
3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

APPLIES TO:

- A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

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

PROCEDURES:

A. Geographic Service Area

IEHP is licensed to serve eligible Members in the zip codes within Riverside and San Bernardino Counties listed below:

1. **Riverside County Zip Codes**

91752 Mira Loma	92258 North Palm Springs
92201 Indio	92260 Palm Desert
92202 Indio	92261 Palm Desert
92203 Indio	92262 Palm Desert
92210 Indian Wells	92263 Palm Desert
92211 Palm Desert	92264 Palm Desert
92220 Banning	92270 Rancho Mirage
92223 Beaumont	92274 Thermal
92230 Cabazon	92276 Thousand Palms
92234 Cathedral City	92282 White Water
92235 Cathedral City	92292 Palm Springs
92236 Coachella	92320 Calimesa
92240 Desert Hot Springs	92501 Riverside
92241 Desert Hot Springs	92502 Riverside
92247 La Quinta	92503 Riverside
92248 La Quinta	92504 Riverside
92253 La Quinta	92505 Riverside
92254 Mecca	92506 Riverside
92255 Palm Desert	92507 Riverside

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

92508 Riverside	92562 Murrieta
92509 Riverside	92563 Murrieta
92513 Riverside	92564 Murrieta
92514 Riverside	92567 Nuevo
92515 Riverside	92570 Perris
92516 Riverside	92571 Perris
92517 Riverside	92572 Perris
92518 Riverside	92581 San Jacinto
92519 Riverside	92582 San Jacinto
92521 Riverside	92583 San Jacinto
92522 Riverside	92584 Menifee
92530 Lake Elsinore	92585 Sun City
92531 Lake Elsinore	92586 Sun City
92532 Lake Elsinore	92587 Sun City
92536 Aguanga	92589 Temecula
92539 Anza	92590 Temecula
92543 Hemet	92591 Temecula
92544 Hemet	92592 Temecula
92545 Hemet	92593 Temecula
92546 Hemet	92595 Wildomar
92548 Homeland	92596 Winchester
92549 Idyllwild	92599 Perris
92551 Moreno Valley	92860 Norco
92552 Moreno Valley	92877 Corona
92553 Moreno Valley	92878 Corona
92554 Moreno Valley	92879 Corona
92555 Moreno Valley	92880 Corona
92556 Moreno Valley	92881 Corona
92557 Moreno Valley	92882 Corona
92561 Mountain Center	92883 Corona

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

2. San Bernardino County Zip Codes

91701 Rancho Cucamonga	92305 Angelus Oaks
91708 Chino	92307 Apple Valley
91709 Chino Hills	92308 Apple Valley
91710 Chino	92309 Baker
91729 Rancho Cucamonga	92310 Fort Irwin
91730 Rancho Cucamonga	92311 Barstow
91737 Rancho Cucamonga	92312 Barstow
91739 Rancho Cucamonga	92313 Grand Terrace
91743 Guasti	92314 Big Bear City
91758 Ontario	92315 Big Bear City
91759 Mt. Baldy	92316 Bloomington
91761 Ontario	92317 Blue Jay
91762 Ontario	92318 Bryn Mawr
91763 Montclair	92321 Cedar Glen
91764 Ontario	92322 Cedarpines Park
91766 Chino	92324 Colton
91784 Upland	92325 Crestline
91785 Upland	92326 Crest Park
91786 Upland	92327 Daggett
91798 Ontario	92329 Phelan
92252 Joshua Tree	92331 Fontana
92256 Morongo Valley	92333 Fawnskin
92268 Pioneertown	92334 Fontana
92277 Twentynine Palms	92335 Fontana
92278 Twentynine Palms	92336 Fontana
92284 Yucca Valley	92337 Fontana
92285 Landers	92338 Ludlow
92286 Yucca Valley	92339 Forest Falls
92301 Adelanto	92340 Hesperia
92304 Amboy	92341 Green Valley Lake

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

92342 Helendale	92392 Victorville
92344 Hesperia	92393 Victorville
92345 Hesperia	92394 Victorville
92346 Highland	92395 Victorville
92347 Hinkley	92397 Wrightwood
92350 Loma Linda	92398 Yermo
92352 Lake Arrowhead	92399 Yucaipa
92354 Loma Linda	92401 San Bernardino
92356 Lucerne Valley	92402 San Bernardino
92357 Loma Linda	92403 San Bernardino
92358 Lytle Creek	92404 San Bernardino
92359 Mentone	92405 San Bernardino
92365 Newberry Springs	92406 San Bernardino
92368 Oro Grande	92407 San Bernardino
92369 Patton	92408 San Bernardino
92371 Phelan	92410 San Bernardino
92372 Pinon Hills	92411 San Bernardino
92373 Redlands	92412 San Bernardino
92374 Redlands	92413 San Bernardino
92375 Redlands	92414 San Bernardino
92376 Rialto	92415 San Bernardino
92377 Rialto	92418 San Bernardino
92378 Rimforest	92420 San Bernardino
92382 Running Springs	92423 San Bernardino
92385 Skyforest	92424 San Bernardino
92386 Sugarloaf	92427 San Bernardino
92391 Twin Peaks	

B. Exclusions

The following listed zip codes are comprised of remote rural and/or mountainous areas where IEHP is not licensed to provide health care service(s) in these areas.

