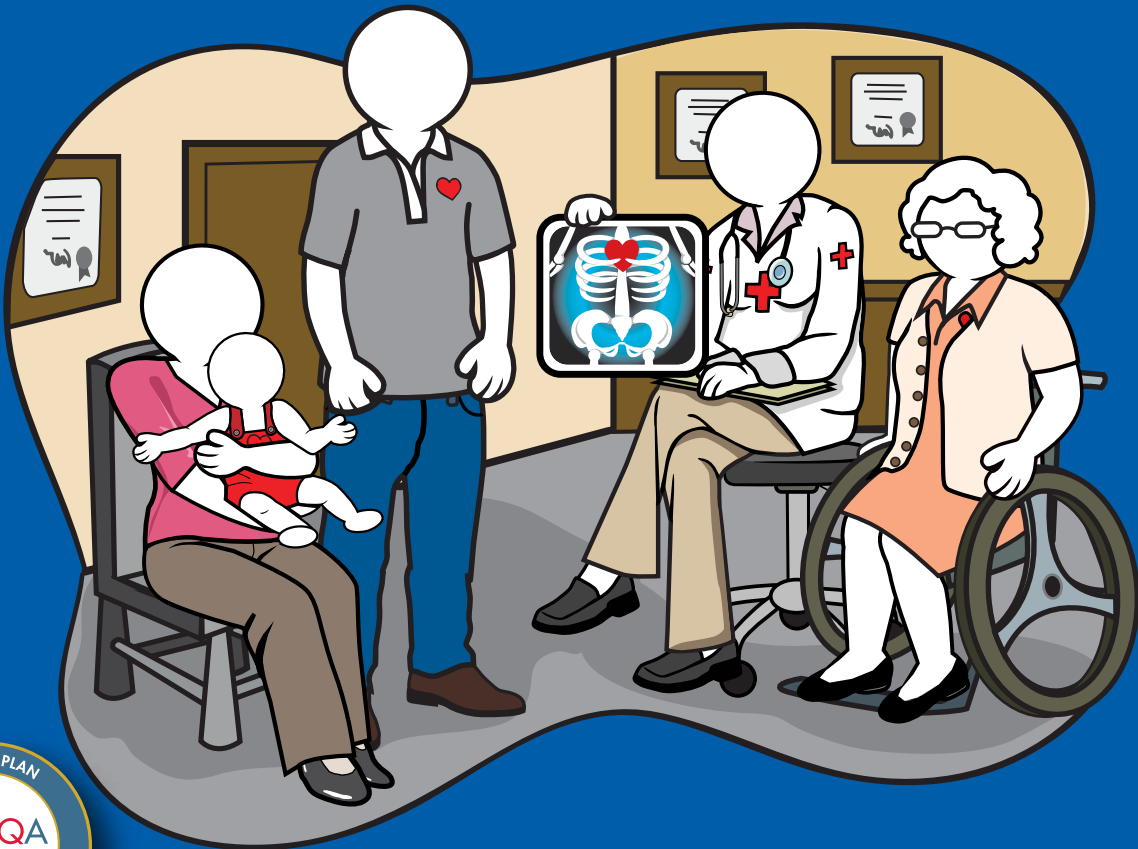


A Public Entity

Member Handbook

ALL YOU NEED TO KNOW ABOUT YOUR BENEFITS



COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM
FOR OUR MEDI-CAL MEMBERS FOR THE BENEFIT YEAR FROM
JULY 1, 2014 - JUNE 30, 2015

2014-2015

Medi-Cal

Alternative Format
Available Upon Request

DISCLOSURES

This Combined Evidence of Coverage and Disclosure Form constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage. You may review the contract at IEHP. You may also request by mail or phone that IEHP send you a Member Handbook for your review prior to joining IEHP.

IEHP will not refuse to enter into any contract or shall not cancel or decline to renew or reinstate any contract because of the race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, or age of any contracting party, prospective contracting party, or person reasonably expected to benefit from that contract as a subscriber, enrollee, member, or otherwise.

The terms of any contract shall not be modified, and the benefits or coverage of any contract shall not be subject to any limitations, exceptions, exclusions, reductions, copayments, coinsurance, deductibles, reservations, or premium, price, or charge differentials, or other modifications because of the race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, or age of any contracting party, potential contracting party, or person reasonably expected to benefit from that contract as a subscriber, enrollee, member, or otherwise.



IEHP earned an “Accredited” Accreditation status for Medi-Cal from the National Committee for Quality Assurance (NCQA), a private, non-profit organization dedicated to improving health care quality.

WELCOME

Thank you for becoming a Member of Inland Empire Health Plan (IEHP). Please feel free to contact IEHP Member Services at:

Inland Empire Health Plan (IEHP)
10801 6th Street
Rancho Cucamonga, CA 91730
Web Address: www.iehp.org
Email Address: member_services@iehp.org

Mailing Address:
P.O. Box 1800
Rancho Cucamonga, CA 91729

Toll Free: 1-800-440-IEHP (4347)
1-800-718-4347 for TTY users
Office Hours: Monday-Friday, 8:00 am to 5:00 pm

We provide this IEHP Member Handbook (called the Combined Evidence of Coverage and Disclosure Form or “EOC”) to all IEHP Members. This handbook guides Members on how to access health care services. Please read it and keep it close by. If you need extra copies of the Member Handbook, call IEHP Member Services at 1-800-440-IEHP (4347). This Handbook provides you with:

- A summary of your health benefits and services, including restricted or excluded IEHP Coverage
- Your Member rights and responsibilities
- Information on how to access your Doctor and other health care providers
- Details on how to contact IEHP
- Instructions on how to file a complaint or grievance
- Health Education information on how to stay healthy

Updated each year, this IEHP Member Handbook is part of our welcome packet for new Members. It is updated and distributed every year. If your benefits and services change, we will explain the changes to you in an IEHP Member newsletter or an updated version of this handbook.


A. IEHP Member Services	1
A.1. When Can I Start Getting Care?	1
A.2. IEHP Member Services Information	1
A.3. Accessing Care for Members with Disabilities	2
B. Information About Your Doctor	3
B.1. Your Doctor	3
B.2. When You Do Not Choose A Doctor Or The Doctor You Choose Is Unavailable	4
B.3. Changing Your Doctor	4
B.4. What If Your Doctor Leaves IEHP?	4
B.5. Continuity Of Care	5
C. Family Planning Services	6
C.1. Getting Family Planning Services	6
D. How To Get Medical Care	7
D.1. Making Appointments With Your Doctor	7
D.2. Getting An Initial Health Assessment From Your Doctor	7
D.3. How Long It Should Take To See Your Primary Care Doctor	8
D.4. What Is A Referral?	9
D.5. Types of Referrals	10
D.6. When Is A Referral Denied?	10
D.7. Direct Access To OB/GYNs	11
D.8. Getting A Second Medical Opinion	11
D.9. Receiving Out-Of-Network Medical Services	12
D.10. Getting IEHP Health Education Programs And Services	12
D.11. Care Management Program	15
E. Information About Managed Care	15
E.1. How Managed Care Works	15
E.2. Facilities and Provider Locations	16
E.3. Financial Disclosure	16
F. Getting Emergency Medical Services	16
F.1. Who To Call For ALL Emergencies?	16
F.2. What Is Emergency Care?	16
F.3. How Do YOU Get Emergency Services?	16
F.4. Examples Of Illnesses Or Injuries That May Not Be Emergencies	17
F.5. Urgent Care	17
F.6. Post-Stabilization and Follow-Up Care After an Emergency	17
F.7. Getting Medical Services After Normal Business Hours	17
G. Prescriptions: Information About The IEHP Approved List Of Medications And Drugs (The IEHP Formulary)	18
G.1. Pharmacy Services	18
G.2. Drug Therapy Management (DTM) Program	18
G.3. How The IEHP Formulary Is Developed	19
H. How IEHP Providers Are Paid	19
I. How IEHP Members Can Participate In Developing IEHP	19

J. Quality Management Program	19
K. A Note About Protected Health Information (PHI)	20
K.1. California Immunization Registry (CAIR)	20
K.2. Inland Empire Health Information Exchange (IEHIE)	20
L. Children’s Immunization Schedule	21
M. Your Child’s Checkups	22
N. Pregnancy Services Schedule	23
O. Member Confidentiality	23
P. Members’ Responsibilities	24
Q. Members’ Rights	25
R. Grievance and Appeals Process	26
S. Your Coverage	30
S.1. Ending Of Your IEHP Medical Coverage (Termination of Benefits)	30
S.2. Service Area	30
S.3. Renewal Provisions (Annual Eligibility Review)	30
S.4. How Do You Disenroll From The Health Plan?	31
S.5. Health Coverage Cannot Be Cancelled Due To Your Health	31
T. Payments By IEHP Members (Reimbursement Provisions)	31
U. Your IEHP Benefits And Services	32
U.1. Health and Vision Services	32
U.2. Behavioral/Mental Health Services	39
U.3. A Note About New Technology	41
U.4. Organ Donation	41
V. Adult Wellness Services	41
W. Exclusions And Limitations	45
W.1. Exclusions	45
W.2. Limitations	45
W.3. How To Access Excluded and Limited Services	47
X. Supplemental Section For Foster Care Children Enrolled in IEHP Open Access Program	47
X.1. When Can I Start Getting Care? (Supplement to Section A.1)	47
X.2. Changing Your Doctor (Supplement to Section B.3)	47
X.3. How Do You Disenroll From The Health Plan? (Supplement to Section S.4)	47
Y. Definitions	47

A. IEHP MEMBER SERVICES

A.1. When Can I Start Getting Care?

You can start getting health care when you become a Member of IEHP. To become an enrolled Member of IEHP, your enrollment form must first be processed by Health Care Options. This is a contracted organization used by the Department of Health Care Services (DHCS) to enroll and disenroll Members into health plans. It can take 15 to 45 days before you are enrolled with IEHP. Please call your eligibility worker to confirm Medi-Cal eligibility, then call IEHP Member Services at 1-800-440-IEHP (4347), between 8:00 am and 5:00 pm to make sure you are covered by IEHP. You will get your IEHP Member ID Card in the mail. Your IEHP Member ID Card has the name of the DOctor you picked and your Doctor's telephone number (For Members in foster care and enrolled in IEHP Open Access program, please refer to Section X.1). If you fail to choose a Doctor, one will be assigned to you. Please keep this card with you. It must be shown to your health care Provider before you get care (Please refer to Section B1 to learn more about selecting your Primary Care Doctor). If you lose your IEHP Member ID Card, call IEHP Member Services at 1-800-440-IEHP (4347) or order on-line at www.iehp.org. A new card will be sent to you. Here's a sample membership card to show you what yours will look like:

 A Public Entity	Printed: 05/24/2011
Name/Nombre: ROBERT ROBERTSON	
ID#: 00000000001801	DOB: 08/01/1999
Doctor: Dr. Sample PCP	0000003
Hospital: GHI Hospital	
Doctor: (123)456-7891	
After Hours Nurse Advice Line: 1-888-244-IEHP (4347) Línea de Consejos de Enfermería Despues del Horario Normal	
Copays: RX: \$0 MD: \$0 ER: \$0 HOSP: \$0	

Notice to Members/Aviso a Miembros:

- For routine or urgent care, or questions for your Doctor, call the number on the front of this card.
- In case of an Emergency go to the hospital on the front of this card or the nearest Emergency Room.
- Para atención rutinaria o de urgencia, o si tiene preguntas para su Doctor, llame al número que se indica al frente de ésta tarjeta.
- En caso de una emergencia que pelagra la vida, vaya al hospital que se indica al frente de ésta tarjeta o a la sala de emergencias mas cercana.

For Member Information: 1-800-440-4347
Información Para Miembros: (M-F/L-V 8 am to 5 pm PST)
TTY 1-800-718-4347

Possession of this card does not guarantee eligibility, to verify current eligibility call (909) 890-3800 24 hours/7 days per week or visit www.iehp.org.

To Emergency Medical Provider: Emergency Services for life threatening conditions requiring immediate intervention do not require prior authorization, all other services require prior authorization.

A.2. IEHP Member Services Information

Anytime you have a question, need information, have a complaint, or concern, or want to change your Doctor, call us toll-free at 1-800-440-IEHP (4347), Monday through Friday, from 8am to 5pm, to be directly connected. IEHP has a friendly bilingual Member Services team to serve you. IEHP's bilingual Member Services team speaks English and Spanish. If you speak other languages, the Member Services team can still help you by using a telephone interpreter service. More than 140 other languages are available through a telephone interpreter service. You have the right to request an interpreter when discussing medical information. If you go to an IEHP Doctor's office and no one there speaks your language, ask your IEHP Doctor to call IEHP to be connected to an interpreter through a telephone interpreter service. If you speak another language and need medical advice at other times, you can call IEHP Nurse Advice Line 24 hours a day, seven days a week. If you need an interpreter (foreign language or sign language) to be at the Doctor's office for your next routine visit, you must call Member Services at least five (5) working days before your scheduled to make the arrangement. Interpreter services are available to you free of charge. You have the right not to use family members or friends as interpreters when discussing medical information with your Doctor. Minors should not be used as interpreters unless it is a medical emergency. You can file a grievance with IEHP if you feel your linguistic needs are not met (See Section R). Your privacy is important to us. Please know that any information you give us will be used only as allowed by law. Your telephone call to IEHP, or any calls from IEHP to you may be monitored or recorded. IEHP Management Team may access recordings to make sure that you get the best quality service and healthcare. The confidentiality of your recordings will be handled according to Section O, "Member Confidentiality" (Where you can find more information on how IEHP protects your information).

