
4. ELIGIBILITY AND VERIFICATION

A. Eligibility Verification

APPLIES TO:

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

POLICY:

- A. Member eligibility must be verified at each visit.
- B. Neither the IEHP ID card nor the Benefit Identification Card (BIC) guarantees eligibility. These cards are issued for Member convenience and identification purposes only.

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 Medi-Cal Members, complete monthly eligibility information is received from the California Department of Health Care Services (DHCS) via an 834 electronic file transmission. In addition, DHCS provides daily electronic file transmission updates to the Member files, which IEHP processes upon receipt.
- 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. ELIGIBILITY AND VERIFICATION

A. Eligibility Verification

4. Gender;
 5. Member Address;
 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 (Medi-Cal, Open Access, etc.);
 13. Assigned PCP;
 14. PCP effective date;
 15. PCP Phone Numbers;
 16. IPA Affiliation;
 17. Assigned Hospital;
 18. Other Health Coverage (OHC) 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.

4. ELIGIBILITY AND VERIFICATION

A. Eligibility Verification

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<u>INLAND EMPIRE HEALTH PLAN</u>		
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<u>Chief Title:</u> <i>Chief Operating Officer</i>	<u>Revision Date:</u>	<u>January 1, 2023</u>

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

1. Eligibility Files

APPLIES TO:

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

POLICY:

- A. IEHP processes eligibility data, including assigning a Primary Care Provider (PCP) and Hospital 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). See Policy 4B2, "Eligibility Verification Methods – Eligibility Verification Options."
- 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. (For more detailed information see Attachment, "Eligibility Data File Transmission Schedule" in Section 7 of the EDI Manual)
- E. IEHP provides assigned Member rosters available online to contracted PCPs and Delegates that are updated daily to reflect current eligibility.
- F. Assigned Member rosters are available on the IEHP website at www.iehp.org under the secure Provider Portal.

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B. Eligibility Verification Methods

1. Eligibility Files

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B. Eligibility Verification Methods

1. Eligibility Files

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4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

APPLIES TO:

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

POLICY:

A. IEHP offers the Online Eligibility Verification System (OEVS) and Automated Eligibility Verification System (AEVS) for convenience in verifying 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 Provider portal using their National Provider Identifier (NPI) at <https://providers.iehp.org/account/login> to register an account, add sub-user accounts, and be able to verify Member’s eligibility.
- B. Providers must meet the following system requirements to access IEHP’s secure 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 ~~Internet Explorer (IE)~~ Microsoft Edge.
- C. Providers can access Member eligibility information through IEHP’s OEVS, twenty-four (24) hours a day, seven (7) days a week, including holidays.
- D. Access to OEVS requires Provider’s NPI and a Password.
- E. 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 NPI 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; or**
 - c. **Last Name and Date of Birth**

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

F. 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~~ IEHP DualChoice (HMO D-SNP), etc.);
10. Medi-Cal Effective Date;
11. Effective Date with Assigned PCP;
12. Lab;
13. Assigned PCP;
14. Assigned PCP's NPI;
15. Assigned PCP's Directory ID;
16. Assigned Hospital;
17. Assigned IPA;
18. Co-Pay;
19. OHC
20. Aid Code; and
21. County Code

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

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

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

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

A. AEVS - For Medi-Cal Members only.

1. Providers and PCPs can utilize the State's Automated Eligibility Verification System (AEVS) to verify Member eligibility information. AEVS is available via phone or the internet.
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. AEVS can be accessed by calling (800) 456-2387 or logging onto the AEVS website at www.medi-cal.ca.gov/eligibility/login.asp.
4. 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 Attachment, "AEVS Alpha Codes" in Section 4, for a quick reference guide to AEVS Key Codes.~~

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)

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

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

Function Keys

Keys Purpose

[#] 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.

5. To obtain a PIN number or to get assistance in using AEVS, please call the State Telephone Service Center (TSC) at (800) 541-5555.
6. 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 (800) 440-4347.
7. 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
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4. ELIGIBILITY AND VERIFICATION

C. Member Co-payments

APPLIES TO:

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

POLICY:

A. Medi-Cal Members do not have any co-payment and must not be charged for such.¹

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 4A, “Eligibility Verification.” Additionally, Providers are encouraged to verify Members’ identification through secondary means. See Policy 4B2, “Eligibility Verification Methods - Eligibility Verification Options.”

B. Discrepancies regarding whether a co-payment is due should be directed to IEHP Member Services (800) 440-4347 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. Non Covered Services Waiver Forms are accessible at: <https://www.iehp.org/en/providers/provider-resources?target=forms#Vision>.
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 or Medi-Cal for the contact lens materials and fitting services or for frames purchase.

¹ Title 22 California Code of Regulations (CCR) §51002

4. ELIGIBILITY AND VERIFICATION

C. Member Co-payments

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4. ELIGIBILITY AND VERIFICATION

C. Member Co-payments

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