1. Riverside County Excluded Zip Codes

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

92225 Blythe
92226 Blythe
92239 Desert Center/Eagle Mountain

2. San Bernardino County Excluded Zip Codes

92242 Big River/Earp	92364 Nipton/Baker
92267 Parker Dam	92366 Mountain Pass
92280 Vidal/Blythe	93558 Red Mountain
92323 Cima	93562 Trona/Argus
92332 Essex	93592 Trona
92363 Needles	

- C. To be eligible to enroll in IEHP Programs, Members must reside within the covered zip codes for Riverside or San Bernardino Counties.

INLAND EMPIRE HEALTH PLAN		
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3. ENROLLMENT AND ASSIGNMENT

B Primary Care Provider Assignment

APPLIES TO:

- A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

- A. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members will have the opportunity to select their Primary Care Provider (PCP) upon enrolling with IEHP. If they do not select a PCP, they will be auto assigned a PCP or to a Safety-Net Clinic, as applicable.
- B. Each Member has the right to choose any PCP who has a panel that is open to Member assignment and is contracted to provide services for IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.
- C. In rural areas where PCP coverage is limited, Members may be assigned to a Nurse Practitioner (NP). NPs in a rural area are approved to act as a PCP. PCP selection is based on Member choice, family relationships, or random assignment utilizing an auto-assignment algorithm.
- D. IEHP allows Seniors and Persons with Disabilities (SPD) Members to select a Specialist as their PCP if the Specialist agrees to abide by PCP requirements.¹
- E. A Member may request to transfer to another PCP or Safety-Net Clinic, as applicable, by calling an IEHP Member Services Representative (MSR) at 1-877-273-IEHP (4347) or online via the IEHP Member web portal, in accordance to Policy 17A1, “Primary Care Provider Transfers - Voluntary.”
- F. IEHP allows Members with an established relationship with their in-network Provider to remain with this Provider to avoid care disruption.
- G. IEHP allows the choice of traditional and Safety-Net Providers for Member’s PCP selection and has procedures in place for proportionate assignment.
- H. Effective August 1, 2018, IEHP Medi-Cal Members who currently have an assigned Primary Care Provider at a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Indian Health Service (IHS) facilities will be assigned directly to the clinic, not to an individual Primary Care Provider performing services on behalf of the FQHC, RHC or IHS.

PROCEDURES:

- A. IEHP receives eligibility and enrollment data files directly from the Centers for Medicare and Medicaid Services (CMS) containing enrollments, disenrollments, and updated IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Member information.

¹ California Welfare and Institutions Code (Welf. & Inst. Code), § 14182 (b)(11).

3. ENROLLMENT AND ASSIGNMENT

B Primary Care Provider Assignment

- B. IEHP processes this information and assigns a PCP or to a Safety-Net Clinic, as applicable, to each Member based on the following:
1. Health Care Options (HCO) – IEHP receives a weekly HCO file from the state which includes the PCP that is chosen by the Member. If a Member does not make a PCP or Medical Group selection during the enrollment process, but the Member was previously associated with IEHP and assigned to a currently active IEHP Medicare-contracted PCP, IEHP will continue the assignment.
 2. Member Choice/IEHP Contact – IEHP assigns Members to those PCPs or Safety-Net Clinics, as applicable, that they have requested through contact with an IEHP representative.
 3. Auto-Assignment - Members who have not been assigned a PCP through either of the above processes are assigned a PCP or to a Safety-Net Clinic, as applicable, using the IEHP Auto Assignment Process. The Auto Assignment process is a computer-generated program that assigns Members to PCPs or to a Safety-Net Clinic, as applicable, by comparing PCP and Member demographics:
 - a. residence/geography;
 - b. age;
 - c. gender;
 - d. language; and
 - e. enrollment limits.
- C. Members can change PCPs or to a Safety-Net Clinic, as applicable, each month. IEHP Members can call IEHP Member Services to facilitate a PCP change. See Section 17, “Member Transfers and Disenrollment” for more information.

