3. ENROLLMENT AND ASSIGNMENT

A. Enrollment and Eligibility

APPLIES TO:

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

POLICY:

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

PROCEDURES:

A. A Medi-Cal recipient wishing to join IEHP completes a Plan Choice Form and submits this to DHCS/HCO for processing.

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

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

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

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

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

3. ENROLLMENT AND ASSIGNMENT

B. Medi-Cal Enrollment Process

APPLIES TO:

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

POLICY:

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

PROCEDURES:

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

B. The managed care plan welcome packet contains, among other information, a Medi-Cal Plan Choice Form. See "Attachments/Plan Choice Form – San Bernardino – English/Spanish – Medi-Cal" and "Plan Choice Form – Riverside – English/Spanish – Medi-Cal" found on the IEHP website[2], and IEHP's and Molina's Provider & Pharmacies Directory insert. The Plan Choice Form varies by county and is available in English and Spanish. Medi-Cal recipients can choose their health plan and their Primary Care Provider in this Plan Choice Form.[3]

C. Medi-Cal recipients must complete and return the signed Plan Choice Form to HCO. The recipient has thirty 30 calendar days to select a health plan.[4] Any recipient that does not return a signed Plan Choice form will be assigned by DHCS/HCO to a Medi-Cal Health Plan based on their formula that is updated annually.

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

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

[2] https://www.iehp.org/en/providers/provider-resources?target=forms

[3] Choice Enrollment Form https://www.healthcareoptions.dhcs.ca.gov/download-forms

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

3.   ENROLLMENT AND ASSIGNMENT

C.   Eligible Members

APPLIES TO:

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

POLICY:

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

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

PROCEDURES:

A. IEHP currently serves Aid Categories and Aid Codes under its Medi-Cal contract with the State under the Two Plan Model. Please refer to the DHCS website for the most current Aid Code Chart: http://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx > Resources & Information > Aid Code Chart (PDF).

B. Medi-Cal Newborns

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

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

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

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[1] Department of Healthcare Services (DHCS) IEHP Two-Plan Contract, 01/10/20 (Final Rule A27), Exhibit A, Attachment 16, Provision 2, Enrollment Coverage

3.   ENROLLMENT AND ASSIGNMENT

D.   IEHP Service Area

APPLIES TO:

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

POLICY:

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

PROCEDURES:

A. IEHP Service Areas

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

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

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3. ENROLLMENT AND ASSIGNMENT

E. Primary Care Provider Assignment

APPLIES TO:

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

POLICY:

A. Upon their enrollment, IEHP Medi-Cal Members shall not be prohibited from selecting a Primary Care Provider (PCP) who contracts with IEHP in the services area where Members live or work,[1] and who has a panel that is open to Member assignment and contracted with IEHP Medi-Cal.

1. If the Member does not select a PCP, they will be auto-assigned a PCP or to a Safety-Net Clinic, as applicable. Members may also be assigned to a clinic that is approved by IEHP for clinic enrollment, if the clinic meets IEHP designated criteria.

2. In rural areas where PCP coverage is limited, Members may be assigned to a PCP Nurse Practitioner (NP). NPs in a rural area are approved to act as a PCP.[2]

3. Seniors and Persons with Disabilities (SPD) Members may select a Specialist or clinic as their PCP as long as the Specialist or clinic agrees to abide by PCP requirements.[3,4]

4. Members may be allowed to remain with their out-of-network PCP under certain circumstances. See Policy 12A2, "Care Management Requirements – Continuity of Care."

PROCEDURES:

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

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

2. <u>Member Choice/IEHP Contact</u> – IEHP assigns Members to those PCPs, Safety-Net Clinics, or clinics approved by IEHP as applicable, that they have requested through contact with an IEHP representative.

