
4. ELIGIBILITY AND VERIFICATION

A. Eligibility Verification

APPLIES TO:

- A. This policy applies to all IEHP DualChoice (HMO D-SNP) Members.

POLICY:

- A. Member eligibility must be verified at each visit.
- B. The IEHP DualChoice ID cards, the Medi-Cal Benefit Identification Card (BIC), and/or the Medicare Card do not guarantee eligibility. These cards are issued for Member convenience and identification purposes only.

PURPOSE:

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

PROCEDURES:

- A. IEHP receives data files including both eligibility and demographic data from the Centers for Medicare and Medicaid Services (CMS) confirming a Member's DSNP enrollment.
- B. IEHP processes the eligibility data files received, assigns a Primary Care Provider (PCP) and Hospital to each Member and updates Member demographic information.
- C. Recognizing that the network is comprised of Providers with existing systems employing varying technologies, IEHP offers several methods for distributing eligibility information to Providers and PCPs, including:
1. Eligibility files;
 2. IEHP website at www.iehp.org; and
 3. State Automated Eligibility and Verification System (AEVS) (800) 456-2387 or <https://www.medi-cal.ca.gov/mcwebpub/login.aspx> for more information for State Program (Medi-Cal) Members.

Please see Policy 4B.1, "Eligibility Verification Methods - Eligibility Files" and 4B.2, "Eligibility Verification Methods - Eligibility Verification Options" for more information.

- 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;
 3. Date of Birth;
 4. Gender;
 5. Member Address;

4. ELIGIBILITY AND VERIFICATION

A. Eligibility Verification

6. Member Phone Number;
 7. Language Preference;
 8. Status (Member is currently active);
 9. Effective date of terminations or transfers;
 10. Aid Code;
 11. County Code;
 12. Plan or Program (e.g., DualChoice, etc.);
 13. Assigned PCP;
 14. PCP effective date;
 15. PCP Phone Numbers;
 16. IPA Affiliation;
 17. Assigned Hospital; and
 18. Medicare Secondary Payer (MSP)
- 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:	<input type="checkbox"/> DHCS	<input type="checkbox"/> CMS
	<input type="checkbox"/> DMHC	<input type="checkbox"/> NCQA
Original Effective Date:	January 1, 2007	
Revision Effective Date:	January 1, 2024	

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

1. Eligibility Files

APPLIES TO:

- A. This policy applies to all IEHP DualChoice (HMO D-SNP) Members.

POLICY:

- A. IEHP processes eligibility data, including assigning a Primary Care Provider (PCP) to each Member and updating Member demographics.
- B. Eligibility files created for Providers only contain those Members assigned to the Provider.
- C. IEHP places eligibility files for Delegates on the IEHP Secure File Transfer Protocol (SFTP) server in accordance with the schedule published in the IEHP Electronic Data Interchange (EDI) Manual.

PROCEDURES:

- A. All eligibility files are compressed (to save transmission time), encrypted (for security), and password protected (additional security).
- B. By the first calendar day of each month, IEHP places a full eligibility file on the IEHP SFTP server.
1. IEHP supplies one (1) copy of the decompression and decryption software necessary, along with a password unique to each Provider, to read the files once retrieved.
 2. Each Provider must retrieve their eligibility files within three (3) calendar days of data file transmission and upload them into the Provider's eligibility system.
- C. If month end files are not loaded by the first of the month, Providers must use alternative IEHP methods to verify eligibility. Alternative methods include IEHP's website, www.iehp.org, and the State's Automated Eligibility Verification System (AEVS).
- D. As Member eligibility changes frequently, IEHP provides daily file updates. These file updates contain only changes within the Provider's network, including any updated eligibility or demographic information and new Members received since the last file update. IEHP expects these file updates to be loaded and utilized accordingly (see, "Eligibility Data File Transmission Schedule" in Section 7 of the EDI Manual).
- E. IEHP provides Delegates and PCPs their assigned Member rosters through the secure Provider portal. These rosters are updated daily to reflect current eligibility.

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

1. Eligibility Files

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, 2007	
Revision Effective Date:	January 1, 2023	

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

APPLIES TO:

A. This policy applies to all IEHP DualChoice (HMO D-SNP) Providers and Members.

POLICY:

A. IEHP offers the IEHP Online Eligibility Verification System (OEVS) for convenience in verifying eligibility. The Automated Eligibility Verification System (AEVS) provided by the State can also be utilized to verify eligibility.

PROCEDURES:

OEVS: The IEHP web page is an efficient tool for Providers to submit multiple eligibility verification requests at the same time. This Eligibility Verification Web Page is a free transaction service for Providers that reduces the amount of time spent to verify Member eligibility.

A. Providers can log on to IEHP's secure Provider portal using their National Provider Identifier (NPI) at <https://providers.iehp.org/account/login> to register an account, add sub-user accounts, and verify Member's eligibility.

B. Providers must meet the following system requirements to access IEHP's secure Provider portal:

1. Computer with a high-speed Internet connection;
2. A browser that supports 128-bit Encryption; and
3. Browser Compatibility – Google Chrome, Mozilla Firefox, Safari, and Microsoft Edge.

C. Providers can access Member eligibility information through IEHP's OEVS, 24 hours a day, seven (7) days a week, including holidays.