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3. ENROLLMENT AND ASSIGNMENT

C. Member Identification Cards

APPLIES TO:

- A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

- A. All Members will be mailed an IEHP Identification Card (ID) or Evidence of Coverage document, no later than the Member’s effective date of IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) coverage. When a confirmed enrollment is received less than ten (10) days from the end of the month, and the beneficiary is effective the 1st of the next month, ID cards will be sent within ten (10) calendar days after the receipt of Centers for Medicare and Medicaid Services (CMS) Confirmation of enrollment.¹

PROCEDURES:

A. IEHP ID Card:

1. Each Member will be mailed an IEHP Identification (ID) Card no later than the Member’s effective date of IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) coverage. The card contains the Primary Care Physician (PCP) name or Clinic, if applicable, PCP office telephone number, IPA (Medical Group) assigned to Member, IEHP Member Services telephone number, and 24-Hour Nurse Advice Line telephone number (See Attachment, “IEHP ID Card – Cal MediConnect” in Section 3).
2. If IEHP is unable to mail the Member Card prior to the effective date, it will be mailed within ten (10) calendar days of receiving the CMS confirmation of enrollment.²
 - a. Voluntary Enrollment – IEHP will mail the ID Card no later than ten (10) calendar days from receipt of CMS confirmation of enrollment or by the last calendar day of the month prior to the effective date, whichever occurs later.
3. Temporary IEHP ID Card:
 - a. A temporary IEHP ID Card is available for Providers to print through the IEHP website at www.iehp.org.
 - b. Temporary ID Cards are printed with an expiration date of the last day of the current month.
 - c. The IEHP ID card does not guarantee eligibility; therefore, it is important that Providers verify eligibility as outlined in Policy MA_4A, “Eligibility Verification.”
 - d. 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

¹ CY2020 California MMP Marketing Guidance.

² Ibid.

3. ENROLLMENT AND ASSIGNMENT

C. Member Identification Cards

such as a tablet or phone, IEHP requests that the temporary ID card viewed through the mobile device be acknowledged as valid in compliance with the specifications listed above.

B. Evidence of Coverage:

1. IEHP is required to provide the Member with a welcome letter and an Evidence of Coverage (Member Handbook) within ten (10) calendar days of the confirmed enrollment from CMS. The Provider should verify the eligibility as outlined in Policy 4B2, “Eligibility Verification Methods – Eligibility Verification Options.”

C. Medicare Card:

1. In addition to the IEHP ID Card, Medicare Members continue to receive their Medicare card issued by the Social Security Administration. The Medicare card only contains beneficiary identification information and does not guarantee eligibility.

D. Medi-Cal BIC Card:

1. In addition to the IEHP ID Card, Dual Eligible Members will continue to receive a Benefit Identification Card (BIC) from the State. The BIC only contains beneficiary identification information and does not guarantee eligibility (See Attachment, “BIC Card” in Section 3).

- E. Providers are encouraged to verify Member’s identification through a secondary means, such as a Driver License or state identification card with both a picture and signature, when presented with an IEHP ID Card. This should be used as a precautionary measure to protect against fraud and abuse of the Member’s ID card.

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3. ENROLLMENT AND ASSIGNMENT

D. Eligible Members

APPLIES TO:

- A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

- A. Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) determine Member eligibility based on select criteria.
- B. DHCS determines Medi-Cal Aid Codes for IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

PROCEDURES:

- A. IEHP currently serves Aid Categories and Aid Codes under its IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) contract with the State under the Two Plan and Coordinated Care Initiative (CCI) 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. Recipients have both Medicare Part A and Part B.
- C. Under the CCI Duals program, Medi-Cal beneficiaries may be eligible for Long Term Services and Supports (LTSS) benefits, such as:
1. Community-Based Adult Services (CBAS) – eligibility to this benefit is determined by IEHP;
 2. Long Term Care (LTC)/Skilled Nursing Facility (SNF) – eligibility to the benefit is determined by the county.
- D. 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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3. ENROLLMENT AND ASSIGNMENT

E. Post Enrollment Kit

APPLIES TO:

- A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (CMC) (Medicare – Medicaid Plan) Members.

POLICY:

- A. All IEHP DualChoice Members receive a Post Enrollment Kit (i.e., Welcome Kit).