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

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[1] California Health and Safety Code (Health & Saf. Code) § 1373.3
[2] Title 42 Code of Federal Regulations (CFR) § 491
[3] California Welfare and Institutions Code (Welf. & Inst. Code), § 14182 (b)(11)
[4] Department of Health Care Services (DHCS) IEHP Two-Plan Contract, 1/20/20 (Final Rule A27), Exhibit A, Attachment 13, Provision 7, Primary Care Provider Assignment

3.   ENROLLMENT AND ASSIGNMENT

E.   Primary Care Provider Assignment

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

4. <u>Auto Assignment</u> - Members who have not been assigned a PCP through the above mechanism are assigned a PCP, Safety-Net Clinics, or clinic approved by IEHP for assignment as applicable, using the IEHP auto assignment process. The auto assignment process is a computer-generated program that assigns Members to PCPs, Safety-Net Clinics, or clinics approved by IEHP as applicable, by identifying the best match between a PCP and Member in terms of access and quality (See Policy 3H, "Primary Care Provider Auto-Assignment Process"):

   a.   Residence/Geography;

   b.   Age;

   c.   Gender;

   d.   Language;

   e.   Enrollment Limits; and

   f.   Quality Rating.

5. <u>Manual Assignment</u> - Eligibility representative selects a Provider for Members using internal system Provider search. This Provider search locates a Provider for the Member based upon the Members' geographical location as well as age and gender.

B.   IEHP Medi-Cal Member who currently have an assigned PCP at a Federally Qualified Health Center (FQHC), Tribal Federally Qualified Health Center (TFQHC), Rural Health Clinic (RHC) or Indian Health Facilities (IHF) will be assigned directly to the clinic not to any individual PCP performing services on behalf of the FQHC, TFQHC, RHC or IHF.

C.   For clinics, who are not designated as FQHCs, TFQHCs, RHCs or IHFs, to receive assignment, the clinic must have all PCPs at the clinic practicing under the same tax identification number; all PCPs at the clinic using the same Electronic Health Record (EHR) system; remain open to all new Member assignment and cannot limit panel assignment. Clinics must also adhere to IEHP Policy 18C - PCP, Specialist, Vision and Behavioral Health Provider Network Changes, specifically notifying IEHP timely of all PCP updates including but not limited to demographic changes, terminations and relocations of practice.

D.   Members may request to change PCPs, Safety-Net Clinic, or clinic approved by IEHP for assignment as applicable, each month either by:

   1.   Calling IEHP Member Services Department at (800) 440-IEHP (4347); or

   2.   Visiting the Member portal on IEHP's website at www.iehp.org.

   See Section 17, "Member Transfers and Disenrollment," for more information.

3. ENROLLMENT AND ASSIGNMENT

E. Primary Care Provider Assignment

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3.   ENROLLMENT AND ASSIGNMENT

F.   Member Identification Cards

APPLIES TO:

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

POLICY:

A. All Members will be mailed an IEHP identification card (ID) upon receipt of confirmation of enrollment or the effective date of coverage.

PROCEDURES:

A. IEHP ID Card:

1. The card contains the Member Name, Member ID number, PCP effective date, Primary Care Provider (PCP) name or Clinic if applicable, PCP office telephone number, IPA (Medical Group) assigned to the Member, Hospital assigned to Member, unique Doctor number assigned to PCP, general co-payment information, IEHP Member Services telephone number, and 24-Hour Nurse Advice Line telephone number,[1] (See "Attachment/IEHP ID Card – Medi-Cal" found on the IEHP website).[2]

    a. IEHP Member Identification Cards have a yellow banner.

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

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

2. Each Member receives an IEHP identification (ID) card within seven (7) calendar days of the effective date of coverage or receipt of the enrollment from DHCS.[3]

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

B. Temporary IEHP ID Card:

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

2. Members can access the temporary ID card via the secure Member Portal at www.iehp.org. If the Member presents the temporary ID card via a mobile device such as a tablet or phone, IEHP requests that this be acknowledged as valid in compliance with the specifications listed below.

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[1] Health and Safety Code § 1367.29
[2] https://www.iehp.org/en/providers/provider-resources?target=forms
[3] Department of Health Care Services (DHCS)-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 13, Provision 4, Written Member Information

3.   ENROLLMENT AND ASSIGNMENT

F.   Member Identification Cards

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

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

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

1. In addition to the IEHP ID Card, Medi-Cal Members continue to receive a Benefit Identification Card (BIC) from the State. The BIC only contains beneficiary identification information and does not guarantee eligibility.[4] (See "Attachment/BIC Card" found on the IEHP website).[5] Members should carry both IEHP and Medi-Cal ID cards.