If you want us to mail you information, all IEHP materials are available to Members in English and Spanish.

A.3. Accessing Care for Members with Disabilities

Physical Access

IEHP has made every effort to ensure that our offices and the offices and facilities of IEHP Providers are accessible to the Members with disabilities. A Provider's office accessibility information can be found in the IEHP Doctor Directory or on the IEHP web site at www.iehp.org. If the Provider you have chosen cannot accommodate your physical needs or if you are not able to locate an accessible Provider, please call IEHP Member Services at 1-800-440-IEHP (4347) and a Member Service Representative will help you find an accessible Provider.

Access for Members who are Deaf or Hard of Hearing

Members who are deaf, hard of hearing, or have a speech disability and who have access to a telephone teletypewriter (TTY) may call IEHP Member Services TTY line at 1-800-718-4347, Monday through Friday, from 8am to 5pm. Between 5pm and 8am and on weekends, please call the Nurse Advice Line TTY at 1-866-577-8355 to get the help you need.

Access for Members who have a Visual Disability

This Member Handbook and other important plan materials are available upon request in large print, Braille, audiotape, and electronic formats so you can choose the format that best meets your needs. For alternative formats or for direct help in reading the EOC and other materials, please call IEHP Member Services at 1-800-440-IEHP (4347).

The Americans with Disabilities Act of 1990

IEHP complies with the Americans with Disabilities Act of 1990 (ADA). This Act prohibits discrimination based on disability. The Act protects Members with disabilities from discrimination concerning program services. In addition, Section 504 of the Rehabilitation Act of 1973 states that no qualified disabled person shall be excluded, based on disability, from participation in any program or activity which receives or benefits from federal financial assistance, nor be denied the benefits of, or otherwise be subjected to discrimination under any program or activity.

Disability Access Grievances

If you believe the plan or its Providers have failed to respond to your disability access needs, you may file a grievance with IEHP by calling IEHP Member Services at 1-800-440-IEHP (4347) or TTY at 1-800-718-4347.

Members with Developmental Disabilities

If your Doctor tells you that you have a developmental disability (e.g., difficulty with learning and/or motor skills), you may be eligible for Inland Regional Center's services. Please call your Doctor or IEHP Member Services at 1-800-440-IEHP (4347) or 1-800-718-4347 for TTY users for more information. No referral is required.

Early Start

If your child is an IEHP Member and the Doctor tells you that your child is at risk for conditions leading to delays in development (e.g., difficulty with communicating, adjusting to different situations, following directions, and/or relating with others), your child may be eligible for the Early Start Program at the Inland Regional Center. Early Start is for children ages 0-3 years. Please call your child's Doctor or IEHP Member Services at 1-800-440-IEHP (4347) or 1-800-718-4347 for TTY users for more information or a referral.

B. INFORMATION ABOUT YOUR DOCTOR

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

B.1. Your Doctor

As an IEHP Member, you can choose any Doctor in your Doctor Directory. Each enrolled family member may choose his or her own Doctor. Your Doctor is also called a Primary Care Doctor (PCP) and may be one of the following types:

- Family and General Practice Doctors usually can see the whole family
- Internal Medicine Doctors usually see only adults and children 14 years or older
- Pediatricians see children (from newborns to young adults ages 18 or 21)
- Obstetricians and Gynecologists (OB/GYNs) specialize in women's health and maternity care

To check age restrictions for a specific Doctor, call IEHP Member Services at 1-800-440-IEHP (4347). You can also look in the IEHP Doctor Directory or on the IEHP web site at www.iehp.org.

If you prefer, you can also select a Nurse Practitioner (NP) who, under the supervision of a Doctor, usually can see the whole family.

Doctors are usually linked to certain hospitals and Independent Physicians Associations (IPAs) or medical groups. Before you choose your Doctor, please keep these points in mind:

- Choose your Doctor from our Doctor Directory. Call IEHP Member Services toll free at 1-800-440-IEHP (4347), or visit our website at www.iehp.org, if you need help in choosing a Doctor or changing your Doctor.
- Choose a Doctor whose office is within 10 miles or 30 minutes of your home.
- The Doctor you choose can only admit you to certain hospitals. Choose a Doctor who can admit you to the hospital you want and is within 15 miles or 30 minutes of your home.
- Some hospitals have "hospitalists" who specialize in care for people during their hospital stay. If you are admitted to one of these hospitals, a hospitalist may serve as your Doctor during your stay. Once you are discharged from the hospital, you will return to your Primary Care Doctor (PCP) for your health care needs.
- If you need to change your Doctor for any reason, your hospital, medical group, and specialist may also change.
- Your Doctor (or someone from his or her staff) should speak your language. If no one there speaks your language, your Doctor can use a telephone interpreter service to talk to you.
- If you do not choose a Doctor when you join IEHP, we will choose one for you. We will send you a letter with your Doctor's name and address (Not applicable for IEHP Open Access Members). Remember, you can request to change your Doctor at any time.

If you have any questions about your Doctor's medical school education, residency, or board certification status, call IEHP Member Services at 1-800-440-IEHP (4347).

Questions you may want to ask when you call IEHP to choose or change your Doctor include:

- What type of Doctor is best for you?
- How close is the Doctor to your home?
- Which Hospital can the Doctor admit you to?
- Does the Doctor have an age limit for patients?
- Is the Doctor's office open evenings and/or weekends?
- What languages do the Doctor and office staff speak?

Also, if you have specific concerns, you may want to ask about them before you choose a Doctor. Call the Doctor's office to find out such things as:

- If the Doctor will see more than one family member at a time for an appointment.
- If the Doctor takes walk-ins and/or same day appointments.
- If the Doctor will charge to complete forms, and if so, how much?

- Which lab does the Doctor send patients to for lab work?
- If you will be able to see your assigned Doctor, or if you will see other Providers in the office.
- If you or a family member has a disability, is the Doctor's office accessible to you?

Call Your Doctor If You Need Medical Care Or Have Questions About Your Health

Your Doctor takes care of or helps arrange for your health care needs. Your Doctor keeps important records about your health and any medical conditions that you may have. When you need ANY type of medical care except emergency or out-of-area urgent services, call your Doctor so that you can receive expert advice.

B.2. When You Do Not Choose A Doctor Or The Doctor You Choose Is Unavailable

You can choose a Doctor within 30 days of enrollment. Choosing a Doctor and getting to know that Doctor will help you get the health care you need. If you do not choose your Doctor, IEHP will choose one for you within 40 days of enrollment (Not applicable for IEHP Open Access Members). IEHP will choose your Doctor based on certain criteria which may include where you live, and the language you speak. Sometimes the Doctor you choose is unavailable. Reasons include:

- The Doctor you asked for has too many patients and cannot add new ones
- The Doctor does not have an office close to your home
- The Doctor is not an IEHP Provider
- The Doctor only sees patients of a certain age

If a Doctor is unavailable, IEHP will call you, so you can choose a different Doctor. If we cannot contact you, we will choose a Doctor for you (Not applicable for IEHP Open Access Members). We will notify you of this change in writing. If you want to change your Doctor, call IEHP Member Services at 1-800-440-IEHP (4347).

B.3. Changing Your Doctor

You can switch your Doctor (and hospital) for any reason (once per month). Common reasons:

- You moved to a new address
- You want a hospital that your Doctor does not participate with
- Your Doctor does not meet your needs

B.4. You can change your Doctor by calling IEHP Member Services at 1-800-440-IEHP (4347). Remember that your Doctor is linked to a hospital, Independent Physician Association (IPAs), specialists, and other health care Providers. When you change your Doctor, you may also be changing the other Providers you can see. If you are seeing a Specialist, ask your new Doctor if a new referral is needed. When you can see your new Doctor depends on when IEHP received the change request. If your change request is received by IEHP by the 25th of the month, the change will be effective the first of the following month; if your change request is received by IEHP after the 25th of the month, the change will be effective the first day of the subsequent month (If you are a Member in Foster Care enrolled in IEHP Open Access program, please refer to Section X.2). Call IEHP Member Services at 1-800-440-IEHP (4347) to find out when you can see your new Doctor. You can make a request to change your Doctor once a month. It is important that you follow the Members' Responsibilities listed in Section P and follow the treatment plan from your Doctor, other health care Providers, and IEHP. **What If Your Doctor Leaves IEHP?**

If your Doctor leaves IEHP, you will need to choose a new Doctor. IEHP will:

- Contact you either by phone or mail so you can choose another Doctor
- Choose a Doctor for you if you do not choose one yourself
- Send you a new IEHP Member ID Card listing your new Doctor

If your Specialist leaves IEHP, your Doctor and IEHP or your Independent Physician Association (IPA) will contact you and ensure you keep getting the care you need. If you have any questions, call IEHP Member Services at 1-800-440-IEHP (4347).

B.5. Continuity Of Care

Continuity Of Care For Newly Enrolled Members By Non-Contracting Providers (Doctor or Hospital)

Under some circumstances, IEHP will provide continuity of care for new Members who are receiving medical services from a non-participating or out-of-network Provider, such as a Doctor or hospital, when IEHP determines that continuing treatment with a non-participating Provider is medically appropriate. If you are a new Member, you may request permission to continue receiving medical services from a non-participating Provider if you were receiving this care before enrolling in IEHP and if you have one of the following conditions:

- Acute condition - completion of covered services shall be provided for the duration of the condition.
- Serious chronic condition - completion of covered services shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another Provider, as determined by IEHP in consultation with you and the non-contracted Provider and consistent with good professional practice. Completion of covered services shall not exceed twelve (12) months from the time you enroll with IEHP.
- A pregnancy, including postpartum care - completion of covered services shall be provided for the duration of the pregnancy.
- Terminal illness - completion of covered services shall be provided for the duration of the terminal illness. Completion of covered services may exceed twelve (12) months from the time you enroll with IEHP.
- Care of newborn from birth to thirty-six (36) months of age - Completion of covered services shall not exceed twelve (12) months from the time you enroll with IEHP.
- Performance of a surgery or other procedure that your previous plan authorized as part of a documented course of treatment and that has been recommended and documented by the non-participating Provider to occur within 180 days of the time you enroll with IEHP.

Please call IEHP Member Services at 1-800-440-IEHP (4347) to request continuing care or to obtain a copy of our Continuity of Care policy. Normally, eligibility to receive continuity of care is based on your medical condition. Eligibility is not based strictly upon the name of your condition. Continuity of care does not provide coverage for benefits not otherwise covered under this contract.

We will request that the non-participating Provider agree to the same contractual terms and conditions that are imposed upon participating Providers providing similar services, including payment terms. If the non-participating Provider does not accept the terms and conditions, IEHP is not required to continue that Provider's services. IEHP is not required to provide continuity of care as described in this section to a newly covered Member who was covered under an individual subscriber contract and undergoing a treatment on the effective date of his or her coverage. Continuity of care does not provide coverage for benefits not otherwise covered under this Contract. Members are notified of the decision by telephone or in writing. If we determine that you do not meet the criteria for continuity of care and you disagree with our determination, see IEHP's Grievance and Appeals Process in Section R.

If you have further questions about continuity of care, you are encouraged to contact the Department of Managed Health Care, which protects HMO consumers, by telephone at its toll-free telephone number, 1-888-HMO-2219; or if you use a TTY, 1-877-688-9891; or online at www.hmohelp.ca.gov.

Continuity Of Care For Termination Of Provider (Doctor or Hospital)

If your Primary Care Doctor or other health care Provider stops working with IEHP, we will let you know by mail sixty (60) days before the Hospital Contract termination date and thirty (30) days before the Provider termination date.

IEHP will provide continuity of care for covered services rendered to you by a Provider whose participation has terminated, if you were receiving this care from this Provider prior to termination and you have one of the following conditions:

- An acute condition - Completion of covered services shall be provided for the duration of the acute condition.

- A serious chronic condition - Completion of covered services shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another Provider, as determined by IEHP in consultation with you and the terminated Provider and consistent with good professional practice. Completion of covered services shall not exceed twelve (12) months from the Provider's Contract termination date.
- A pregnancy, including postpartum care - Completion of covered services shall be provided for the duration of the pregnancy.
- A terminal illness - Completion of covered services shall be provided for the duration of the terminal illness. Completion of covered services may exceed twelve (12) months from the time the Provider stops contracting with IEHP.
- The care of a newborn child between birth and age thirty-six (36) months - Completion of covered services shall not exceed twelve (12) months from the Provider's Contract termination date.
- Performance of a surgery or other procedure that IEHP had authorized as part of a documented course of treatment and that has been recommended and documented by the Provider to occur within 180 days of the Provider's Contract termination date.

Continuity of care will not apply to Providers who have been terminated due to medical disciplinary cause or reason, fraud, or other criminal activity. The terminated Provider must agree in writing to provide services to you in accordance with the terms and conditions, including reimbursement rates, of his or her Contract with IEHP prior to termination. If the Provider does not agree with these contractual terms and conditions and reimbursement rates, IEHP is not required to continue the Provider's services beyond the Contract termination date.

Please call IEHP Member Services at 1-800-440-IEHP (4347) to request continuing care or to obtain a copy of our Continuity of Care policy. Normally, eligibility to receive continuity of care is based on your medical condition. Eligibility is not based strictly upon the name of your condition. Continuity of care does not provide coverage for benefits not otherwise covered under this Contract.

