17. MEMBER TRANSFERS AND DISENROLLMENT

A. Primary Care Provider Transfers

1. Voluntary

APPLIES TO:

A. This policy applies to all IEHP Medi-Cal 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 (800) 440-4347 or submitting a request to transfer to another PCP through the secure Member portal at 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 IPA.
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 IPA a minimum of ~~thirty (~~30~~)~~ calendar days prior to the effective date of the contract termination or ~~fifteen (~~15~~)~~ calendar days 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.[1]

H. The plan for assuring Member continuity of care must include options for the new PCP assignment and transfer of care. The IPA has two (2) options:

1. Recommend assigning the Member to another PCP within the IPA with subsequent transfer of care facilitated by the IPA.
    a. Member's medical records, including approved authorizations, need to be forwarded to the new PCP. Since there is no change in IPA, Member will receive uninterrupted care.
2. Refer the Member to IEHP Member Services for new PCP assignments with a different IPA 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 IPA the new IPA must honor the approval from the previous IPA, either seeking a LOA with the Specialist approved by the previous IPA 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 ~~ten (~~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 10th 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 ~~ten (~~10~~)~~ days can occur under the following circumstances:
    a. Members assigned to a PCP greater than ~~ten (~~10~~)~~ miles or ~~thirty (~~30~~)~~ minutes from their home[2], or assigned to a Hospital greater than ~~fifteen (~~15~~)~~ miles or ~~thirty (~~30~~)~~ minutes from their home;[3,4] 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.

[1] Department of Health Care Services (DHCS) All Plan Letter (APL) 21-003, "Medi-Cal Network Provider and Subcontractor Terminations"
[2] DHCS APL ~~21~~23-~~006~~001 Supersedes APL ~~19-002~~21-006, "Network Certification Requirements"
[3] Ibid.
[4] Title 28 California Code of Regulations (CCR) § 1300.67.2.2

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.

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 ~~ten (~~10~~)~~ miles or ~~thirty (~~30~~)~~ minutes from the Member's residence, to a Hospital more than ~~fifteen (~~15~~)~~ miles or ~~thirty (~~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:	☐ DHCS	☐ CMS
	☐ DMHC	☐ NCQA
Original Effective Date:	September 1, 1996	
Revision Effective Date:	January 1, 2024	

17. MEMBER TRANSFERS AND DISENROLLMENT

A. Primary Care Provider Transfers

1. Voluntary

~~INLAND EMPIRE HEALTH PLAN~~		
~~**Chief Approval:** *Signature on file*~~	~~**Original Effective Date:**~~	~~September 1, 1996~~
~~**Chief Title:** Chief Operating Officer~~	~~**Revision Date:**~~	~~January 1, 2022~~

17. MEMBER TRANSFERS AND DISENROLLMENT

A. Primary Care Provider Transfers
2. Involuntary

APPLIES TO:

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

POLICY:

A. Involuntary Primary Care Provider (PCP) transfers can occur upon request by the PCP, after specific criteria are met, approved by the IPA 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 17A1, "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 IPA Medical Director. If Member is assigned under IEHP Direct, the PCP must make his/her request in writing to the Provider ~~Relations Team~~Call Center (PCC) 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 IPA 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 IPA 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 IPA Medical Director must notify the IEHP ~~Provider Relations~~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.

E. The plan for assuring Member continuity of care must include information about the new PCP assignment and transfer of care. The IPA must:

1. Recommend assigning the Member to another PCP within the IPA with subsequent transfer of care facilitated by the IPA.

    a. Member's Medical records, including approved authorizations, need to be forwarded to the new PCP. If there is a change in IPA the new IPA must honor the approval from the previous IPA, either seeking an LOA with the specialist approved by the previous IPA 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 IPA. Members may not be involuntarily transferred out of an IPA unless there have been three (3) involuntary PCP transfers within the same IPA within a six (6) month period. The IPA Medical Director must submit a letter to IEHP's Director of Provider Relations to request an involuntary transfer from the IPA.

G. The IEHP Provider Relations team reviews the request, obtains additional information from the IPA, 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 IPA and the Member regarding the transfer, including specifics of the new PCP and timeframes for the transfer.

I. The IPA remains responsible for any medically necessary care required by the Member for ~~thirty (~~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, IPA and/or IEHP regarding involuntary PCP changes.