D. Providers are encouraged to verify 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.

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[4] Medi-Cal Provider Manual, Part 1 – Automated Eligibility Verification System (AEVS): General Instructions
[5] https://www.iehp.org/en/providers?target=forms

3. ENROLLMENT AND ASSIGNMENT

G. Post Enrollment Kit

___APPLIES TO:___

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

___POLICY:___

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

___PROCEDURES:___

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

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

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

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

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

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

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

3. ENROLLMENT AND ASSIGNMENT

H. Primary Care Provider Auto-Assignment Process

APPLIES TO:

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

POLICY:

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

PURPOSE:

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

DEFINITIONS:

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

PROCEDURES:

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

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

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

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

   b. The PCP has reached their assignment capacity. The PCP's membership limit is the maximum number of Members a PCP can be assigned to ensure they can provide adequate and continuous access to care. See policy 18A2, "Primary Care Provider – Enrollment Capacity."

   c. The PCP has a practicing restriction issued by the Medical Board of California. The practicing restriction does not result in a loss of license but indicates a serious

3. ENROLLMENT AND ASSIGNMENT

H. Primary Care Provider Auto-Assignment Process

violation, that restricts the Provider from auto-assignment. Practicing restrictions are discussed and reviewed in either Credentialing Subcommittee or Peer Review Subcommittee and then updated by Credentialing to reflect in IEHP's systems. PCPs concerned that they may have a practicing restriction may contact their Provider Services Representative (PSR) to inquire.

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

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

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

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

a. The PCP's panel status allows for auto-assignment. The PCP must have a panel status of <u>Open</u> or <u>Limited: Non-Standard Age Limit for Specialty</u> in IEHP's system. PCPs can confirm with their PSR or IPA if their panel status reflects one of the statuses.

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

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

d. For a PCP with a primary specialty of OB/GYN, only female Members identified as female in IEHP's system age 14 and older will be eligible to be auto assigned to this

3.   ENROLLMENT AND ASSIGNMENT

H.   Primary Care Provider Auto-Assignment Process

type of PCP; male Members or Members under 14 years old will not be auto assigned to these PCPs.

e.   The PCP must have an office within ten (10) miles or thirty (30) minutes travel time from the Member's home to be assigned as the Member's PCP.[1] See Policy 9A, – "Access Standards."

f.   At least 50% of auto-assigned Medi-Cal Expansion (MCE – L1, M1, 7U) Members must be assigned to the county health system clinics, if there is a county PCP who is meeting all other "Must Match" filters.   This condition applies to MCE Members only.[2]

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

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

1)   Quality 75th – PCPs with a GQP4P quality score that falls at or above the 75th Percentile (i.e., $\geq$75th Percentile). This group would receive the highest quality "weight".

2)   Quality "NA" – PCPs who were not issued a GQP4P quality score due to length of time in IEHP's Network (Providers who were recently credentialed in IEHP's network (less than twelve (12) months prior) or not meeting minimum Membership assignment requirements (PCPs with less than two hundred (200) Members assigned at the beginning of a calendar year do not meet the requirements to participate in GQP4P that calendar year)

3)   Quality 50th – PCPs with a GQP4P quality score that falls between the 75th Percentile and the 50th Percentile (i.e., <75th Percentile and $\geq$50th Percentile).

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

3. ENROLLMENT AND ASSIGNMENT

H. Primary Care Provider Auto-Assignment Process

4) Quality 25th – PCPs with a GQP4P quality score that falls between the 50th Percentile and the 25th Percentile (i.e., <50th Percentile and >25th Percentile).

5) Quality <25th - PCPs with a GQP4P quality score that falls below the 25th Percentile (i.e., <25th Percentile). PCPs in this group are excluded from auto-assignment.

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

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

d. Provider Language Match

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

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

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

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

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

h. Walk-in Appointments - A PCP office that will see Members on a walk-in basis and does not require appointments for any types of visits, including physicals and sick visits. This information is self-reported during the bi-annual Provider Directory

verification but can be updated by the PCP at any time by notifying their PSR. IEHP reserves the right to further verify the information by other methods as determined necessary to ensure its accuracy and validity.

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

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

C.   The following elements do <u>not</u> influence the auto-assignment algorithm:

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

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

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