Members are notified of the decision in writing. If we determine that you do not meet the criteria for continuity of care and you disagree with our determination, see IEHP's Grievance and Appeals Process in Section R.

If you have further questions about continuity of care, you are encouraged to contact the Department of Managed Health Care, which protects HMO consumers, by telephone at its toll-free telephone number, 1-888-HMO-2219; or if you use a TTY, 1-877-688-9891; or online at www.hmohelp.ca.gov.

C. FAMILY PLANNING SERVICES

C.1. Getting Family Planning Services

IEHP Members can get Family Planning Services from any qualified Provider without authorization or referral. Family planning helps you choose how many children you want and when you want to have them. All Family Planning Services are confidential.

Family Planning Services include:

- Pregnancy testing and counseling
- Emergency contraception
- Birth control methods that are FDA approved. This includes Depo Provera, IUDs and implants such as Implanon/Nexplanon (one device every 3 years), Mirena (one device every 5 years) and Paragard (one device every 10 years), oral contraceptives, and contraceptive patches
- Sterilization procedures, such as tubal ligations or vasectomies as permitted by law

Family Planning Services do not include:

- Routine infertility studies or procedures,
- Hysterectomy for sterilization, and

- Reversal of voluntary sterilization.

IEHP Medi-Cal Members can get confidential Family Planning Services from any qualified Provider they choose. This includes their IEHP Doctor or Out-of-Network Providers. IEHP Medi-Cal Members can self refer to qualified Out-of-Network Family Planning Service Providers without prior authorization from their Doctor. Your Doctor's network administration will pay Out-of-Network Providers for your Family Planning Services.

If you choose a Family Planning Service Provider other than your Doctor, let your Doctor know. This information will help your Doctor take better care of you. Your Doctor will keep this information confidential at all times.

Talk to your Doctor or call IEHP Member Services at 1-800-440-IEHP (4347) for more information on Family Planning Services. You can also call the Department of Health Service's Office of Family Planning toll free at 1-800-942-1054 for information about family planning clinics near you.

Moral Objections

Some hospitals and other Providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should get more information before you enroll. Before you pick a Doctor (medical group, independent physician association, or clinic), ask whether he or she has these moral objections. You can also call IEHP at 1-800-440-IEHP (4347) to ensure that you can get the health care services that you need.

D. HOW TO GET MEDICAL CARE

D.1. Making Appointments With Your Doctor

For most of your health care needs, see your Doctor first. However, some health care services do not require you to see your Doctor first, such as OB/GYN services within your Doctor's network (see Section D.7) and Family Planning Services (see Section C). If you have an emergency, call "911" or go to the nearest Emergency Room (see Section F).

How Do You Start

Your Doctor's telephone number may be found in your Doctor Directory, online at www.iehp.org, on the front of your IEHP Member ID Card, or by calling IEHP Member Services at 1-800-440-IEHP (4347), or 1-800-718-4347 for TTY users. Call your Doctor and make an appointment. Your Doctor will care for you or refer you to a Specialist if needed.

D.2. Getting An Initial Health Assessment From Your Doctor

When you become an IEHP Member, you should meet with your Doctor within two months of joining IEHP if you are under the age of 18 months and within four months of joining IEHP if you are over 18 months of age. Your Doctor will perform an Initial Health Assessment during your first appointment. The Initial Health Assessment is important because you and your Doctor will both:

- Review your current medical condition(s) and past medical history,
- Begin any necessary treatments,
- Determine what preventive care you need. For example, pap smear or immunizations, and
- Talk about any medical concerns you may have.

D.3. How Long It Should Take To See Your Primary Care Doctor

The table below shows how long it will take to get an appointment with your Primary Care Doctor. For emergency medical services see Section F.

Visit Type...	Your condition...	How long it takes to see your Doctor...
Emergency Visit	You are so badly hurt or so sick that your life may be in danger (severe bleeding, stopped breathing, swallowed poison, severe burn, any severe pain, etc.).	Immediately
Urgent Visit	You are hurt or sick and need care to avoid damaging your health, but your life is not in danger (sprain, simple cut that may need stitches, etc.).	Within 48 hours
Illness Visit	You have a common illness (flu, earache, sore throat, etc.) and should be checked by your Doctor, but you don't need an urgent appointment.	Within 3 days (or as directed by Doctor)
Follow-up Visit	<ul style="list-style-type: none"> You recently had treatment and need to see your Doctor to make sure you're healing well. You need to qualify for the WIC program. 	Within 2 weeks (or as directed by Doctor)
Wellness Visits:		
Child	<ul style="list-style-type: none"> See your Doctor for a checkup and shots. 	Within 2 weeks
Adult	<ul style="list-style-type: none"> It's your first appointment with a new Doctor. You're due for your regular adult checkup. You're due for a pelvic, PAP, and breast exam; or for a prostate exam. 	Within 30 days
Prenatal Visits:		
Initial	You just found out that you're pregnant and need to plan for a healthy pregnancy and birth.	Within 1 week
Routine	You are seeing your Doctor regularly to make sure you and your baby stay healthy.	Weeks of pregnancy: 1-28: every 4 weeks 29-36: every 2 weeks 37-40: every week Or as recommended by your Doctor
Urgent	You get sick or hurt and are afraid that your baby's health or life is in danger.	Same day

How long should you wait at your Doctor's office until you can see your Doctor?

- If you have a scheduled appointment for routine services visit, you should see your Doctor within 60 minutes; or
- If you have a "walk-in" Doctor visit, you should see your Doctor within 4 hours.

The office waiting time above will also depend on the urgency of your health care needs.

Your Primary Care Doctor will refer you to a specialty care Doctor (also called a Specialist) following the time frames below.

Referral Type...	Reason for referral...	Referral is approved or denied within...	You get an approval or denial letter...	How long it takes to see the Specialist after you call for an appointment...
Routine	You need special medical tests or treatment your Doctor can't perform.	5 work days after your Doctor submits the request to your assigned Medical Group for review	2 work days after the approval/denial	Within 15 business days (or as directed by Doctor)
Urgent	Your health could be at risk. You need important medical tests within 72 hours.	Within 72 hours	Within 72 hours after receiving your request for referral	Within 48 hours (or as directed by Doctor)

Approval and denial letters will be sent to you by your assigned Medical Group. If it takes longer for you to see your Primary Care Doctor or a Specialist, please call IEHP Member Services at 1-800-440-IEHP (4347)/ TTY 1-800-718-4347 for help.

Timely Access to Non-Emergency Health Care Services

The California Department of Managed Health Care (DMHC) adopted new regulations (Title 28, Section 1300.67.2.2) for health plans to provide timely access to non-emergency health care services to members. Health Care service plans must comply with these new regulations by January 18, 2011.

Please contact the plan at 1-888-244-IEHP (4347) or TTY line at 1-866-577-8355, 24 hours per day, 7 days per week, to access triage or screening services. IEHP provides or arranges access to covered health care services in a timely manner.

D.4. What Is A Referral?

A “Referral” is a request from your Doctor to another Provider for certain services you may need. A referral lets you get special services your Doctor cannot give you. Your Doctor will discuss your health care needs with you, and if medically necessary, refer you to another Provider, such as a Specialist. Your Doctor will start the referral process. You **MUST** get a “Referral” **BEFORE** you get the specialty services. Your Doctor will request the “Referral” for you.

You Need A Referral:

- When your Doctor wants you to see a Specialist or for specialty diagnostic or treatment services. When necessary, your Doctor will make an appropriate referral and help arrange for these services, and
- When you need to be hospitalized for a non-emergency condition. Your Doctor will get approval from his or her Utilization Management Committee and/or Medical Director. Your Doctor’s Utilization Management Committee and/or Medical Director will follow your progress while you are in the hospital and continue to authorize any medically necessary services. For more information regarding the role of the Utilization Management Committee and/or Medical Director, please refer to the “Definitions” section.

You DO NOT Need A Referral:

- To see your Primary Care Doctor,
- To get care when you have an emergency medical condition,
- To receive services from an OB/GYN in your network,
- To use out-of-network family planning services,

- To test for Sexually Transmitted Diseases,
- To test for HIV,
- To receive minor consent services,
- To receive immunizations (See Section L), or
- To receive services for Sexually Transmitted Diseases (STD).

Utilization Management (UM) Processes:

IEHP has specific processes for Utilization Management (UM). These processes are used when your Doctor's Utilization Management Committee and/or Medical Director makes decisions to approve or deny referral requests. In addition, IEHP has guidelines or criteria that are used in specific situations to approve or deny requested health care services. In all cases, your Doctor's Utilization Management Committee and/or Medical Director is required to take a Member's particular circumstances into account when making decisions to approve or deny requested health care services. If you would like a copy of the IEHP Utilization Management processes, or would like a specific treatment guideline or criteria, please call IEHP Member Services at 1-800-440-IEHP (4347). The Utilization Management staff is available between 8:00 am and 5:00 pm during business days to discuss any Utilization Management issues. Staff may send outbound communication regarding Utilization Management inquiries during normal business hours and will always identify themselves by name, title, and organization name when initiating or returning calls regarding Utilization Management issues. You can also call the California Department of Health Care Services (DHCS) at 1-888-452-8609.

D.5. Types of Referrals

A Standing Referral is a request from your Doctor to a Specialist when you need specialty care over a long period of time. Examples of some conditions that could need a Standing Referral are:

- Long Term Wound Care
- Significant Heart Disease
- Multiple Sclerosis

Extended Access to Specialty Care is a request to a Specialist or specialty care center when you have a life-threatening, degenerative, or disabling condition that requires coordination of your care by a Specialist. Examples of some conditions that could need Extended Access to Specialty Care are: HIV, AIDS, and Cancer.

Your Doctor, in consultation with the Specialist and/or Medical Director of your assigned Medical Group, has three (3) business days to **determine** if you require a Standing Referral or Extended Access to Specialty care.

After it has been determined that you need a standing specialty referral or extended access, a **referral** is sent to your assigned Medical Group within four (4) business days. The Specialist is authorized to provide health care services to you within his/her area of expertise and training in the same manner as your Primary Care Doctor.

If you have a life threatening, degenerative, or disabling condition or disease, your Doctor will refer you to a Specialist (or specialty care center). A Specialist has expertise in treating the condition or disease. A Specialist is a Doctor who is Board Certified in the appropriate specialty to treat your condition or disease that involves complicated treatment and ongoing monitoring. You can get a list of the Doctors who have shown expertise in treating your condition by calling IEHP Member Services at 1-800-440-IEHP (4347), or 1-800-718-4347 for TTY users, or by visiting our website at www.iehp.org.

D.6. When Is A Referral Denied?

If the referral, treatment, or hospital stay is NOT approved by your Doctor's Utilization Management Committee and/or Medical Director, you will be informed. The Utilization Management Committee and/or Medical Director will send you a denial letter explaining the decision and how you can file a grievance with IEHP if you disagree with the decision. If at any time you do not understand why a service was denied, call

IEHP Member Services at 1-800- 440-IEHP (4347), or 1-800-718-4347 for TTY users. You can also call the California Department of Health Care Services (DHCS) at 1-888-452-8609.

- Utilization Management decisions will be based on medical necessity consistent with professional practice and benefit coverage.
- IEHP does not pay Doctors or others conducting UM to deny needed coverage or services.
- There is no financial incentive for your Doctor's network to deny coverage or services.
- IEHP monitors referrals to ensure appropriate services are delivered to IEHP Members.
- Doctors cannot be penalized for requesting or approving necessary health care services.

D.7. Direct Access To OB/GYNs

An OB/GYN is a Doctor who provides medical services to Members. Some Family Practice Doctors can perform OB/GYN services as well. Look for all IEHP Doctors who can perform OB/GYN services in the OB/GYN Providers section of your Doctor Directory. The following are the most common medical services you get from an OB/GYN:

- Breast examination
- Gynecological examinations and treatment
- Pap smear
- Prenatal care
- Well annual visits
- Mammogram (as recommended by your Doctor)

Members do not need a referral from their Primary Care Doctor to seek OB/GYN services from an OB/GYN or Family Practice Doctor. If the OB/GYN wants to perform a procedure or do surgery, they must first get approval from their Utilization Management Committee and/or Medical Director.

It is important to choose an OB/GYN linked to the same Hospital and Independent Physician Association (IPA) as your Primary Care Doctor. Doctors can only practice at hospitals they are linked with. If, for example, you give birth or require surgery, you will be admitted to the hospital linked with your Primary Care Doctor. If your OB/GYN does not practice at the same hospital, a different Doctor will handle your care.

D.8. Getting A Second Medical Opinion

You have the right to a second opinion from a qualified health care professional. A second opinion is a special kind of referral that lets you get another Doctor's opinion of your medical needs at no cost to you.

The most common reasons for a Second Opinion include:

- If you question the reasonableness or necessity of recommended surgical procedures;
- If you have questions about a diagnosis or a treatment plan for a chronic condition or a condition that could cause loss of life, loss of limb, loss of bodily function, or substantial impairment;
- If the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating health professional is unable to diagnose the condition;
- If the treatment plan in progress is not improving your medical condition within an appropriate period of time given the diagnosis and plan of care, and you request a second opinion regarding the diagnosis or continuance of the treatment; or
- If you have attempted to follow the plan of care or consulted with the initial Provider and have serious concerns about the diagnosis or plan of care.