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	☐ DHCS	☐ CMS
	☐ DMHC	☐ NCQA
Original Effective Date:	September 1, 1996	
Revision Effective Date:	January 1, 2024	

~~INLAND EMPIRE HEALTH PLAN~~		
~~**Chief Approval:** *Signature on file*~~	~~**Original Effective Date:**~~	~~September 1, 1996~~
~~**Chief Title:** Chief Operating Officer~~	~~**Revision Date:**~~	~~January 1, 2023~~

17. MEMBER TRANSFERS AND DISENROLLMENT

B. Disenrollment From IEHP
1. Voluntary

APPLIES TO:

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

POLICY:

A. An IEHP Member may ask to disenroll from IEHP at any time, for any reason, by submitting their signed request for disenrollment (letter or form) to Health Care Options (HCO) of the Department of Health Care Services (DHCS).[1,2]

B. IEHP is responsible for attempting to resolve any problems and educate the Member on how IEHP works in an effort to retain the Member. However, IEHP does not interfere with a Member's request to disenroll.

PROCEDURES:

A. Disenrollment forms are only available through HCO (DHCS' Enrollment/Disenrollment Broker) locations or IEHP can mail a disenrollment form to a Member (Medi-Cal Choice Form). Physician offices may not make copies of the disenrollment form.

B. Requests for disenrollment through IEHP Member Services are handled in the following manner:

1. IEHP explains that the Member may disenroll and requests information concerning the reason for disenrollment to track and trend for quality issues. The Member is not required to provide any justification; however, if reasons are provided, IEHP may be able to resolve the situation by explaining how membership with IEHP works, facilitating appointments, resolving service issues, among other reasons.
2. IEHP explains how a disenrollment form may be obtained and how the disenrollment process works:[3]
    a. IEHP provides the phone number and/or address/directions to the HCO office and transfers Member to HCO if applicable.
    b. The Member must send either a letter or a disenrollment form to HCO.
    c. Disenrollment does not become effective for ~~fifteen (~~15~~)~~ to ~~forty-five (~~45~~)~~ days, depending on when the notification is given to HCO by the Member. Until that time the Member remains active in IEHP.[4]
3. IEHP documents the call in the Customer Service System identifying the following:

[1] Department of Health Care Services (DHCS)-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 16, Provision 3, Disenrollment
[2] Title 22 California Code of Regulations (CCR) § 53891
[3] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 16, Provision 3, Disenrollment
[4] Ibid.

a. IEHP Member ID;

b. Member's name;

c. The reason for the call;

d. Any attempt made to resolve any issues; and

e. The resolution of the call.

C. Final disenrollment decisions are handled entirely by DHCS/HCO[5] and communicated to IEHP through the 834 Eligibility File. IEHP will update internal Core System with the disenrollment date provided by DHCS within one (1) business day.

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	☒ DHCS	☐ CMS
	☐ DMHC	☐ NCQA
Original Effective Date:	September 1, 1996	
Revision Effective Date:	January 1, 2023	

[5] 22 CCR § 53889

~~NLAND EMPIRE HEALTH PLAN~~		
~~**Chief Approval:** *Signature on File*~~	~~**Original Effective Date:**~~	~~September 1, 1996~~
~~**Chief Title:** Chief Operating Officer~~	~~**Revision Date:**~~	~~January 1, 2023~~

17. MEMBER TRANSFERS AND DISENROLLMENT

B. Involuntary Disenrollment From IEHP

2. Member Status Changes

APPLIES TO:

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

POLICY:

A. IEHP reserves the right to request involuntary disenrollment of Members under specific guidelines set forth by the Department of Health Care Services (DHCS).[1]

B. IEHP Providers may, under specific circumstances, request that IEHP review a given Member situation for consideration of possible disenrollment.

