
18. PROVIDER NETWORK

P. Virtual Care

1. eConsult Services

3. The eConsult includes the Member’s medical history, chief complaint, medical details relevant to the Member’s complaint, and a clinical dialog with the Specialist Reviewer.
 4. The Specialist Reviewer is required to respond to the PCP within seventy-two (72) hours.
- C. Outcome of the eConsult may include continued management of the Member’s condition by the PCP or a recommendation that the Member be seen by a Specialist.
1. If the Specialty Reviewer recommends a coordination of care by the PCP by means of medication and/or therapeutic treatment, the PCP completes (“closes”) the eConsult and manages the Member’s condition accordingly.
 - a. PCP will contact and manage the Member’s condition as recommended by the Specialist Reviewer.
 2. If the Specialty Reviewer recommends a face-to-face visit with a Specialist, the PCP staff submits a referral request to IEHP.
 3. IEHP will provide authorization and send an approval letter to the Member.
 4. Member will contact the assigned Specialist to schedule a face-to-face appointment.
- D. PCPs, Specialists, and Members (if the Provider refuses) or their representative, have the right to request an opinion regarding proposed medical or surgical treatments from an appropriately qualified participating health care professional acting within their scope of practice who possesses a clinical background, including training and expertise, related to the particular illness, disease condition or conditions associated with the request for a second opinion.^{4,5}

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on File</i>	Original Effective Date:	January 1, 2020
Chief Title: Chief Medical Officer	Revision Date:	

⁴ Coordinated Care Initiative (CCI) Three-Way Contract September 2019, Section 2.11

⁵ Knox-Keene Health Care Service Plan Act of 1975, § 1383.15



INLAND EMPIRE HEALTH PLAN

[Date]

[DELEGATED IPA NAME]
[ADDRESS]
[CITY, CA ZIP]

RE: [PCP Name & Number] TERMINATION

Dear [Delegated IPA Contact Name]:

This letter is to acknowledge receipt of your letter dated [Date] requesting the termination of Dr. [Doctor Name] from the IEHP network. Dr. [Doctor Name] will be terminated as an IEHP PCP within [IPA Name] effective [Date] and [his/her] patients will be reassigned to Dr. [New Doctor Name], effective [Date].

Under IEHP Policy 18D, the IPA is required to give IEHP a 60-day advance written notice. This notification of termination is compliant since a 60-day advance written notice was provided.

If you have any questions or concerns, please call me at [PSR Phone #]

Sincerely,

[PSR Name]
Provider Service Representative

cc: [PCP Name]
[Hospital]
[First Name Last Name], Chief Operating Officer, IEHP
[First Name Last Name], Director of Provider Relations, IEHP



[DATE]

[IPA Contact Name] or [Provider Name]
[IPA NAME]
[Address]
[CITY, STATE ZIP]

RE: [PCP NAME] – Enrollment Status Change

Dear [IPA Contact Name/Provider Name]:

This letter is to inform you that [PROVIDER NAME] PCP status has been changed to “Frozen” for Member enrollment due to [REASON FOR FREEZE]. This change will become effective as of [EFFECTIVE DATE]. This freeze applies only to Auto Assignment, HCO Enrollment, Family Assignment and Member Choice.

If you have any questions or concerns, please call me at [PSR PHONE #].

Sincerely,

[PSR NAME]
Provider Services Representative

cc: PCP
IPA
[FIRST NAME LAST NAME], Chief Operating Officer, IEHP, 130.d
[FIRST NAME LAST NAME], Director of Provider Relations, IEHP
PCP File

HOSPITAL GEOGRAPHIC SERVICE AREAS

Hospital Name	Service Area
Community Hospital of San Bernardino	S1
St. Bernardine Medical Center	S1
Hemet Valley Medical Center	R3
John F. Kennedy Memorial Hospital	R2
Menifee Valley Medical Center	R3
Kaiser Foundation Hospital MVH	R1
Desert Regional Medical Center	R2
Loma Linda University Medical Center - Murrieta	R3
Loma Linda University Medical Center	S1
Temecula Valley Hospital Inc	R3
Loma Linda University Children's Hospital	S1
Arrowhead Regional Medical Center	S1
Parkview Community Hospital Medical Center	R1, R3
Kaiser Fontana	S1
Kaiser Riverside	R1, R3
Corona Regional Medical Center	R3
Riverside University Health Care System	R1, R3
Victor Valley Global Medical Center	S3
Riverside Community Hospital	R1, R3
Pomona Valley Hospital Medical Center	S2
Rancho Springs Medical Center	R3
Inland Valley Regional Medical Center	R3
Redlands Community Hospital	S1
San Geronio Memorial Hospital	S1
Montclair Hospital Medical Center	S2
Barstow Community Hospital	S3
Mountains Community Hospital	S1
Eisenhower Medical Center	R2
St Mary Medical Center	S3