Ask your Doctor for a second opinion. If you feel uncomfortable asking your Doctor or your Doctor refuses to start the process, call IEHP Member Services. The timeline for notifying you of the decision for a second opinion is the same as all other referrals. See Section D.3 of your Member Handbook for timelines. Remember you have the right to file a grievance if you feel a service was inappropriately denied.

If your request to obtain a second opinion from another Doctor is authorized, you will receive a second opinion from an appropriately qualified health care professional of your choice within your Doctor's Network. If your request to obtain a second opinion from a specialist is authorized, you will receive a second opinion from an appropriately qualified specialist of your choice within IEHP's network. If there is no appropriately qualified health care professional within IEHP's network, IEHP will authorize a second opinion

from an appropriately qualified non-participating health care professional. The plan will ensure the cost is not more than the “In-Network” cost or an out-of-network Doctor. Your Doctor’s network administration will pay the out-of-network Providers.

D.9. Receiving Out-Of-Network Medical Services

In coordinating your medical care, your Primary Care Doctor will refer you to “In-Network” IEHP Providers. If we do not have a Doctor or health professional with the appropriate expertise, your Doctor will arrange for you to see an “Out-of-Network” Doctor or health care professional within a reasonable appointment time. See Section D.3 for timelines. If you are outside the service area, you must get authorization before you receive any care that is not emergent. Your Doctor’s network administration will pay the out-of-network Providers.

Your Doctor Directory lists the “In-Network” IEHP Primary Care and OB-GYN Providers, Hospitals, Pharmacies, and Vision Providers. In addition, there are many other “In-Network” IEHP Providers (such as other specialty Doctors, physical therapists, podiatrists, etc.) who are not listed in your Doctor Directory. For a complete list of “In-Network” IEHP Providers, call IEHP Member Services at 1-800-440-IEHP (4347), or 1-800-718-4347 for TTY users.

You may be responsible for all services and benefits not covered by this Program or provided without a referral, such as:

- Not following the referral process, or
- Using an “Out-of-Network” Doctor or Provider **without** a referral, for services that are not emergent or urgent.

Emergency care is covered by IEHP and does not require prior authorization if you are outside the service area or Out-of-Network. **PRIOR AUTHORIZATION MUST BE OBTAINED FOR CARE THAT IS NOT EMERGENT.** Emergency medical condition is explained in Section F.

For more information regarding the “In-Network” IEHP Providers and “Out-of-Network” Providers, please refer to the “Definitions” section.

D.10. Getting IEHP Health Education Programs And Services

IEHP has many no-cost and low-cost Health Education Programs and services to help you learn more about how to take care of yourself and your family. To learn more about these benefits, call IEHP Member Services at 1-800-440-IEHP (4347), or 1-800-718-4347 for TTY users:

1. IEHP Child Car Seat Program

Members can receive a convertible car seat (one car seat for each newborn child). To get the child car seat you must:

- Be pregnant (or have given birth in the last twelve months) or have an enrolled child under 12 months of age
- Be enrolled in IEHP for at least 60 days in a row
- Attend the IEHP car seat group session

2. IEHP Family Asthma Program

Members with asthma can participate in IEHP Family Asthma Program. This program consists of a group session. In this session, you and your family learn about asthma, its signs and symptoms and the medications and instruments used to treat this illness. Members who complete the asthma class receive tools like a peak flow meter, spacer, and special mattress pad and pillowcase to help control asthma.

3. IEHP Diabetes Self-Management Program

Members ages 18 and over with type 2 diabetes can participate in IEHP Diabetes Self-Management Program. This program has individual and group sessions. Each session is usually from 1 to 4 hours long. At these sessions you learn about blood glucose monitoring, foot care, nutrition, and how to

recognize the health issues related to diabetes. Members attending diabetes sessions will get a free glucometer (or a prescription for one) if they do not already have a glucometer.

4. IEHP Weight Loss Program

IEHP has no-cost and low-cost Weight Loss Programs for adult and child Members who want to lose weight. Members learn about physical activities, stress management, portion and serving sizes, how to read food labels, and other related topics. Some weight loss programs require a Health Education Referral from your Doctor.

5. IEHP Healthy Babies Program

Members will receive information on their pregnancy and the care of their newborn baby. The information is sent to you as soon as we are notified that you are pregnant. Program topics include having a healthy pregnancy, eating healthy for you and your baby, stages of growth, family planning, breastfeeding, and baby care.

6. IEHP Bicycle Helmet Program

Members can receive a free bicycle helmet (one helmet for each child 5 - 14 years of age). To get the helmet:

- Each child must read the “Rad Rider Safety Cyclist” bicycle safety pamphlet, and
- Take a short test

If you break your helmet in an accident, IEHP will give you another one at no cost.

7. IEHP Stop Smoking Program

IEHP has a program to help Members who want to stop smoking. The program has telephone counseling to help you quit. You may also get prescriptions from your Doctor for tablets, nicotine patches, gum, nasal spray, and inhalers to help you quit smoking. Limit to two courses per year.

8. IEHP Blood Pressure Management Program

The Blood Pressure Management Program is an at-home program where a Member can learn at their own pace in the comfort of their own home. It is available to Members age 18 and over who have received a diagnosis of “hypertension” (high blood pressure) from their Doctor. Members receive materials and tools to use at home to help control their blood pressure, choose healthy foods, and increase physical activities. This program will require your Doctor to submit a Health Education Referral.

9. IEHP Healthy Heart Program

The IEHP Healthy Heart Program is an at-home program where Members can learn at their own pace in the comfort of their own home. This program is available to Members age 18 and over who want to reduce their risk factors for heart disease. Members receive materials on ways to lower blood pressure and blood cholesterol levels, increase exercise, and achieve a healthy body weight.

10. IEHP Disease Management - Breathe Program

The Breathe Program is an at-home program for Members who have just been diagnosed or have been living with asthma for awhile. Members who participate in this program receive 9 modules of exciting and fun tools, materials, and activities mailed to their homes. They learn how to asthma-proof their homes, use asthma medicines the right way, prevent asthma attacks, and other helpful tips so their lives won't be limited by asthma. Members can also get help for their asthma care from the IEHP Care Management Team.

11. IEHP Disease Management - Journey Program

The Journey Program is an at-home program for Members who have just been diagnosed or have been living with diabetes for awhile. Members who participate in this program receive 9 modules of exciting and fun tools, materials, and activities mailed to their homes. They learn how to create diabetes-friendly meals, get tips on eating out, get tips on protecting their eyes and hearts, and other topics so they can

achieve better health for a long and active life. Members can also get help for their diabetes care from the IEHP Care Management Team.

12. Preventive Health Services Reminders

IEHP cares about your health. We remind you to visit your Doctor for the following types of health examinations or tests:

- Well Child Check-Ups - according to the schedule in this Member Handbook, Section M
- Initial Health Exams - within the first 60 days of joining IEHP for Members under 18 months of age and within the first 120 days of joining IEHP for Members age 18 months and older.
- Pap Smears - every year for women between the ages of 18-64
- Mammograms - Every year for women age 40 and older
- Physical Examinations -recommended every 1-3 years for Members age 18 and over
- Immunizations - according to the schedule in this Member Handbook, Section L
- Diabetes Vision Screening - every year for Members with Diabetes
- Chlamydia Screening - every year for sexually active women who have risk factors or who are age 26 and under. Test for men as recommended by your Doctor.
- Men's Preventive Health Services

13. Health Education Pamphlets

IEHP has developed a series of Health Education pamphlets just for our Members:

- Living With Your Diabetes
- Fever in Children
- Controlling Asthma
- Immunizations
- The Truth About Antibiotics
- High Blood Pressure

You can obtain pamphlets at your Doctor's office or by calling IEHP Member Services. We will mail the requested pamphlet to you.

14. Preventive Health Services Charts

The IEHP Preventive Health Services Charts show you how often to visit the Doctor and when certain tests or immunizations should be done to help you and your family stay healthy. The charts are contained in this Member Handbook in Section L and Section M.

15. Member Newsletter

The IEHP Member newsletter, "The Pulse" is sent to all Members three times a year. The Pulse gives you information on health topics, benefits, and new health related laws that might affect you and your family. Members with disabilities will receive the "AccessAbility" newsletter with up-to-date information on ways to lead a healthy lifestyle.

16. Community Resource

IEHP partners with the 2-1-1 phone system to get you the help you need when you need it. 2-1-1 is a toll free number for you to get information for health and social services. Just dial it anytime to find information on services like transportation, housing, food, senior programs, support groups, and counseling. 2-1-1 may not work with some cell phones or from some locations. If you can't get through by dialing 2-1-1, call 1-888-435-7565 in San Bernardino County or 1-800-464-1123 in Riverside County. Want to reach 2-1-1 through the web? Type in www.211sb.org to get help for San Bernardino County and www.211riversidecounty.org for Riverside County.

17. Community Events

IEHP participates in more than 70 community events and health fairs each year that reach over 500,000 residents throughout the Inland Empire. You can talk with IEHP staff about the specific Health Education programs IEHP offers. At larger community events, you and your family can watch a bicycle safety stunt show, meet with Rad Rider, and take the bicycle safety test to receive a Rad Rider bicycle

helmet. You can also meet Eradicator, our super hero against smoking and Super Nutricia, our female super hero who fights against the junk foods and childhood obesity. To find out the dates and times of community events or health fairs, call IEHP Member Services at 1-800-440-IEHP (4347).

18. Member Healthline

Members can access hundreds of English and Spanish tapes on important health topics. Call 1-888-222-2708, year round, 24 hours a day to listen to health topics at your convenience.

19. Health Education Website

Members can learn about all of the Programs posted on the IEHP website by reading the Benefits of Joining IEHP pamphlet. The IEHP Health Education Pamphlets and the most current Member newsletter are also posted on our website for your reference. Visit us at www.iehp.org for on-line health information.

20. Cool Web Links

IEHP's website (www.iehp.org) can link Members to other informative websites with just the click of a button. IEHP links with over 30 other health related websites to provide Members other views and more information on important health topics. And while you're on our website, don't miss our super hero sites. Visit with Rad Rider for bicycle safety and Eradicator, Big Tobacco's Worst Nightmare, and Super Nutricia battling childhood obesity!

D.11. Care Management Program

IEHP has programs to help you with your health care needs. The Care Management Team can help you with coordinating services and answering your questions about your medical condition or how to access the doctors you need to see.

1. Complex Care Management Program

If you are sick or have heart disease, lung disease, kidney disease, AIDS, Hepatitis C, spinal injuries, or other chronic problems, the IEHP Care Management Team can help you. The Care Management Team can help you manage your condition and your medications, coordinate your care by working with your Doctors, and assist in getting needed medical equipment. If you are interested in learning more about how to enroll in the Complex Care Management Program or just need help coordinating your healthcare, contact IEHP Member Services at 1-800-440-IEHP (4347) or speak to your Doctor. IEHP will work with you and your Doctor to make sure you receive the best care possible.

2. Health Management Program

IEHP has Health Management Programs for Asthma, Diabetes and High-Risk Pregnancy. You can get personal help on your condition over the phone from a nurse, or get materials sent to your home. Our Care Management (CM) Team can answer any questions you may have and help you manage your condition. Your CM Team will work with you and your Doctor to make sure you get the best care possible. To learn more about the Health Management Programs, contact IEHP Member Services at 1-800-440-IEHP (4347).

E. INFORMATION ABOUT MANAGED CARE

E.1. How Managed Care Works

IEHP is a managed care health plan. In managed care, your Doctor, a hospital and Specialist Doctors all work together to care for you. Your Doctor will provide your basic health care needs. In some cases, IEHP does not contract directly with Doctors. Your Doctor may be part of an Independent Physician Association (IPA). An IPA is a group of Doctors, Specialists, and other Providers of health care services. Your Doctor, along with IEHP or the IPA, directs the care for all of your medical needs. This includes authorizations to see Specialist Doctors or receive medical services, such as lab tests, x-rays, and/or hospital care.

E.2. Facilities and Provider Locations

Your Doctor Directory lists the medical Providers who are available for you to choose. The list is part of the welcome kit. If you did not get a copy and would like to receive one, or if you have any questions, please call IEHP Member Services at 1-800-440-IEHP (4347), or visit our website at www.iehp.org.

E.3. Financial Disclosure

IEHP does not have any financial ownership arrangements with other entities engaged in advertising, marketing, or the provision of goods and services offered through the organization. IEHP does not advertise, market or promote specific products or services to patients or Providers when discussing a patient's health conditions.

F. GETTING EMERGENCY MEDICAL SERVICES

F.1. Who To Call For ALL Emergencies?

For ALL emergencies, call "911". Emergency medical services are available to IEHP Members 24 hours a day, seven days a week. You do not need an Authorization for emergency services.

F.2. What Is Emergency Care?

Emergency services and care includes active labor and all care needed for the sudden onset of illness or injury with symptoms of sufficient severity including severe pain, that if not immediately diagnosed or treated could reasonably be expected to result in:

- Putting the person's life in danger,
- Serious injury or illness of a system in the person's body, such as the respiratory system or breathing,
- Serious injury to a person's body part or organ, such as an eye, limb, or other body part, or
- A psychiatric problem could also be an emergency requiring a physical examination, screening, evaluation, and treatment.

At the emergency room people who are the most sick or hurt are seen first. A person that is not as sick or hurt may have to wait several hours or more.