PROCEDURES:

- A. Post-Enrollment Member materials include all notification forms and letters, as well as, sections of newsletters that are used to enroll, disenroll, and communicate with Members on many different membership operational policies, rules and procedures. Post Enrollment Member materials include, but are not limited to: ¹
1. Mailing Envelope;
 2. Welcome Letter;
 3. Health Risk Assessment (HRA) Letter
 4. Member Handbook;
 5. Formulary and Provider Directory Access Letter: Centers for Medicare and Medicaid Services (CMS) approved notice of online availability of formulary and provider directory instead of providing a hard copy;
 6. Getting Needed Care Magnet;
 7. Privacy Notice;
 8. CMC Phone Number Magnet;
 9. Non-Discrimination Taglines; and
 10. Others such as: Health Education materials, Medication Therapy Management Program (MTMP) materials, mail service forms for Part D drugs, etc.
- B. If an enrollee requests any of these documents in hardcopy, the Plan/Part D sponsor will mail the hard copy within three (3) business days of the request.²
- C. Enrollees who choose to enroll into IEHP DualChoice will be sent the materials listed above no later than ten (10) calendar days from receipt of CMS confirmation of enrollment or by the last day of the month prior to the effective date, whichever occurs later.³
- D. For late month enrollment transactions (those for which CMS confirmation of enrollment is received less than ten (10) calendar days before the end of the month prior to the effective

¹ Medicare Managed Care Manual, “Medicare Communications and Marketing Guidelines”, Section 100.

² Ibid.

³ Medicare Managed Care Manual, “Medicare-Medicaid Plan Enrollment and Disenrollment Guidance”, Section 30.5.

3. ENROLLMENT AND ASSIGNMENT

E. Post Enrollment Kit

date), these materials below must be sent no later than ten (10) calendar days from receipt of CMS confirmation of enrollment. We will refer to the date of the Transaction Reply Report (TRR) that has the notification to identify the start of the ten (10) calendar day timeframe.

1. Member Handbook;
 2. Formulary and Provider Directory Access Letter; and
 3. IEHP Member Card.
- E. All appropriate disclaimers must be on all materials listed above.
- F. All materials that are included in the Post-Enrollment Kit must be approved by CMS and the State prior to distribution.
- G. All materials will be translated into the Plan’s threshold language, which is Spanish.
- H. All materials will be made available upon request in alternate formats including, but not limited to, large print, Braille and Audio.

INLAND EMPIRE HEALTH PLAN		
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Chief Title: Chief Operating Officer	Revision Date:	January 1, 2021

3. ENROLLMENT AND ASSIGNMENT

F. Enrollment Process

APPLIES TO:

- A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

- A. Department of Health Care Services (DHCS) Health Care Options (HCO) Unit is responsible for enrolling and disenrolling IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members into IEHP.

PROCEDURES:

- A. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members Only:
1. A dual eligible recipient is enrolled with IEHP DualChoice by calling HCO directly or by calling IEHP to use the Streamlined Enrollment process (which is only for IEHP Medi-Cal Member who has Original Medicare).
 2. HCO is the only entity that determines the enrollment and disenrollment of IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) recipients under the Two-Plan model.


INLAND EMPIRE HEALTH PLAN		
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3. ENROLLMENT AND ASSIGNMENT

Attachments

<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
BIC Card	3C
IEHP ID Card – IEHP DualChoice	3C

Attachment 03 – IEHP ID Card – IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)


DualChoice

IEHP DualChoice
Cal MediConnect Plan (Medicare-Medicaid Plan)

Member Name: Jane Doe

Member ID: 20200299999900


PCP Name: Joan Provider
Medical Group: A Medical Group

MedicareRx
Prescription Drug Coverage

RxBIN: 012353
RxPCN: 04110000
RxGRP: CMCMD

CMS Contract: H5355 Plan Benefit Package: 001

X551610800447



Notice to Members In case of an Emergency, go to the nearest Emergency Room (ER). Plan covers ER services in U.S. only.

Aviso para los Miembros En caso de emergencia, acuda a la Sala de Emergencias más cercana. El plan cubre los servicios de Sala de Emergencias solamente en los EE. UU.

Member Services: 1-877-273-IEHP (4347) or TTY 1-800-718-4347, 8am-8pm PST, 7 days a week, including holidays.

Servicios para Miembro: 1-877-273-IEHP (4347) o TTY 1-800-718-4347, de 8am-8pm PST (Hora del Pacífico), los 7 días de la semana, incluidos días festivos.

Nurse Advice Line/Línea de Consejos de Enfermería: 1-888-244-IEHP (4347) or TTY 1-866-577-8355.

Denti-Cal: 1-800-322-6384 or TTY 1-800-735-2922

PCP Phone: (909)804-8283

Website: www.iehp.org

Send claims to: IEHP, P.O. Box 4259, Rancho Cucamonga, CA 91729-4259



INLAND EMPIRE HEALTH PLAN

**Plastic Benefits
Identification Card (BIC)**



SIGNATURE

This card is for identification ONLY. It does not guarantee eligibility. Carry this card with you to your medical provider. **DO NOT THROW AWAY THIS CARD.** Misuse of this card is unlawful.