Chino Valley Medical Center	S2
Desert Valley Hospital	S3
Bear Valley Community Healthcare	S1
Hi Desert Medical Center	S3
San Antonio Community Hospital (Medicare only)	S2

HOSPITAL GEOGRAPHIC SERVICE AREAS

R1 Riverside Proper

Moreno Valley, Nuevo, Perris, Riverside

R2 Low Desert

Amboy, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, Joshua Tree, La Quinta, Landers, Marine Corp Base, Mecca, Morongo Valley, North Palm Springs, Palm Desert, Palm Springs, Pioneer Town, Rancho Mirage, Thermal, Thousand Palms, Twenty-nine Palms, Whitewater, Yucca Valley

R3 Corona/Temecula/Hemet Region

Aguanga, Anza, Corona, Fallbrook, Hemet, Homeland, Idyllwild, Lake Elsinore, Menifee, Mira Loma, Mountain Center, Murrieta, Norco, San Jacinto, Sun City, Temecula, Wildomar, Winchester

S1 San Bernardino Proper

Angelus Oaks, Banning, Beaumont, Big Bear City, Big Bear Lake, Bloomington, Blue Jay, Bryn Mawr, Cabazon, Calimesa, Cedar Glen, Cedarpines Park, Colton, Crest Park, Crestline, Fawnskin, Fontana, Forest Falls, Grand Terrace, Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Loma Linda University, Mentone, Patton, Redlands, Rialto, Rimforest, Running Springs, San Bernardino, Sky Forest, Sugar Loaf, Twin Peaks, Veteran's Hospital, Yucaipa

S2 West San Bernardino

Chino, Chino Hills, Claremont, Guasti, Hacienda Heights, La Verne, Montclair, Mount Baldy, Ontario, Pomona, Rancho Cucamonga, Upland

S3 High Desert

Adelanto, Apple Valley, Baker, Barstow, Daggett, Fort Irwin, Helendale, Hesperia, Hinkley, Lucerne Valley, Ludlow, Lytle Creek, Newberry

Springs, Oro Grande, Phelan, Pinon Hills, Victorville, Wrightwood,
Yermo

99 Out of Area

Big River, Blythe, Cima, Desert Center, Essex, Mountain Pass, Needles,
Nipton, Parker Dam, Red Mountain, Roland Heights, Trona.



IEHP PCP Leave of Absence Coverage Form

In compliance with IEHP Provider Policy **18.I Leave of Absence**, which requires an adequate coverage plan for all leaves of absence from my practice greater than two (2) weeks,

I, _____, have entered into an Agreement with
(PCP Name)
_____ who will be available to my
(Covering Provider's Name /or Group Name)
IEHP patients for direction of care during my absence.

_____ can be reached at _____,
(Covering Provider's Name/ Group Name) (Telephone #)
located at _____
(Address)

In the event I enter into a different Agreement for coverage during a leave of absence, I will provide IEHP sixty (60) days advance written notification who the covering Provider will be during any future leaves of absence.

I understand the information provided above will be utilized by IEHP when directing my IEHP patients during any leave of absences greater than two (2) weeks. If IEHP does not receive notification of coverage for a leave of absence greater than two (2) weeks, my panel may be frozen until a coverage plan is received or pending my return. A leave of absence greater than ninety (90) days could result in a transfer of assigned Members to another PCP.

Physician Name

Date



IPA HOSPITAL LINK RESPONSIBILITY GRID

DELEGATED IPA RESPONSIBILITY										IEHP PROVIDER SERVICES RESPONSIBILITY				IEHP CREDENTIALING RESPONSIBILITY				
LICENSE#	LAST NAME	FIRST NAME	SUFFIX	DEGREE	SPECIALTY	ADDRESS	CITY	ZIP	COMMENTS	PCP office Miles/Minutes from Hospital	Existing Provider with IPA under IEHP	Choice Letter Required	Provider Profile Contract, & W-9 required	COMMENTS	Meets Specialty Requirements	Hospital Admitting Privileges Type	COMMENTS	Effective date with IPA



[DATE]

[IPA Contact Name] or [Provider Name]
[IPA NAME]
[Address]
[CITY, STATE ZIP]

RE: [PCP NAME] – Enrollment Status Change

Dear [IPA Contact Name/Provider Name]:

This letter is to acknowledge the offices request dated [DATE] requesting that [PCP NAME] status be changed from [CURRENT STATUS] member enrollment to “Limited” member enrollment.