If You Don't Know If The Injury Or Illness Is An Emergency, CALL YOUR DOCTOR, or Nurse Advice Line at **1-888-244-IEHP (4347)** or TTY line at **1-866-577-8355**. When in doubt, always CALL YOUR DOCTOR. A licensed staff member will triage or screen your care and tell you what to do, 24 hours per day, 7 days per week. If it is an emergency, your Doctor may:

- Tell you to dial "911"
- Refer you to the emergency room.

If you reasonably believe you are experiencing an emergency medical condition, you should go to the nearest emergency room or dial 911.

F.3. How Do YOU Get Emergency Services?

Call "911" or go directly to the nearest emergency room.

You do not need to get prior authorization from IEHP or your Doctor to get Emergency Care or Out-of-Area Urgent Care from Non-Participating Providers (prior authorization means that, for services to be covered, IEHP must approve the services before you received them). However, you must get prior authorization from us for Post-Stabilization Care from Non-Participating Providers. See F.6. for more information on Post Stabilization Care.

No services are covered outside the United States, except for emergency services requiring hospitalization in Canada or Mexico. Examples of Emergencies:

- Stopped breathing
- A person is a threat to himself or others
- Swallowing a poisonous or toxic substance
- Severe bleeding
- Severe burn

- Unconsciousness
- Severe pain

F.4. Examples Of Illnesses Or Injuries That May Not Be Emergencies

- Common cold
- Earache
- Flu
- Small cut with little or no bleeding
- Sore throat

These examples may include symptoms that constitute an emergency if presented with sufficient severity. If you reasonably believe that you are experiencing an emergency medical condition, you should go to the nearest Emergency Room.

F.5. Urgent Care

Urgent care (sometimes called Urgently Needed Services) is care needed to prevent serious deterioration of your health following an unforeseen condition or injury (such as sore throat, fever, minor cuts, etc.).

F.6. Post-Stabilization and Follow-Up Care After an Emergency

Once you or your child's emergency medical condition has been treated at a hospital and an emergency no longer exists because the condition is stabilized, the Doctor who is treating you or your child may want you or your child to stay in the hospital for a while longer before you or your child can safely leave the hospital. The services you or your child receive after an emergency condition is stabilized are called "post-stabilization services."

If the hospital where you or your child received emergency services is not part of IEHP's contracted network ("non-contracted hospital"), the non-contracted hospital will contact IEHP to get approval for you or your child to stay in the non-contracted hospital.

If IEHP has notified the non-contracting hospital that you or your child can safely be moved to one of the plan's contracted hospitals, IEHP will arrange and pay for you or your child to be moved from the non-contracted hospital to a contracted hospital.

If IEHP determines that you or your child can be safely transferred to a contracted hospital, and you or your spouse or legal guardian do not agree to you or your child being transferred, the non-contracted hospital must give you or your spouse or legal guardian a written notice stating that you will have to pay for all of the cost for post-stabilization services provided to you or your child at the non-contracted hospital after the emergency condition is stabilized.

Also, you may have to pay for services if the non-contracted hospital cannot find out what your name is and cannot get contact information at the plan to ask for approval to provide services once you or your child(ren) are stable.

IF YOU FEEL THAT YOU OR YOUR CHILD WERE IMPROPERLY BILLED FOR POST-STABILIZATION SERVICES THAT YOU OR YOUR CHILD RECEIVED FROM A NON-CONTRACTED HOSPITAL, PLEASE CONTACT IEHP MEMBER SERVICES DEPARTMENT AT 1-800-440-IEHP (4347), MONDAY - FRIDAY, 8:00am to 5:00pm.

F.7. Getting Medical Services After Normal Business Hours

If you need medical services after normal business hours or on weekends, call your Doctor. Your Doctor will advise you what to do or where to go, depending on the medical condition. IEHP also has a Nurse Advice Line available at 1-888-244-IEHP (4347) or 1-866-577-8355 for TTY users.

If you need Emergency medical services, call "911" or go to the nearest emergency room for treatment.

G. PRESCRIPTIONS: INFORMATION ABOUT THE IEHP APPROVED LIST OF MEDICATIONS AND DRUGS (THE IEHP FORMULARY)

G.1. Pharmacy Services

To get medicine prescribed by your Doctor or a qualified Provider, go to any IEHP pharmacy. Show your IEHP Member ID Card and your Doctor's prescription. IEHP has a big pharmacy network within Riverside and San Bernardino counties. You can get pharmacy services within our network.

IEHP has a list of pre-approved drugs called a Formulary. Before using non-Formulary medicines, Members must try and fail Formulary medicines first. Physician-supplied free samples cannot be used to satisfy the prior authorization requirement. Even if a drug is on the Formulary does not guarantee you will be prescribed that drug. For example, if Lipitor is on our IEHP Formulary we can't guarantee that you will be prescribed Lipitor for your medical condition. Your doctor will decide what prescription will be used for your medical condition. If your prescription is for a drug that is not on the IEHP Formulary, your Doctor or pharmacy will contact IEHP and submit a Pharmacy Exception Request (PER). IEHP will review the PER within 24 hours (with all needed paperwork), Monday through Friday. If you need a prescription filled after business hours, on weekends, or on holidays, your pharmacy will dispense a sufficient supply of formulary and non-formulary medication when medically necessary.

Medications included in IEHP's Formulary may have FDA-approved generic equivalents available. IEHP mandates generic dispensation for all quality generic products. If your Doctor indicates that you need a brand name drug, instead of a generic, your pharmacy will need to submit a PER to request IEHP's approval of dispensing the brand name drug.

Sometimes the pharmacist or IEHP must get more information from your Doctor. This may cause a delay in IEHP's response to the pharmacy. If a delay is expected, IEHP authorizes enough medication to last you up to 72 hours while we work with your Doctor and the pharmacy.

Prior authorization is not required when medications are prescribed in emergent or urgent circumstances. IEHP ensures that a sufficient supply (at least 3 days) of medications is dispensed to IEHP Members at Emergency Departments (ED) upon discharge. All hospitals shall provide starter packs as needed to IEHP Members upon discharge from ED or hospital, until the Member can reasonably be expected to have a prescription filled at an IEHP network pharmacy. If a starter pack is not available upon discharge, IEHP Members may go to any IEHP network Pharmacy (24 hour Pharmacies are available after hours to obtain medications).

If you need a refill on your prescription, call your Doctor or pharmacy at least 3 days before you run out of medication. If you are completely out of a medically necessary medication, your pharmacist may give you enough medication to last until the refill is authorized or denied. Some medications on IEHP's Formulary may require your Doctor, not the Pharmacy, to submit the PER directly to IEHP.

If you are taking medication that was an approved IEHP drug but is now off the list, you can still take this medication as long as it is appropriately prescribed and considered safe and effective.

If you have a question about the status of your PER, call IEHP Member Services at 1-800-440-IEHP (4347).

You can get non-emergency pharmacy access information after IEHP's business hours by calling IEHP 24-hour Nurse Advice Line at 1-888-244-IEHP (4347) or TTY line at 1-866-577-8355.

G.2. Drug Therapy Management (DTM) Program

IEHP may require you to get some specialty drugs through a pharmacy provider for your conditions. The Drug Therapy Management (DTM) Program is designed to provide Pharmacy Services (deliver drugs to your home and consultation), and clinical management for IEHP.

The goal of the DTM Program is to ensure your safety, improve treatment, reduce the chance of adverse reactions and improve your quality of life.

G.3. How The IEHP Formulary Is Developed

The IEHP Pharmacy and Therapeutics (P&T) Subcommittee determines which drugs are included on the IEHP Formulary. The P&T Subcommittee develops, manages, updates, and administers the Formulary. The P&T Subcommittee is made up of 7 IEHP Doctors and 7 IEHP Pharmacists.

The P&T Subcommittee meets up to 4 times a year to keep the IEHP Formulary current. They decide which new drugs to add and which old ones to remove. They review many things including literature and clinical trials. They first look for drugs that are effective. When choosing between two or more drugs that have the same results, other factors are considered: like cost and ease of delivery.

You will find our latest Formulary on our website at www.iehp.org. For a copy of the IEHP Formulary contact IEHP Member Services at 1-800-440-IEHP (4347). We will mail you a copy.

H. HOW IEHP PROVIDERS ARE PAID

IEHP contracts with Independent Physician Associations (IPAs), Doctors, Hospitals, Pharmacies, a Vision Provider network and other health care Providers to take care of your health needs. Many of these Providers are paid monthly for each IEHP Member assigned to their care. This is called capitation. IEHP pays some Doctors and some Hospitals for each service they perform. This is called fee-for-service. In order to keep IEHP Members healthy, IEHP pays a financial bonus to Doctors each time they give care and document properly for the following services, but not limited to: child immunization, pap smear, Well Child visits, etc. IEHP pharmacies are paid each time they fill a prescription for an IEHP Member. If you want to know more about how Providers are paid, you can ask IEHP, your Provider, or your Provider's network for more information.

I. HOW IEHP MEMBERS CAN PARTICIPATE IN DEVELOPING IEHP

IEHP is a publicly sponsored health plan. Our meetings with the Governing Board are open to the public. Call IEHP Member Services at 1-800-440-IEHP (4347) for Governing Board meeting dates and locations.

IEHP encourages Members to apply for the Public Policy Participation Committee (PPPC) or Persons with Disabilities Workgroup (PDW). The PPPC gives Members a way to express their views of IEHP's public policy, Member informing materials, and to voice their opinions. The PDW provides IEHP input on disability related issues. IEHP Members are encouraged to offer suggestions on improving IEHP's Member informing materials, Member services, or other items important to our Members. The PPPC also gives input on IEHP's Cultural and Linguistics (C&L) services program. The C&L program reviews Member informing materials and services for IEHP Members who do not speak English. Applications for the PPPC and PDW are open to all Members. If you are interested in applying for the PPPC or PDW, call IEHP Member Services at 1-800-440-IEHP (4347).

J. QUALITY MANAGEMENT PROGRAM

IEHP's Quality Management Department works with your PCP and/or IPA to ensure you receive the Quality Medical Care you deserve. IEHP performs various studies and audits throughout the year to make sure that your PCP and/or IPA follow IEHP's guidelines for giving medical care. The Quality Management Program description and reports on our progress in meeting our high quality annual goals can be obtained directly by calling IEHP Member Services or you can visit our website at www.iehp.org.

K. A NOTE ABOUT PROTECTED HEALTH INFORMATION (PHI)

To ensure you get quality health services, IEHP may share information about you with other health care providers who are involved in your care. To the extent permitted by law, IEHP may disclose your protected

health information to other healthcare providers who ask for it. When your specific consent or authorization is required, IEHP will not disclose that health information without first getting your approval.

K.1. California Immunization Registry (CAIR)

IEHP works with the Riverside County Department of Public Health and the San Bernardino County Department of Public Health to improve immunization rates in the Inland Empire. IEHP will share some immunization information on your children with the California Immunization Registry (CAIR). This information will only be used to help give your child immunizations or to let you know when immunizations are due.

CAIR will share this information with other Doctors, clinics, or hospitals to whom you take your child for care and who ask for it. Additionally, information that does not contain your address or phone number may be shared with schools, other public health agencies, welfare agencies, health care plans and other persons or entities when disclosure is otherwise specifically authorized by law. Participating Providers will keep this information confidential.

You can:

- Refuse to let IEHP share this information with the Immunization Registries.
- Refuse to get reminders when immunizations are due.
- Inspect your child's immunization record and report any errors.
- Request the names and addresses of anyone with whom this information has been shared.

If you wish to exercise any of these rights, including refusing to have the information shared, please call CAIR at 1-800-578-7889.

K.2. Inland Empire Health Information Exchange (IEHIE)

The IEHIE is a health information exchange, of which IEHP is a participant. The Exchange helps the electronic transfer of protected health information among participating health care providers. IEHIE houses and stores data in a secure environment and only makes the exchange of health care data among participating health care providers possible. Information may be accessed ONLY for the purpose of your medical treatment by your health care provider. Only participants in the exchange who are your health care providers may get this information through the Exchange.


You can:


- Have your information removed from the date of your request. Any data that has already been shared with providers cannot be returned or removed.
- Access your medical records or obtain information about who has requested or received them.
- Opt out of sharing your protected health information through the IEHIE system.


If you wish to exercise any of these rights, including refusing to have the information shared, please call IEHP Member Services at 1-800-440-IEHP (4347).

L. CHILDREN'S IMMUNIZATION SCHEDULE

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-12 years	13-18 years
Hepatitis B	Hep B	Hep B			Hep B							Hep B		
Rotavirus			RV	RV	RV									
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP			
Haemophilus Influenzae Type B			Hib	Hib	Hib	Hib								
Pneumococcal			PCV	PCV	PCV	PCV						PCV		
Inactivated Polio Virus			IPV	IPV	IPV						IPV	IPV		
Influenza					Influenza (Yearly)									
Measles, Mumps, Rubella						MMR					MMR	MMR		
Varicella						VAR					VAR	VAR		
Hepatitis A						Hep A						Hep A		
Tetanus, Diphtheria, Pertussis												Tdap	Tdap	Tdap
Human Papillomavirus													HPV	HPV
Meningococcal												MCV4	MCV4	MCV4 Booster at Age 16

 These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

 These shaded boxes indicate when the vaccine should be given if a child is catching-up on missed vaccines.

 These shaded boxes indicate the vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children can get the HepA series. See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/ACIP-lists.htm.