PROCEDURES:

A. Members requesting disenrollment or information about disenrollment must be immediately referred to IEHP Member Services. ~~in accordance with Policy 17B1, "Disenrollment from IEHP – Voluntary."~~

B. Members are no longer eligible for enrollment with IEHP and are involuntarily disenrolled from IEHP if:[2,3]

1. The Member moves out of the IEHP geographic service area, as determined by DHCS;
2. The Member is no longer eligible for enrollment with IEHP because they lost Medi-Cal eligibility, including death of the Member;
3. The Member's Medi-Cal Aid Code has changed to one that is not covered under IEHP, as determined by DHCS;
4. The Member becomes incarcerated, as determined by DHCS;
5. The Member is a child in the Foster Care system and moves outside the geographic service area, as determined by DHCS;
6. The Member requests disenrollment with a request for Enrollment in the competing Medi-Cal managed care plan or when the Member enrolls in a Medicare Advantage plan that is affiliated with a competing Medi-Cal managed care plan;
7. IEHP's contract with DHCS is terminated or IEHP no longer participates in the Medi-Cal Program.
8. The Member enrolls in the plan due to incorrect information provided by the Health Care

1Department of Health Care Services (DHCS) – IEHP Two-Plan Contract 01/10/20 (Final Rule A27), Exhibit A, Attachment 16, Provision 3, Disenrollment
2 Ibid.
3 Title 22 California Code of Regulations (CCR) § 53891

Options Program or due to prohibited marketing practices by the plan; or

9. The Member's request for disenrollment is due to plan merger or reorganization.

C. Providers that become aware of one of the above situations should direct the Member to contact IEHP Member Services at (800) 440-IEHP (4347). Providers are encouraged to call the IEHP Provider Relations Team at (909) 890-2054 to report any of the above.

D. If a Member notifies IEHP of an address change outside of the covered IEHP geographic service area, IEHP will document a new address and transfer the Member to Health Care Options (HCO) to finalize the disenrollment.

E. Final approval and the determination of the effective date for involuntary disenrollment is made by DHCS.[4] IEHP updates our internal Core Membership System with the disenrollment dates received on the daily and monthly State eligibility files.

F. Mandatory disenrollment from IEHP will be effective on the first day of the next month after DHCS receives all documentation it determines are necessary to process the disenrollment, provided disenrollment was requested at least 30 calendar days prior to that date.

G. Enrollment terminates no later than midnight on the last day of the first calendar month after DHCS receives the Member's disenrollment request and all required supporting documentation for enrollment in a competing plan.

H. On the first day after Enrollment ceases, IEHP is relieved of all obligations to provide Covered Services to the Member. IEHP agrees to return to DHCS any Capitation Payment forwarded to IEHP for Members no longer enrolled with IEHP.

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	☒ DHCS	☐ CMS
	☐ DMHC	☐ NCQA
Original Effective Date:	September 1, 1996	
Revision Effective Date:	January 1, ~~2023~~2024	

4 22 CCR § 53889

17. MEMBER TRANSFERS AND DISENROLLMENT

C. Loss of Medi-Cal Eligibility - PCP Responsibilities

APPLIES TO:

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

POLICY:

A. Primary Care Providers (PCPs) can inform Members who have lost Medi-Cal eligibility of the availability of other services and make referrals for continuation of care.

PROCEDURES:

A. PCPs should assist Members in accessing these other available services by providing the access numbers, and facilitating transfer of medical records, as appropriate.

B. Referrals must be documented in the Member's medical record.

C. If the Member is a child, and the PCP is an approved Child Health and Disabilities Program (CHDP) Practitioner, the PCP may continue to provide care through the CHDP 200% program if the family meets the income criteria.

D. If the Member is a child and the PCP is not an approved CHDP Practitioner, the PCP should refer the Member to the Local Health Department (LHD), to be referred to a certified CHDP Practitioner.

E. If the Member is pregnant, and the Obstetrical (OB) Provider is an approved Comprehensive Perinatal Services Program (CPSP) Practitioner, the Practitioner may continue to provide care through the fee-for-service CPSP program.

F. If the Member is pregnant, and the OB Provider does not accept Medi-Cal fee-for-service, the Practitioner should refer the Member to the LHD, to be referred to a certified CPSP practitioner.

G. IEHP Member Services is available to assist the Member or PCP in accessing resources.

Referral Numbers:

1.	IEHP Member Services:	(800) 440-4347
2.	LHD - Riverside County	
	a. Perinatal Services	~~(800) 794-4814~~(951) 358-5438
	b. Children's Services	(951) 358-5401
	c. Medically Indigent Services Program	(951) 486-5375
3.	LHD-San Bernardino County	
	a. Perinatal Services	(800) 227-3034
	b. Children's Services	(909) 458-1637

	(866) 722-6227
c. San Bernardino County Medical Services Plan 722-4777	~~(909) 580-1077~~(800)
4. CHDP	
a. Riverside County	(951) 358-5481
	(800) 346-6520
b. San Bernardino County	(909) 387-6499
	(800) 722-3777

