currently receiving inpatient care at the time of the transfer is covered under the capitation payment paid in the month the Members were admitted, until discharged.

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