Note: The guidelines above are recommended by the Centers for Disease and Control. For more information on immunizations, go to <http://www.cdc.gov/vaccines/schedules/easy-to-read/index.html>.

M. YOUR CHILD'S CHECKUPS 2014

A schedule of important health services your doctor should provide for your child.
 Your child's health is important to us. Call IEHP Member Services at 1-800-440-IEHP (4347) if you have any questions.
Take your child to see the doctor at these ages

Health Service	Newborn		Age in Months						Age in Years										
	New Born	2-4 Days	1	2-6	9	12	15-18	24	3-4	5	6	7	8	10	11-13	14	15	16	17-20
Talk about past health	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥
Measure Height, Weight and BMI	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥
Measure size of head	♥	♥	♥	♥	♥	♥	♥	♥											
Measure blood pressure									♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥
Discuss problems you report	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥
Vision Tests									♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥
Hearing Tests	♥								♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥
Developmental and Behavioral Questions	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥
Physical Examination	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥
Screening for certain diseases (Hereditary/Metabolic)	←♥→																		
Immunizations	As recommended by your Doctor to make your immunizations current																		
Blood lead test						♥		♥											
Other Blood Tests (Hematocrit/Hemoglobin)				←♥→				←♥→	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥
Urine Test											♥	♥	♥	♥	♥	♥	♥	♥	♥
Tuberculosis Screening																			
Blood Glucose and Blood Serum											♥	♥	♥	♥	♥	♥	♥	♥	♥
Sexually Transmitted Diseases (Herpes, HPV, etc.)				All sexually active males and females should be screened															
Pelvic Exam				All sexually active females should be examined															
Talk about safety, nutrition and parenting	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥
Referral to Dentist																			

♥ = What age your Doctor should do a screening or test.

←♥→ = Test or screening can be done at anytime during this age range.

Reference: CHDP and American Academy of Pediatrics 2010

Note: The guidelines above are recommended by the Child Health and Disability Prevention Program (CHDP) and American Academy of Pediatrics. For more information, you can talk to your Doctor or you can access the following website at http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf.

N. PREGNANCY SERVICES SCHEDULE

If you are pregnant, it is very important that you go to your Doctor immediately. There are certain things that you need to get checked and have done to make sure that you have a healthy pregnancy, delivery, and baby. Your Doctor will do a series of risk assessments throughout the prenatal period to identify factors that could complicate your pregnancy. Below you will find a list of things that you need to have checked. If you have any questions, please call your Doctor or IEHP Member Services at 1-800-440-IEHP (4347).

Prenatal Visits Schedule:

Once a month up to 28 weeks
Every 2 weeks up to 36 weeks
Once a week 36 weeks to delivery

First Visit:

Height
General medical history
Weight
Pregnancy history
Blood pressure
Family medical history
Breast exam
Laboratory tests
Abdominal exam
HIV testing and counseling
Physical exam
Prescription for prenatal vitamins
WIC program referral
Health Education, psychosocial, and nutritional risk assessments
Screening for Chlamydia
Hepatitis B Testing

Each Visit:

Blood pressure
Weight
Fundal height
Fetal heart rate
Urine test

Second Trimester:

Alpha Fetoprotein (AFP) test
Health Education, psychosocial, and nutritional risk assessments

Third Trimester:

Rh-negative antibody tests
Hemoglobin or hematocrit testing
Blood sugar screening
Health Education, psychosocial, and nutritional risk assessments
Group B Streptococcus screening

Postpartum Visit; 3-8 weeks after delivery:

Weight
Blood pressure
History and physical examination
Examination of breasts, abdomen, and genitals
Laboratory tests as needed
Health Education, psychosocial, and nutritional risk assessments

Prenatal Counseling:

Nutrition
Tobacco use prevention
Exercise
Secondhand smoke
Work
Alcohol use prevention
Sexual activity
Drug use prevention
Breast-feeding
Labor and delivery
Car seats
Domestic violence

Postpartum Counseling:

Family planning
Well child services
WIC program referral
Immunization information
Special problems

NOTE: The guidelines above are supported by the Health Resources and Services Administration. For additional pre-screening information, go to <http://www.hrsa.gov/womensguidelines/>.

O. MEMBER CONFIDENTIALITY

IEHP will keep your medical information confidential. This includes any medical records, computer data, reports, or records about you or your health care. You have the right to keep your medical information and

records confidential, unless you say differently. You also have the right to review, request corrections to, and receive a copy of your medical records from your Doctor or protected health information. Contact IEHP Member Services at 1-800-440-IEHP (4347) for assistance.

Some of the things IEHP does to keep your information private:

- IEHP Doctors and their staff are required to treat your medical records and personal information with care and privacy.
- Whenever your medical records need to be released for any reason, you will be contacted for your permission. You can say “who” may receive your records.
- IEHP will not reveal any medical information to anyone other than the Member, the Member’s legal guardian, or someone the Member has appointed. If you have appointed someone to represent you, that person should have your written permission to act on your behalf. If there is a situation where your health may be in danger, IEHP will get reasonable verification of your permission.
- If an appointed representative calls IEHP Member Services, he or she will be asked for information confirming Member identity before any questions can be answered. This includes the IEHP Member ID number, Member Social Security Number, date of birth, and address.
- IEHP will only release Member and eligibility information to our contracted Providers after that Provider has given positive identification.
- IEHP will not reveal confidential Member’s information except for Member treatment, payments, or health care operations. Every precaution is taken so that information transmitted is handled in a confidential manner. Transfer of such information is allowable under current regulations.
- IEHP will not disclose confidential information that is not used for treatment, payment, or health care operations without your full authorization.
- IEHP will keep your confidential information private within IEHP because only certain employees are permitted to have access to your confidential information.
- You have the right to access your confidential medical information. IEHP will provide you with access and an accounting of disclosures upon request. You also have the right to amend your confidential medical information and request restrictions on the use and disclosure of your confidential medical information.
- IEHP takes its commitment to confidentiality seriously and has policies in place at IEHP that protect your confidential information secure from oral, written, or electronic disclosure or access.
- You have the right to report any incident that you believe results in an unauthorized disclosure of confidential information. You should report the incident to IEHP by calling the Compliance Hotline at 1-866-355-9038.
- Please refer to your Notice of Privacy Practices for further information regarding IEHP’s Privacy Practices, or call IEHP Member Services at 1-800-440-IEHP (4347) for a copy of the Notice of Privacy Practices, or visit IEHP on the Internet at www.iehp.org on the bottom of the Home page.

A STATEMENT DESCRIBING IEHP’S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST BY CALLING IEHP’S MEMBER SERVICES AT 1-800-440-IEHP (4347).

P. MEMBERS’ RESPONSIBILITIES

Each Member Has The Responsibility To:

- Be familiar with and ask questions about your health plan coverage. If you have a question about your coverage, call IEHP Member Services at 1-800-440-IEHP (4347).
- Follow the advice and care procedures indicated by your Doctor, IEHP, and the program. If you have a question about these procedures, call IEHP Member Services at 1-800-440-IEHP (4347).
- Request interpreter services at least 5 working days before a scheduled appointment.
- Call your Doctor or Pharmacy at least 3 days before you run out of medicine.

- Cooperate with your Doctor and staff and treat them with respect. This includes being on time for your visits or calling your Doctor if you need to cancel or reschedule an appointment.
- Understand that your Doctor's office may have limited seating for patients and caregivers only.
- Give accurate information to IEHP, your Doctor, and any other Provider. This helps you receive better care.
- Understand your health needs and be a part of your health care decisions. Ask your Doctor questions if you do not understand.
- Work with your Doctor to make plans for your health care.
- Follow the plans and instructions for care that you have agreed on with your Doctor.
- Notify IEHP and your Doctor if you want to stop the plans and instruction you have agreed on or want to stop participating in health management programs.
- Immunize your children by age 2 years and always keep your children's immunizations up to date.
- Call your Doctor when you need routine or urgent health care.
- Care for your own health. Live a healthy lifestyle, exercise, eat a good diet, and don't smoke.
- Avoid knowingly spreading disease to others.
- Use IEHP's grievance process to file a complaint. Call IEHP Member Services at 1-800-440-IEHP (4347) to file a complaint.
- Report any wrongdoing or fraud to IEHP by calling the Compliance Hotline at 1-866-355-9038 or the proper authorities.
- Understand that there are risks in receiving health care and limits to what can be done for you medically.
- Understand that it is a health care Provider's duty to be efficient and fair in caring for you as well as other patients.

Q. MEMBERS' RIGHTS

Each Member Has The Right To:

- Receive information about your rights and responsibilities as an IEHP Member.
- Be treated with respect and courtesy. IEHP recognizes your dignity and right to privacy.
- Receive information about IEHP, its programs and services, its Doctors, and its Providers.
- Receive information about IEHP staff and staff qualifications for health management programs.
- Receive information on how to reach Health Management staff and to discuss any problems regarding Health Management and how to request a change.
- Receive interpreter services at no cost to you.
- Receive medically necessary covered services without regard to race, religion, age, gender, national origin, disability, sexual identity or orientation, family composition or size, or medical condition or stage of illness.
- Receive family planning services, services at Federally Qualified Health Centers or Indian Health Centers, sexually transmitted disease (STD) services, and emergency services outside the IEHP Network as stated in Federal law.
- Receive emergency or urgently needed services outside the IEHP Network.
- Receive emergency care whenever necessary and wherever you need it.
- Receive sensitive services, such as family planning or mental health care in a confidential way.
- Access minor consent services (Medi-Cal).
- Choose a primary care Doctor within the IEHP Network.
- Receive information from IEHP that you can understand.
- Receive Member informing materials in alternative formats, including Braille, large print, and audio.
- Make recommendations about IEHP Members' rights and responsibilities policies.
- Participate with Doctors in decision making about your own health care.
- Talk with your Doctor about your medical condition and appropriate or medically necessary treatment options regardless of the cost or what your benefits are.

- Make decisions about your medical care, including whether to accept, refuse or stop medical, surgical treatment or services, or participation in health management programs.
- Decide in advance how you want to be cared for in case you have a life-threatening illness or injury.
- Be informed by IEHP about advance directives, and get information from IEHP regarding any changes to those laws as soon as possible, but no later than 90 days after the effective date of change.
- Review, request corrections to, and receive a copy of your medical records (your Doctor may charge a fee for copies of records and other forms).
- Keep your personal and medical information and records confidential, unless you say differently, and know how IEHP keeps your information confidential.
- Complain about IEHP, its Providers, or your care. IEHP will help you with the process. You may appeal decisions made by IEHP or your Medical Group. You have the right to choose someone to represent you during the grievance process and for your complaints and appeals to be reviewed as quickly as possible and be told how long it will take. Medi-Cal Members have the right to request a State Fair Hearing or an expedited Fair Hearing for urgent cases. Call the Department of Social Services Public Inquiry and Response Unit at 1-800-952-5253 or TTY 1-800-952-8349.
- Request an Independent Medical Review from the Department of Managed Health Care (DMHC) within six (6) months, if you disagree with IEHP’s decision to deny, delay, or modify a service that your Doctor requests.
- Request an External Independent Review if a service or therapy was denied on the basis that it was considered experimental or investigational. If you have any questions about these procedures, call IEHP Member Services at 1-800-440-IEHP (4347).
- Have IEHP act as your patient advocate.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Disenroll from IEHP.
- Request a second opinion about a medical condition.
- File a grievance with IEHP if your language needs are not met.

If you are a Native American Indian, you have the right to not enroll in a plan, not be restricted by a plan in your right to access Indian Health Facilities, and to disenroll from a plan without cause.

Members will be told of any changes made to their Benefits and Coverage and/or rights and responsibilities through IEHP’s quarterly Member newsletters, updates to the Member Handbook, as well as the Member Handbook itself.

R. GRIEVANCE AND APPEALS PROCESS

We want you to be satisfied with your health care. If you have questions regarding your care, we encourage you to speak with the health care professional treating you. In most cases, they can provide answers right away and hopefully resolve your questions or concerns. You can file a grievance with IEHP or your Doctor. Services previously authorized will continue during the grievance process.

Examples of Grievances

- You are not satisfied with IEHP’s or a Provider’s service.
- You believe there was a problem with your medical care or you did not get the service you needed.
- You believe your linguistic needs are not being met.
- You believe you were incorrectly denied medical services or treatment.

How To Get Started

1. You can call IEHP Member Services at 1-800-440-IEHP (4347) or use our “Member Complaint Form.” All our Doctor’s offices and service Providers have the form or we can mail one to you. If you need help to fill out the form, you can call IEHP Member Services at 1-800-440-IEHP (4347). You can give a

completed form to any IEHP Provider or send it to us at the address listed at the front of this booklet. You can file a grievance online on our website at www.iehp.org.