Limited meaning PCP does not receive new Member enrollment through auto-assignment. PCP will receive minimum enrollment only through Member requests, HCO enrollment, or family link or PCP receives reinstated Members. This change will become effective [EFFECTIVE DATE].

If you have any questions or concerns, please call me at [PSR PHONE NUMBER].

Sincerely,

[PSR NAME]
Provider Services Representative

cc: PCP
IPA
[FIRST NAME LAST NAME], Chief Operating Officer, IEHP, I.130.d
[FIRST NAME LAST NAME], Director of Provider Relations, IEHP
PCP File



«IEHP_ID»
«Med_Name»
«Add_2» «Add_1»
«City», «STATE» «Zip_code»

January 17, 2019

Dear «Greeting02»,

We're writing to let you know that your current Primary Care Doctor, Dr. «OLDPCPNAME», located at «OldPCPAdd», «OldPCPCity» will be leaving IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) as of «mleffec».

What does this change mean to you?

To make sure there will be no break in your care, IEHP DualChoice has assigned a new Primary Care Doctor, Dr. «Newpcpname». If you wish to change your new Doctor, please go to My IEHP Health Account at www.iehp.org or call IEHP DualChoice Member Services.

Listed below are Dr. «NEWPCPNAME»'s office location, and the name and address of the hospital where you should go to get care.

<u>Dr. «NEWPCPNAME»</u>	<u>«NewHos»</u>
«NewPAdd»	«NewHosAdd»
«NewPCity», «NewPState» «NewPZip»	«NewHosCity», «NewHosSte» «NewHosZip»
«NewPPhone»	«NewHosPhne»

We will mail you a new IEHP DualChoice Member Card. When you get the new card, destroy the old one. If you do not get the new card, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am – 8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347.

Be assured – all your benefits will stay the same.

If you are receiving care for one of the items on the list below or have certain services already scheduled after «mleffec», you can request permission to continue receiving those medical services. To learn more about continuity of care and eligibility qualifications, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am – 8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347.

- Pregnancy
- Treatment for a serious chronic condition
- Treatment for an acute chronic condition
- Treatment that may require prompt medical attention
- Care of a newborn child up to 36 months of age
- Terminal illness

- Surgery or procedure that IEHP DualChoice authorized

California Department of Managed Health Care

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact IEHP DualChoice Member Services, and if you have further questions, you are encouraged to contact the **Department of Managed Health Care**, which protects HMO consumers, by telephone at its toll-free number, **1-888-HMO-2219 (1-888-466-2219)**, or at a TTY number for the hearing impaired at **1-877-688-9891**, or online at www.hmohelp.ca.gov.

California Department of Health Care Services (DHCS) Office of the Ombudsman

For help with Cal MediConnect, you may call the California Department of Health Care Services (CDHCS) Ombudsman Office at 1-888-501-3077. The Ombudsman Office helps people with Cal MediConnect make use of their rights and responsibilities.

Thank you for trusting IEHP to take care of your health care needs.

Sincerely,

IEHP DualChoice Member Services
Inland Empire Health Plan

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

H5355_CMC_19_1169772



«IEHP_ID»
«Med_Name»
«Add_2» «Add_1»
«City», «STATE» «Zip_code»

17 de enero de 2019

Estimado «Greeting02»:

Le escribimos para informarle que su Doctor de Cuidado Primario, el Dr. «OLDPCPNAME», ubicado en «OldPCPAdd», «OldPCPCity» dejará a IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) a partir del «mleffec».

¿Qué significa esto para usted?

Para asegurarnos de que no haya interrupción en su atención médica, le hemos asignado un nuevo Doctor de Cuidado Primario, el Dr. «NEWPCPNAME». Si desea cambiar a un Doctor diferente del que le hemos asignado, por favor vaya a Mi Cuenta de Salud de IEHP DualChoice en www.iehp.org o llame a Servicios Para Miembros de IEHP DualChoice.

Abajo se encuentra el domicilio y número de teléfono del Dr. «NEWPCPNAME», así como el nombre y domicilio del hospital «Greeting04», a donde debe acudir para recibir atención médica.