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	☐ DHCS	☐ CMS
	☐ DMHC	☐ NCQA
Original Effective Date:	September 1, 1996	

Revision Effective Date:	January 1, 2024

~~INLAND EMPIRE HEALTH PLAN~~		
~~**Chief Approval:** *Signature on file*~~	~~**Original Effective Date:**~~	~~September 1, 1996~~
~~**Chief Title:** Chief Operating Officer~~	~~**Revision Date:**~~	~~January 1, 2022~~

17. MEMBER TRANSFERS AND DISENROLLMENT

D. Episode of Care - Inpatient

APPLIES TO:

A. This policy applies to all IEHP Medi-Cal 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. From the date of enrollment into IEHP until the date of discharge, payment responsibility is defined by the Division of Financial Responsibility (DOFR) located in the IEHP Agreement.
2. 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.[1] See Policy 14G, "Acute Admission and Concurrent Review" for more information.

B. Medi-Cal Fee-For-Service (FFS) Transition

1. When a Medi-Cal FFS recipient is admitted to the Hospital, the Department of Health Care Services (DHCS) authorizes a length of stay by issuing a Treatment Authorization Request (TAR).
2. If a Medi-Cal FFS recipient is assigned to IEHP while hospitalized, reimbursement for authorized services rendered, both professional and facility components, is the financial responsibility of DHCS for each day the TAR covers prior to the date of enrollment into IEHP.
3. From the date of enrollment into IEHP until the date of discharge, the Division of Financial Responsibility (DOFR) Matrix located in the IEHP Agreement defines payment responsibility. Capitation is paid to the assigned IPA beginning the first of the month the Member is effective.
4. IEHP or the Member's IPA must be involved in the care management and discharge planning of the Member.

[1] Department of Health Care Services (DHCS)-IEHP ~~Two Plan~~Primary Operations Contract, ~~1/10/20 (Final Rule A27),~~ Exhibit A, Attachment ~~11~~III, Provision ~~2~~4.3.11, ~~Discharge Planning and~~ Transitional Care ~~Coordination~~Services

C. Member No Longer Eligible With IEHP

1. If a Member loses Medi-Cal eligibility during an inpatient stay, IEHP and the Member's IPA are no longer financially responsible for services rendered as of the effective date of the Member's ineligibility.

2. If a Medi-Cal Member is disenrolled from IEHP and remains Medi-Cal eligible, IEHP and the Member's IPA have no financial responsibility as of the effective date of the Member's disenrollment.

D. Member Requested PCP Change

1. If a Member requests a PCP change prior to being hospitalized (e.g. Member calls on April 28th requesting a PCP change effective June 1st and was admitted and confined to the hospital since May 5th), the previous IPA is responsible for the authorization and payment of all services provided until the Member is discharged from the hospital. Capitation is paid to the new IPA and Hospital, or the assigned PCP beginning the first of the month the PCP change is effective. The previous and receiving IPA should coordinate the care management, as applicable, of this Member to ensure appropriate discharge planning.

E. PCP Requested Hospital Change

1. When a PCP transfers affiliation from one IPA to another or from one Hospital to another, the receiving IPA/Hospital agrees to accept all Members, regardless of their medical condition.

2. The new IPA is responsible for the authorization and payment for all services provided for any Member currently receiving inpatient care at the time of the transfer.

3. Capitation is paid to the new IPA beginning the first of the month the PCP transfer is effective.

F. IPA Change Hospital Link

1. When an IPA transfers all PCP affiliations from a Hospital to another Hospital the IPA is financially responsible for any Member receiving inpatient care until transfer or discharge.

2. If the hospital is capitated, the capitation is paid to the new Hospital, or IEHP, as applicable, the first of the month the new Hospital link is effective.

G. 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.

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	☒ DHCS	☐ CMS
	☐ DMHC	☐ NCQA
Original Effective Date:	September 1, 1996	
Revision Effective Date:	January 1, 2024	

~~INLAND EMPIRE HEALTH PLAN~~		
~~**Chief Approval:** *Signature on file*~~	~~**Original Effective Date:**~~	~~September 1, 1996~~
~~**Chief Title:** Chief Medical Officer~~	~~**Revision Date:**~~	~~January 1, 2022~~