2. If you receive a Notice of Action (denial letter) from IEHP or IPA or medical group, you have three options for filing a grievance. A Notice of Action is a formal letter telling you that a medical service has been denied, deferred, or modified.
 - You have ninety (90) days from the date on the Notice of Action to file an appeal with IEHP.
 - You may request a State Fair Hearing from the Department of Social Services (DSS) within (90) days.
 - You may request an Independent Medical Review (IMR) from the Department of Managed Health Care (DMHC).
3. You can also file a grievance that is not about a Notice of Action. You must file your grievance within one hundred eighty (180) days from the day the incident or action occurred which caused you to be dissatisfied.
4. We will send you a letter within 5 calendar days, letting you know we received your grievance. We will work to resolve the complaint and we may contact you or your Provider for more information.
5. The entire process will be resolved within 30 calendar days. IEHP will send you a letter explaining our decision within this time.
6. Urgent grievances involve an imminent and serious threat to your health, including, but not limited to, severe pain, potential loss of life, limb, or major bodily function, and are resolved within 72 hours. We will send you a letter explaining our decision within 72 hours from the date that we received your grievance. IEHP will immediately notify you of the right to contact the Department of Managed Health Care (DMHC) regarding the urgent grievance. There is no requirement that you participate in IEHP's grievance process prior to submitting a grievance you consider urgent to the DMHC for review.

If You Are Still Unhappy Or Feel You Have An Urgent Grievance You May:

- Appeal an adverse grievance decision made by IEHP, by calling IEHP Member Services at 1-800-440-IEHP (4347). You may also submit your appeal request to us at the address listed at the front of this booklet, by fax at (909) 890-5748, or online at www.iehp.org.
- Request a Medi-Cal State Fair Hearing within 90 days from the date of a Notice of Action letter or an occurrence that caused you to express dissatisfaction. If your grievance is urgent you must ask for an expedited fair hearing 10 days from the date of the letter or occurrence. You can file a State Fair Hearing before, during or after filing a grievance with IEHP, whether or not the grievance was resolved by IEHP. The telephone number is 1-800-952-5253 or TTY 1-800-952-8349 or by mail to California Department of Social Services State Hearing Division, P.O. Box 944243 Mail Station 9-17-37 Sacramento, CA 94244-2430. You can also submit by fax to the State Hearings Division at fax number (916) 651-5210 or (916) 651-2789.
- Contact the Department of Health Care Services Ombudsman Unit at 1-888-452-8609 at any time. You can represent yourself at the Medi-Cal State Fair Hearing. If you choose, a friend, an attorney, or any other person may represent you, but you must arrange this yourself. The Public Inquiry and Response Unit at (800) 952-5253 can help you find free legal help.
- Contact the Department of Managed Health Care 30 days after you filed a grievance at 1-888-HMO- 2219 or for TDD 1-877-688-9891 (<http://www.hmohelp.ca.gov>). You may contact them immediately if you have an "Urgent Grievance" as discussed above.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 1-800-440-IEHP-(4347) or TTY 1-800-718-4347 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical

decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatment that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's website <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

Your Grievance Rights

1. If your grievance concerns are a serious threat to your health, we will resolve it within 72 hours. All other grievances are resolved within 30 days.
2. You have the right to ask IEHP to help you work with your Provider or anyone else to fix your problem.
3. You have the right to change your Providers.
4. You have the right to ask a relative or someone else to help file your grievance and represent you during the grievance process. Grievances can be registered or filed by parents, guardians, conservator, relative, Doctor, or other designee. Grievances can also be filed on behalf of the Member if the Member is a minor or an adult who is otherwise incapacitated. Relatives include parents, stepparents, spouse, adult son or daughter, grandparents, brother, sister, uncle, or aunt.
5. You have the right to disenroll from IEHP without giving a reason.
6. You have the right to request voluntary mediation. A third party unrelated to the Member or IEHP considers all aspects or issues and takes measures to reach the best decision for both you and IEHP. You do not need to participate in the voluntary mediation process for any longer than 30 days prior to submitting a complaint to the DMHC.
7. You have the right to submit written comments, documents or other information in support of your grievance.
8. You may contact other state agencies for help. See "If You Are Still Unhappy" section.

Independent Medical Review

An Independent Medical Review is when the Department of Managed Health Care (DMHC) reviews a Health Plan's decision to deny, delay, or modify a service your Doctor requests. There is no cost for this service and a determination will be made in writing within 30 days of DMHC's receipt of your completed application or less if determined that an expedited review is necessary. If your request concerns an imminent and serious threat to your health, including, but not limited to severe pain, potential loss of life, limb, or major bodily function or immediate and serious deterioration of your health, you will get results within 72 hours. Subject to the approval of the department, the deadlines for analysis and determination involving both regular and expedited reviews may be extended by the Department of Managed Health Care up to three days in extraordinary circumstances for good cause. For more information about an Independent Medical Review, contact IEHP Member Services at 1-800-440-IEHP (4347).

You may request an Independent Medical Review (IMR) of disputed health care services from the Department of Managed Health Care if you believe that health care services have been improperly denied, modified, or delayed. A "disputed health care service" is any health care service eligible for coverage and payment that has been denied, modified, or delayed, in whole or in part because the service is not medically necessary. You may not request an IMR if you have applied for a State Fair Hearing.

The IMR is in addition to any other procedures or remedies available to you. You pay no application or processing fees for an IMR. You have the right to provide information in support of the request for an IMR. IEHP must provide you with an IMR application form with any grievance disposition letter that denies, modifies, or delays health care services. A decision not to participate in the IMR process may cause you to forfeit any statutory right to pursue legal action against IEHP regarding the disputed health care service.

Your Application for an IMR will be reviewed by the DMHC to confirm that:

1. Your Provider has recommended a health care service as medically necessary, or

2. You have received urgent care or emergency services that a Provider determined was medically necessary, or
3. You have been seen by an in-plan Provider for the diagnosis or treatment of the medical condition for which you seek independent review.
4. The disputed health care service has been denied, modified, or delayed by the plan or one of its contracting Providers, based in whole or in part on a decision that the health care service is not medically necessary, and
5. You have filed a grievance with the plan or its contracting Provider and the disputed decision is upheld or the grievance remains unresolved after 30 days. If your grievance requires expedited review, you may bring it immediately to the Department's attention. The DMHC may waive the requirement that you follow the Plan's grievance process in extraordinary and compelling cases. You are not required to participate in IEHP's grievance process for more than 30 days; and for cases involving an expedited review, you are not required to participate in IEHP's grievance process for more than three (3) days.

If your case is eligible for an IMR, the dispute will be submitted to a medical specialist who will make an independent determination of whether or not the care is medically necessary. You will receive a copy of the assessment made in your case. If the IMR determines the service is medically necessary, IEHP will ensure that the health care service is provided.

Independent Review for Experimental or Investigational Therapies

If you qualify, you can request an independent review for denied experimental or investigational therapy or treatment. To qualify you must meet each of these main requirements:

1. Your Doctor must certify that you have a life-threatening or seriously debilitating condition. "Life-threatening" means either or both of the following:
 - (a) Disease or condition where the likelihood of death is high unless the course of the disease is interrupted;
 - (b) Disease or condition with potentially fatal outcomes, where the end point of clinical intervention is survival. "Seriously debilitating" means diseases or conditions that cause major irreversible morbidity.
2. Your Doctor must certify that you have a life-threatening or seriously debilitating condition as defined above for which:
 - (a) Standard therapies have not been effective in improving your condition;
 - (b) Standard therapies would not be medically appropriate for you; or
 - (c) There is no more beneficial standard therapy covered by IEHP than the therapy proposed pursuant to paragraph (3).
3. Either (a) your Doctor has recommended a drug, device, procedure or other therapy that the Doctor certifies in writing is likely to be more beneficial to you than any available standard therapies, or (b) you or your Specialist (board eligible or certified) has requested a therapy that, based on two documents from the medical and scientific evidence, is likely to be more beneficial to you than any available standard therapy.
4. IEHP or one of its delegated Providers has denied the requested medication, device, procedure, or other therapy.
5. The specific medication, device, procedure or therapy recommended would be a covered service, except for the determination that the therapy is experimental or investigational.

You are not required to participate in IEHP's grievance process before requesting an independent review for experimental or investigation therapy.

The list gives you some but not all the requirements. If we deny coverage for a service, IEHP will notify you in writing of the opportunity to request an independent review within 5 business days. If your Doctor determines that the proposed therapy would be significantly less effective if not promptly initiated, the independent review decision shall be rendered within 7 days of the request for expedited review. Otherwise,

for non-urgent cases, the independent review organization designated by the DMHC must provide its determination within 30 days of receipt of your application and supporting documents. For urgent cases, the independent review organization must provide its determination within 3 days.

You may contact IEHP Member Services at 1-800-440-IEHP (4347) for more information regarding the independent review process, or to request an application form.

S. YOUR COVERAGE

S.1. Ending Of Your IEHP Medical Coverage (Termination of Benefits)

If any of the following occurs, your medical coverage with IEHP will stop. You will be disenrolled if:

- You voluntarily disenroll from IEHP - to request a disenrollment form, contact IEHP Member Services or Health Care Options (HCO) at 1-800-430-4263. Within 15-45 days from receipt of your disenrollment form, HCO will notify you of the change. Your coverage with IEHP will be terminated on the date determined by HCO;
- You no longer qualify for Medi-Cal. Your local Department of Public Social Services will tell you if this happens. Your coverage with IEHP will be terminated on the date determined by HCO;
- IEHP will process an expedited disenrollment if we are not able to provide you with medical services due to your condition or situation which is indicated in IEHP's contract with the Department of Health Care Services (DHCS) (e.g., major organ transplant, long term care services, etc.) IEHP submits the disenrollment request to DHCS who will make a decision within 72 hours. Upon receipt of DHCS decision, IEHP will notify you and your Doctor immediately by mail. Your coverage with IEHP will be terminated on the first day of the month in which the disenrollment request was submitted to DHCS and your health care for the related condition will be covered by regular Medi-Cal;
- You reside or move to certain excluded zip codes not in IEHP's service area. See Section S.2 for IEHP's service area information. IEHP submits a disenrollment request to DHCS. Upon receipt of DHCS decision, IEHP will notify you immediately by mail. Your coverage with IEHP will be terminated on the date determined by DHCS.

Children in Foster Care or Adoption Assistance Programs or Members already enrolled in another Medi-Cal, Medicare or commercial managed care plan qualify for an expedited disenrollment.

S.2. Service Area

IEHP covers most zip codes in Riverside and San Bernardino counties except:

Riverside County Excluded Zip Codes

92225 Blythe	92226 Blythe	92239 Desert Center
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San Bernardino County Excluded Zip Codes

92242 Earp	92332 Essex	93558 Red Mountain
92267 Parker Dam	92363 Needles	93562 Trona
92280 Vidal	92364 Nipton	93592 Trona
92323 Cima	92366 Mountain Pass	

S.3. Renewal Provisions (Annual Eligibility Review)

If you are disenrolled from Medi-Cal due to loss of eligibility, you may be eligible in the future to reapply for Medi-Cal benefits. Please see your Medi-Cal eligibility worker at the local welfare office for more information about Medi-Cal eligibility and receiving Medi-Cal benefits.

If you lose your eligibility for Medi-Cal, you should immediately ask your Medi-Cal eligibility worker if you qualify for Transitional Medi-Cal (TMC). This is often called "Medi-Cal for working people." It is available for parents, caretaker relatives, and children who lose eligibility because they are earning more money. The money may come from a job, marriage or spouse coming back home.

If you get Medi-Cal for working people, you can continue Medi-Cal coverage for up to twelve months. You can also remain an IEHP Member.

S.4. How Do You Disenroll From The Health Plan?

You may ask for disenrollment at any time for any reason. Members who want to disenroll may:

- Call IEHP and request a disenrollment form, and send a disenrollment form to HCO, P.O. Box 989009, West Sacramento, CA 95798-9850; or
- Call HCO at 1-800-430-4263

You can be disenrolled from Medi-Cal if the conditions stated in Section S.1 and S.2 are true. A disenrollment takes effect when HCO processes the form to complete the disenrollment process. Foster children and Native Americans have the right to disenroll from the plan at any time. Call HCO at 1-800-430-4263 or IEHP Member Services at 1-800-440-IEHP (4347) to get disenrollment information.

If you are a Foster Care Member and enrolled in IEHP Open Access program, please refer to Section X.3.

S.5. Health Coverage Cannot Be Cancelled Due To Your Health

Your health care coverage may not be cancelled because of your health. If you think your coverage was cancelled because of a health concern, you can request the Director of the California Department of Managed Health Care to review your case. You can request review of your case by calling 1-800-400-0815.

All Medi-Cal Members also have the right to a Medi-Cal fair hearing. If you feel your Medi-Cal enrollment was cancelled because of a health reason, you can call the California Department of Social Services' Public Inquiry and Response Unit at 1-800-952-5253 and ask for a Medi-Cal fair hearing.

T. PAYMENTS BY IEHP MEMBERS (REIMBURSEMENT PROVISIONS)

Monthly Premium

Monthly premium is the monthly amount that is made by or on behalf of the Member to Department of Health Care Services (DHCS) to cover the cost of the coverage. The monthly premium is \$0 or \$13 per child (based on your family's yearly income) and a maximum of \$39 for all qualified children in the family. If you have been told to pay a premium and you have questions about it, contact your county office or call 1-800-880-5305, Monday-Friday 8 a.m. to 8 p.m. or Saturday, 8 a.m. to 5 p.m.

Pre-payment Fees – What Are They?

Pre-payment fees or copayments are prices charged to a health plan Member before getting health services. No pre-payment fees are charged to IEHP Medi-Cal Members. You cannot be charged by In-Network Doctors for the covered benefits you get as a Medi-Cal Member.