<u>Dr. «NEWPCPNAME»</u>	«NewHos»
«NewPAdd»	«NewHosAdd»
«NewPCity», «NewPState» «NewPZip»	«NewHosCity», «NewHosSte» «NewHosZip»
«NewPPhone»	«NewHosPhne»

Le enviaremos por correo su nueva Tarjeta para Miembros de IEHP DualChoice. Cuando reciba la tarjeta nueva, destruya la anterior. Si no recibe la tarjeta nueva, por favor llame a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), de 8am-8pm, (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Los usuarios de TTY deben llamar al 1-800-718-4347.

Puede estar seguro de que todos los beneficios seguirán siendo los mismos.

Si está recibiendo atención para uno de los artículos de la lista a continuación o tiene ciertos servicios ya programados después de «mleffec», puede solicitar permiso para continuar recibiendo esos servicios médicos. Para obtener más información sobre la continuidad de atención médica y requisitos de elegibilidad, llame a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), de 8am-8pm, (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Los usuarios de TTY deben llamar al 1-800-718-4347.

- Embarazo
- Tratamiento para una condición crónica grave.
- Tratamiento para una afección crónica aguda.
- Tratamiento que puede requerir atención médica inmediata.
- Cuidado de un recién nacido hasta los 36 meses de edad.
- Enfermedad terminal
- Cirugía o procedimiento autorizado por IEHP DualChoice.

Departamento de Atención Médica Coordinada (Department of Managed Health Care)

Si usted ha estado recibiendo servicios de algún proveedor de atención médica, entonces podría tener derecho a continuar atendándose con su proveedor por un periodo de tiempo designado. Por favor, comuníquese con Servicios para Miembros de IEHP DualChoice, y si tiene preguntas adicionales, no dude en comunicarse con el **Departamento de Atención Médica Coordinada (Department of Managed Health Care)**, el cual protege a los usuarios de HMO, a la línea telefónica gratuita al **1-888-HMO-2219 (1-888-466-2219)**, o al número de TTY para personas con dificultades auditivas al **1-877-688-9891**, o en línea en www.hmohelp.ca.gov.

Oficina de Defensoría del Departamento de Servicios de Atención Médica (Department of Health Care Services [CDHCS] Ombudsman Office)

Para obtener ayuda con respecto a asuntos de Cal MediConnect, usted puede llamar a la Oficina de Defensoría del Departamento de Servicios de Atención Médica (Department of Health Care Services [CDHCS] Ombudsman Office) al 1-888-501-3077. La Oficina de Defensoría ayuda a que las personas con Cal MediConnect hagan uso de sus derechos y responsabilidades.

Gracias por confiar en IEHP DualChoice para atender sus necesidades de atención médica.

Sinceramente,

Servicios para Miembros de IEHP DualChoice
Inland Empire Health Plan

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) es un plan de salud que tiene contratos con Medicare y Medi-Cal para proporcionar los beneficios de ambos programas a los afiliados.

H5355_CMC_19_1169772S



[Date]

[IPA Contact Name]
[IPA Name]
[ADDRESS]
[City, State Zip]

RE: [PCP NAME] TERMINATION

Dear [IPA Contact Name]:

This letter is to acknowledge receipt of your letter dated [Date] requesting the termination of [PCP Name] as a PCP from [IEHP Network]. Dr. [PCP Name] membership will be reassigned to Dr. [New PCP Name] to the same location effective [Date].

Under IEHP Policy 18.D, the IPA is required to give IEHP a 60-day advance written notice. This notification of termination is non-compliant due to no 60-day advance written notice was provided.

Because of this requirement IEHP retains the right to obligate the IPA to provide medical services for the PCP's existing patients at the former PCP practice location for up to 60 days. If patient care becomes an issue, efforts will be made to reassign the patients to another PCP; however, there is no guarantee that all patients will remain within your network.

If you have any questions or concerns, please call me at (PSR PHONE NUMBER

Sincerely,

PSR Name
Provider Services Representative

cc: PCP Name
[First Name Last Name], Chief Operating Officer, IEHP
[First Name Last Name], Director of Provider Relations, IEHP
PCP File



[DATE]

[IPA Contact Name] or [Provider Name]
[IPA NAME]
[Address]
[CITY, STATE ZIP]

RE: [PCP NAME] – Enrollment Status Change

Dear [IPA Contact Name/Provider Name]:

This letter is to inform you that Dr. [PCP NAME] PCP status has been changed to “Closed” for Member enrollment. This change will become effective as of [DATE].