D. Access to OEVS requires Provider's NPI and a Password. To log in to IEHP's OEVS, follow the steps below:

1. Log on at www.iehp.org.
2. Click the "**Provider Login**" button.
3. Enter Login ID and Password.
4. Once you have successfully logged into the IEHP Provider Website, click the "**Eligibility**" button on the toolbar located on the left-hand side of the page.
5. There are several different search options to verify multiple Members' eligibility at one time:
 - a. **Social Security Number (SSN)/Client Index Number (CIN)**
 - b. **IEHP Identification Number**

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

c. Last Name and Date of Birth

A. The IEHP OEVS provides the following Member information:

1. Name;
2. Effective Date with Primary Care Provider (PCP);
3. IEHP Identification Number/Member Number;
4. Eligibility Status;
5. CIN Number;
6. Gender;
7. PCP Phone Number;
8. Date of Birth;
9. Plan or Program (Medi-Cal, Open Access, IEHP DualChoice , etc.);
10. Medi-Cal Effective Date;
11. Effective Date with Assigned PCP;
12. Lab;
13. Medicare ID;
14. Assigned IPA;
15. Assigned Hospital;
16. Co-Pay;
17. Aid Code;
18. County Code;
19. Assigned PCP's Directory ID; and
20. Assigned PCP's NPI.

B. Providers receive a verification number for every transaction using the Web Page.

C. Providers with any questions regarding the IEHP's website and secure portal should call IEHP Provider Call Center at (909) 890-2054 or (866) 223-4347.

AEVS: In addition to the IEHP Online Eligibility Verification Systems, Providers may use AEVS to verify Member eligibility as outlined below.

A. **AEVS** - For Members who have Medi-Cal coverage.

1. Providers and PCPs can utilize the State's Automated Eligibility Verification System (AEVS) to verify Member eligibility information:

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

- a. By calling (800) 456-2387; or
 - b. By logging onto the AEVS website at www.medi-cal.ca.gov/eligibility/login.asp.
2. AEVS identifies if an individual has Medi-Cal health benefits. If the individual has Medi-Cal benefits, AEVS further identifies if the individual is enrolled in a Managed Care Plan.
 3. To access AEVS, the Provider needs to have an assigned Medi-Cal Provider Identification Number (PIN), the individual's Benefit Identification Card (BIC) number, date the BIC was issued, and patient's date of birth (see , "AEVS Alpha Codes" on the IEHP website¹).

- a. Quick Reference for AEVS Alphabetic Codes

(Please refer to Section 100-54, Automated Eligibility Verification System (AEVS) for more information.)

Alphabetic Code Listing

Press * before entering the two-digit code

1	A B C 21 22 23 2	D E F 31 32 33 3
G H I 41 42 43 4	J K L 51 52 53 5	M N O 61 62 63 6
P Q R S 71 72 73 74 7	T U V 81 82 83 8	W X Y Z 91 92 93 94 9
*	0	#

AEVS: 1-800-456-AEVS (2387)

¹ <https://www.iehp.org/en/providers/provider-resources?target=forms>

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

LETTER	2-DIGIT CODE	LETTER	2-DIGIT CODE
A	* 21	N	* 62
B	* 22	O	* 63
C	* 23	P	* 71
D	* 31	Q	* 72
E	* 32	R	* 73
F	* 33	S	* 74
G	* 41	T	* 81
H	* 42	U	* 82
I	* 43	V	* 83
J	* 51	W	* 91
K	* 52	X	* 92
L	* 53	Y	* 93
M	* 61	Z	* 94

Function Keys

<u>Keys</u>	<u>Purpose</u>
-------------	----------------

- | | |
|----------|--|
| [#] | End data entry in a field; proceed to next field |
| [* #] | Repeat the menu option |
| [* *] | Delete the current data entry in a field |
| [* 99 #] | Return to the main menu |

4. To obtain a PIN number or to get assistance in using AEVS, please call the State Telephone Service Center (TSC) at (800) 541-5555.
5. If AEVS identifies an individual as a Member, but the IEHP Web Page does not confirm this information, please call IEHP's Member Services at (877) 273-4347.
6. AEVS identifies "Pending" Members assigned to IEHP effective the 1st of the following month. This enrollment status may change. A Member identified with a "Pending" status does not mean the Member is active with IEHP. This is an informational message to indicate that the Member is pending enrollment with IEHP.

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	DHCS	<input type="checkbox"/> CMS
	<input type="checkbox"/> DMHC	<input type="checkbox"/> NCQA
Original Effective Date:	January 1, 2007	
Revision Effective Date:	January 1, 2024	

4. ELIGIBILITY AND VERIFICATION

C. Member Co-payments

APPLIES TO:

A. This policy applies to all IEHP DualChoice (HMO D-SNP) Members.

POLICY:

A. IEHP DualChoice Members may have a co-payment for pharmaceuticals depending on their Low-Income Subsidy (LIS) level.¹

PROCEDURE:

- A. IEHP DualChoice Members have no co-pays for plan covered benefits within the plan-approved provider network, except for prescriptions. Centers for Medicare and Medicaid Services (CMS) will notify IEHP of LIS co-pays applied to the Member and LIS co-pay changes that may occur.²
- B. Since an IEHP Member ID card does not guarantee eligibility, Providers must confirm Member eligibility before collecting a co-payment as discussed in Policy 4A, “Eligibility Verification.” Additionally, practitioners are encouraged to verify Members’ identification through secondary means. See Policy 4B2, “Eligibility Verification Methods - Eligibility Verification Options.”
- C. If the secure IEHP Provider portal states that no co-payments are required, the Providers should not collect a co-payment regardless of what the IEHP Member ID card indicates.
- D. Discrepancies regarding whether a co-payment is due should be directed to IEHP Member Services at (877) 273-4347 while the Member is present.

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, 2007	
Revision Effective Date:	January 1, 2023	

¹ Medicare Prescription Drug Benefit Manual, “Chapter 13 – Premium and Cost-Sharing Subsidies for Low-Income Individuals,” Section 20

² Ibid.