Under IEHP Policy 18 A2, the maximum amount of enrollment that Dr. [PCP NAME] is eligible for is [NUMBER] Members. Currently Dr. [PCP NAME] has [NUMBER] Members and [NUMBER] physician extenders in IEHP’s system. If Dr. [PCP NAME] has additional physician extenders who have not been credentialed, please submit their credentialing applications to increase Dr. [PCP NAME] Member capacity. A maximum of four supervised mid-levels is allowed per PCP to increase capacity to a maximum of 6000 Members.

IEHP will continue to monitor Dr. [PCP NAME]’s enrollment numbers. If Dr. [PCP NAME]’s membership should drop below the maximum amount allowable, IEHP will open Dr. [PCP NAME] to enrollment. This would include Auto Assignment, HCO Enrollment, Family Assignment and Member Choice.

If you have any questions or concerns, please contact me at (909) 890-XXXX.

Sincerely,

PSR NAME
Provider Services Representative

cc: PCP
IPA
[FIRST NAME LAST NAME], Chief Operating Officer, IEHP
[FIRST NAME LAST NAME], Director of Provider Relations, IEHP
PCP File

DATE

SENT VIA FEDEX

PROVIDER FIRST NAME M.I. LAST NAME SUFFIX, DEGREE
c/o PRACTICE NAME
ADDRESS
CITY, STATE ZIP

RE: IEHP PEER REVIEW SUBCOMMITTEE DECISION

Dear PROVIDER NAME:

Inland Empire Health Plan (IEHP)'s Peer Review Subcommittee met on (DATE), and reviewed (REASON FOR REVIEW).

Due to evidence documenting (EVIDENCE FOUND), the IEHP Peer Review Subcommittee has made the recommendation to terminate your participation with IEHP.

You have the right to appeal this decision and request a first level appeal, which is held before the IEHP Peer Review Subcommittee. If you wish to request an appeal, your written request must be received within thirty (30) days of receipt of this letter. In a Level I appeal, you will have the right to be present and participate in the proceedings. If you request an appeal, please provide me with copies of any additional information, which you would like to have presented at the Peer Review Subcommittee meeting for your appeal. In addition, please let me know if you wish to be present at the meeting.

If your written request for appeal is not received within thirty (30) days of your receipt of this notice, your rights will be considered waived, and any action recommended by the Peer Review Subcommittee will be presented to the Governing Board of IEHP for final action.

A copy of the IEHP Peer Review (Level I) and Credentialing Policy and Procedures is enclosed for your information and further clarification of your rights in the Level I appeal process.

IEHP will report the final decision of the IEHP Governing Board, to the Medical Board of California and/or the National practitioner Data Bank, as required under California business and professions Codes subsection 805 and 45 of Federal Regulations, Part 60.

PHYSICIAN NAME

DATE

Page 2

Should you wish to discuss this matter further, please feel free to contact me at (909)
(PHONE NUMBER)

Sincerely,

IEHP MEDICAL DIRECTOR'S NAME

Medical Director, IEHP

Peer Review Subcommittee Chairperson

cc: IPA MEDICAL DIRECTOR'S NAME, IPA NAME
[NAME], Chief Operating Officer, IEHP
[NAME], Director of Provider Relations, IEHP
[NAME], Medical Director, IEHP
[NAME], Director of Quality Management
[NAME], Provider Services Representative, IEHP
[NAME], Credentialing Manager, IEHP
[NAME], Credentialing Contact Title, IPA NAME
Provider File



«IEHP_ID»
«FISRT_NAME» «LAST_NAME»
«ADDRESS_1» «ADDRESS_2»
«CITY», «STATE» «ZIP_CODE»

September 10, 2019

Dear «FirstName»,

A change in our Provider Network might affect your health care. Dr. «SpecName», «PDDESC2» Specialist, located at «PAdd1» «PAdd2», «PCity», will no longer be serving IEHP Members as of «MLEffec».

To make sure there is no break in your health care, please call your Primary Care Doctor right away for help finding a new «PDDESC2» Specialist if you need one.

If you are getting care now, you may be able to keep seeing Dr. «SpecName» until your Doctor can help you find a new «PDDESC2» Specialist. It is very important that you talk about this with your Doctor as soon as you can.

Please do not wait. This change may affect your care. Call your Doctor today.

If you have any questions, call IEHP Member Services at 1-800-440-IEHP(4347). TTY users should call 1-800-718-4347.

You can be sure; all your benefits will stay the same. Thank you for trusting IEHP with your health care needs.

Sincerely,

IEHP Member Services
OPS_25_EA_SPT_«SpecialistID»

IMPORTANT INFORMATION about Billings, Authorizations for Services, and your right to Continued Care is printed on the back of this letter. Please be sure to read it.

¿Prefiere esta información en Español? Llame a Servicios para Miembros de IEHP al «Member_Services_Phn».



«IEHP_ID»
«FISRT_NAME» «LAST_NAME»
«ADDRESS_1» «ADDRESS_2»
«CITY», «STATE» «ZIP_CODE»

10 de septiembre de 2019

Estimado/a «FirstName»:

Un cambio en nuestra Red de Proveedores podría afectar su atención médica. El/la Dr./Dra. «SpecName», Especialista en «PDDESC2», ubicado/a en «PAdd1» «PAdd2», «PCity», ya no atenderá a los Miembros de IEHP a partir del «MLEffec».

Con el propósito de asegurarnos de que no se interrumpa su atención médica, por favor llame a su Doctor de Cuidado Primario de inmediato para que le ayude a encontrar un nuevo Especialista en «Pddesc2» si lo necesita.

Si actualmente está recibiendo atención, es posible que pueda seguir acudiendo con el/la Dr./Dra. «SpecName» hasta que su Doctor/a pueda ayudarle a encontrar un nuevo Especialista en «PDDESC2». Es muy importante que hable acerca de esto con su Doctor/a lo más pronto que pueda.

Por favor no espere. Este cambio puede afectar su atención médica. Llame a su Doctor hoy mismo.

Si tiene alguna pregunta, comuníquese a Servicios para Miembros de IEHP al 1-800-440-IEHP(4347). Los usuarios de TTY deben llamar al 1-800-718-4347.

Puede estar seguro/a de que todos los beneficios de usted seguirán siendo los mismos. Gracias por confiar en IEHP para atender sus necesidades de atención médica.

Atentamente,

Servicios para Miembros de IEHP
OPS_25_SA_SPT_«SpecialistID»

Al reverso de esta carta encontrará INFORMACIÓN IMPORTANTE sobre Facturación, Autorización de Servicios y su derecho a Continuidad de la Atención Médica. Por favor, asegúrese de leerla.

¿Prefiere esta información en inglés? Llame a Servicios para Miembros de IEHP al «Member_Services_Phn».

Specialty Network Review

<<IPA Name>> | <<Hospital Name>>

CORE SPECIALTY NETWORK				
SPECIALTY	TOTAL # OF PROVIDERS	# OF PROVIDERS ON UNIQUE CONTRACTS	STATUS	NOTES
Cardiology				
Dermatology***				
Endocrinology				
Gastroenterology				
General Surgery				
Infectious Disease/HIV Specialist				
Nephrology				
Neurology				
OB/GYN				
Orthopedics Surgery				
Otolaryngology (ENT)				
Ophthalmology				
Oncology/Hematology				
Physical Medicine and Rehabilitation				
Pulmonary Medicine				

GEOGRAPHIC SPECIALTY NETWORK				
SPECIALTY	TOTAL # OF PROVIDERS	# OF PROVIDERS ON UNIQUE CONTRACTS	STATUS	NOTES
Allergy and Immunology***				
Cardiac/Thoracic Surgery				
Neurosurgery (if the hospital provides this service)				
Pain Management				
Physical & Speech Therapy***				
Plastic Surgery				
Podiatry***				
Rheumatology				
Urology				
Ancillary Providers				
1. Audiology				
2. Diagnostic Radiology				
3. DME				
4. Home Health				
5. Home Infusion Agency				
6. Imaging/Diagnostic/X-Ray				
7. Laboratory				
8. Radiology				

Specialty	Grid Rules
Podiatry	Covers Podiatric Surgery
Orthopedics	Covers Orthopedic Surgery
Neurology	CANNOT cover Neurosurgery

* If Provider does NOT have hospital privileges - to which Hospital do they refer? Must be within 15 miles/30 minutes (exception may be made at the Provider Relations Manager discretion)

** If IPA states they refer to Loma Linda or a neighboring hospital, then they are compliant. Must be within 15 miles/30 minutes (exception may be made at the Provider Relations Manager discretion)

*** Specialties NOT requiring Hospital Privileges