You will not be charged for Medi-Cal covered services. IEHP Doctors will not take copayments from Members. You also do not have to pay for services if you follow these rules:

- You are an eligible IEHP Member at the time of the service,
- The service provided to you is an IEHP covered benefit,
- You receive out-of-network medically necessary emergency or urgent services,
- The service is provided by a network Doctor, or
- Your Doctor's Utilization Management Committee and/or Medical Director authorizes services or referrals for care outside your Doctor's care and/or office.

You will pay for:

1. Non-emergency services that have been denied by your Doctor or your Doctor's Utilization Management Committee and/or Medical Director (See Section D.4 for more information about Utilization Management Committee) unless they are medically necessary,

2. Services from an “Out-of-Network” Doctor or Provider, for routine treatment, not authorized by your Doctor or your Doctor’s Utilization Management Committee and/or Medical Director, except family planning.

If IEHP fails to pay an IEHP Provider, you do not have to pay the Provider. California State law requires IEHP to put this statement in every IEHP Provider’s contract. You do not have this protection from Providers not contracted with IEHP.

What To Do If You Get a Bill or Pay For a Covered Service or Prescription

If you get a bill or pay for an approved covered service or prescription, and you were eligible on the date of service provided or when you paid for the prescription, you can be reimbursed. You need to have a copy of the receipt and a copy of the bill showing what services you had. If this is for a prescription, in addition to a copy of the receipt and a copy of the bill, you must have a copy of the prescription label. Send this information to the Claims Department at IEHP. This address is on the first page of this Member Handbook.

The Claims Department has 30 days to review and send you a letter. If the claim was accepted, you will get a check in the mail. If the request was denied, you will get a letter explaining why. If you do not agree with the decision, you can call IEHP Member Services and file a complaint.

IEHP Members have up to one year from the date of service to send IEHP a bill to be reimbursed.

U. YOUR IEHP BENEFITS AND SERVICES

U.1. Health and Vision Services

IEHP provides comprehensive medical benefits and coverage to its Members. Your benefits as an IEHP Member include the below services. If you have Medi-Cal with IEHP and Original Medicare (or called Straight Medicare), you will get most of the benefits listed below through Original Medicare. If you have a Share-of-Cost (SOC) Medi-Cal, you will get the benefits listed below through IEHP after you have met your SOC amount. For more information about SOC, please call your Medi-Cal Eligibility Worker.

1. Doctor's Services

- Office visits
- Preventive health care
- Laboratory
- Physical examinations
- Health screenings – including private HIV testing
- Family planning services
- Prenatal care
- Well-baby and child visits
- Immunizations
- Urgent care for all ages
- Prescriptions for medically needed medications
- Coordination of services
- Wellness
- Specialty Doctor visits as medically needed
- Behavioral Health within the scope of your PCP

2. Inpatient Hospital Services

Hospital services that may include:

- Inpatient room as needed
- Meals, including special diets, when medically needed
- Intensive care unit and services

- Medications
- X-ray services
- Special duty nursing when medically needed
- Biologicals
- Anesthesia and oxygen services
- Diagnostic laboratory services
- Administration of blood and blood products
- Diagnostic, therapeutic, and rehabilitative services when medically needed

3. Ambulatory Care Services

Outpatient hospital or other facility services that include:

- Outpatient surgery
- Diagnostic and treatment services
- Physical therapy
- Speech therapy (only for pregnant women and children under 21 years of age. For adults ages 21 and older, this service will be provided on a case-by-case basis when medically necessary.)
- Occupational therapy services when medically needed
- Hospital outpatient services that do not require a hospital stay

Ambulatory care services can be given at a hospital or an approved licensed facility. Your Doctor will coordinate your care with an ambulatory care facility.

4. Diagnostic and Therapeutic Laboratory Services

- All medically necessary diagnostic or therapeutic laboratory specialty services.

5. Home Health Services

When your Doctor decides that home health services are medically necessary, your services include:

- Diagnostic and treatment services that can be given in the home
- Nursing care from a registered nurse, public health nurse, licensed vocational nurse, or licensed home health aide, and
- Durable medical equipment - medical equipment that serves a medical purpose and is intended for repeated use. Examples include: oxygen and oxygen equipment, blood glucose monitors, apnea monitors, nebulizer machines, tubing, and related supplies, metered dose inhalers, insulin pumps, wheelchairs, and crutches

6. Preventive Health Services

Services given by your Primary Care Doctor that include the following:

- Checkups on a regular basis, if needed
- Voluntary family planning services
- Prenatal care - this can include services from an OB/GYN, family practitioner, general practitioner, or certified nurse midwife
- Vision and hearing tests
- Immunizations for children as determined by the American Academy of Pediatrics, and adults as determined by the U.S. Public Health Service Advisory Committee of Immunization Practices
- Sexually transmitted disease tests
- Pap tests on a regular basis
- Screening mammography exams
- Generally accepted cancer screening tests including the human papillomavirus screening test and those for prostate cancer by prostate specific antigen testing and/or digital rectal exams
- Cytology exams

7. Children's Preventive Services (Well Child Services)

Your child or children can get services from their Doctor that keep them from getting sick. These are called preventive services and include some of the following:

- Regular checkups
- Immunizations
- Education and counseling
- Vision and Hearing tests

Your child needs all of these services and more at certain times, depending on their age. The charts in Section L and M tell you when to take your child for preventive services and immunizations.

8. Emergency Health Care Services

This service includes 24-hour Emergency Care and ambulance services provided in response to a “911” call when a Member reasonably believes that a medical condition was an “emergency medical condition”. You do not need an authorization for emergency services. Emergency medical condition is explained in Section F. IEHP may not pay when the Member receives medical or hospital services for non-qualifying emergency condition.

9. Health Education Programs

IEHP offers several programs that help you learn more about how to take care of yourself and your family. See Section D.10 for more information about our Health Education Programs or call IEHP Member Services at 1-800-440-IEHP (4347).

10. Maternity Care

Maternity care includes:

- Periodic visits to your OB Doctor
- Prenatal care services
- Hospitalization
- Delivery, including C-section, if necessary
- Family planning services after delivery, and
- After pregnancy (postnatal) care

Minors 12 years of age or older and adolescents have the right of access to treatment and/or referral for pregnancy services without parental consent.

When you have your baby, you may stay in the hospital up to 48 hours after the delivery. If the baby is born by C-section, you may stay in the hospital up to 96 hours. The hospital may not discharge you any earlier unless you and your Doctor agree. If you leave the hospital earlier than 48 or 96 hours, you may receive a home visit from a health care professional to check on the health of you and your baby.

11. Mastectomies and Lymph Node Dissections

The length of the stay in a hospital after these procedures will be determined by your attending Doctor. The Doctor will also consult with you. The decision reached will follow sound clinical principles.

12. Certified Nurse Midwife Services

If you become pregnant, you can get full pregnancy services through an OB Doctor, or you can choose to get your pregnancy care from an IEHP certified nurse midwife. Contact your Doctor or IEHP Member Services at 1-800-440-IEHP (4347) for more information on certified nurse midwife services.

13. Nurse Practitioner Services

Some Doctors in the IEHP Network use certified Nurse Practitioners to see IEHP patients.

If you want to see a Nurse Practitioner, call IEHP Member Services at 1-800-440-IEHP (4347). An IEHP Member Services Representative can give you a list of IEHP Doctors that use them.

14. Newborn Care

Medical care is given to newborns for the month of birth and the month following under the mother's coverage. The mother must apply to Medi-Cal for further coverage for the child.

15. Family Planning Services

Family Planning Services are provided to Members of child bearing age to allow them to decide the number and spacing of children. These services include all methods of birth control approved by the Federal Food and Drug Administration. As a Member, you pick a Doctor who is located near you and will give you the services you need. Our Doctors and OB/GYN Specialists are available for family planning services. For family planning services, you may also pick a Doctor or clinic not connected with IEHP without having to get permission from IEHP. You will not be charged for the family planning services you get.

Family Planning Services include:

- Pregnancy testing and counseling
- Birth control methods that are FDA approved, including Norplant Lunelle, Depo Provera, IUDs such as Mirena and Paragard, oral contraceptives, and contraceptive patches
- Emergency contraceptives when dispensed by any pharmacist. Emergency contraceptives may be dispensed by a pharmacist without a prescription from your Doctor, and
- Sterilization procedures, such as tubal ligations or vasectomies

The following Family Planning Services are not included:

- Infertility studies
- Hysterectomy for sterilization
- Reversal of voluntary sterilization

Minors 12 years of age or older and adolescents have the right of access to treatment and/or referral for Family Planning services without parental consent.

Talk to your Doctor or call IEHP Member Services at 1-800-440-IEHP (4347) for more information on family planning services.

16. Sexually Transmitted Disease (STD) Services

STD services include:

- Tests to tell if a Member has an STD
- Treatment and follow-up of Members with STDs, and
- Education and counseling services to keep from getting STDs

For STD services, you can also pick a Doctor or clinic not connected with IEHP without having to get permission from IEHP.

Minors 12 years of age or older and adolescents have the right of access to treatment and/or referral for STD services without parental consent.

17. Hospice Services

Your Doctor looks at the need for hospice services, and if medically necessary and appropriate will refer you to a hospice program. Hospice is available for those with 12 months or less to live.

18. Diabetes Coverage

IEHP covers the following equipment and supplies when medically necessary:

- Blood glucose monitors and blood glucose testing strips (covered under Durable Medical Supplies Benefit, brand covered is subject to formulary changes)
- Blood glucose monitors designed for the visually impaired (covered under Durable Medical Supplies)
- Insulin pumps and all related necessary supplies
- Ketone urine testing strips

- Lancets and lancet puncture devices
- Pen delivery systems for the administration of insulin
- Insulin syringes
- Visual aids to assist the visually impaired with proper dosing of insulin
- Insulin
- Prescriptive medications for the treatment of diabetes
- Glucagon

IEHP also provides a Diabetes Self-Management Program for Members who have diabetes. See Section D.10, for more information, or call IEHP Member Services at 1-800-440-IEHP (4347).

19. Prescription Drugs

- All medications from the IEHP Formulary that are medically necessary and prescribed by your Doctor, hospital, or other Provider, will be provided
- If your drug prescription is not on the IEHP Formulary, and it is medically necessary, your Doctor or pharmacy will initiate a Pharmacy Exception Request (PER). After a PER is submitted to IEHP, it is acted upon within 24 hours, Monday through Friday

If you have a question about your PER, call IEHP Member Services at 1-800-440-IEHP (4347).

Exclusions

- Drugs or medications prescribed solely for cosmetic purposes
- Over-the-counter medications (unless approved by IEHP)
- Non-FDA approved medications
- Investigational medications
- Medications excluded from the Federal coverage (i.e. erectile dysfunction drugs),

If IEHP denies your request for prescription drugs based on a determination that the drug is experimental or investigational, you may request an Independent Medical Review (IMR). For information about the IMR process, please refer to IEHP's Grievance and Appeals Process in Section R.

The Plan shall not exclude coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA), provided that all of the following conditions have been met:

- The drug is approved by the FDA,
- The drug is prescribed by a participating licensed health care professional for the treatment of a medical condition,
- The drug is prescribed by a participating licensed health care professional for the treatment of a chronic and seriously debilitating condition, the drug is medically necessary to treat that condition, and the drug is on the plan formulary. If the drug is not on the plan formulary and your pharmacy or Doctor indicates a generic should not be substituted, your pharmacy will need to submit a PER to IEHP for review

20. Transportation Services

- Emergency medical transportation to the nearest emergency facility is covered and does not require a request from a Provider nor prior authorization. This includes ambulance services provided through "911".
- Non-emergency medical transportation to medical facilities and behavioral health facilities/providers is covered when ordinary public conveyance (taxi, bus or curb to curb services) is medically unsafe and transportation is required for obtaining needed medical care.

- Requests for non-emergency transportation need to meet certain criteria to qualify and requires authorization. IEHP reviews and approves requests on a case by case basis. To arrange the transportation, you must call at least 5 working days before your appointment.

Exclusions

- Non-medical transportation coverage for public transportation by airplane, passenger car, taxi, or other form of public conveyance

21. Vision Care Services

- Your Doctor does vision screening and sends Members to IEHP Optometrists or Ophthalmologists for more care when medically necessary.
- You can choose an IEHP Optometrists who is located near you from your IEHP Doctor Directory.
- Your eye care benefits includes an eye exam every 24 months. If your eye sight worsens or other medical issues come up, you may be able to get additional vision services.
- Diabetes Retinal exams are covered for members with diabetes.
- If you are under 21 years of age, or you are staying in a licensed nursing facility such as a Skilled Nursing Facility, or you are pregnant and have a medically necessary condition, you can get glasses or contacts every 24 months through the IEHP Vision Providers listed in your Doctor Directory.

To find out when your eye care benefits are available, or how to replace lost, broken or damaged glasses, call IEHP Member Services at 1-800-440-IEHP (4347).

22. Prosthetic Devices (artificial limbs/braces) and Hearing Aids

When medically necessary, your Doctor will assist you in getting these devices.

23. Phenylketonuria (PKU) Benefits

Diagnosis and treatment of Phenylketonuria (PKU) including formula and special food products are covered. The prescription must be medically necessary. This benefit covers the cost of formulas and special food products to the extent that the cost is above the cost of a normal diet. All services for children with PKU are provided and covered by the local CCS office. See Exclusions and Limitations for more information.

24. Cancer Clinical Trials

If you are diagnosed with cancer and meet certain criteria, you may be able to participate in a qualified cancer clinical trial. If a Doctor feels that participation in a qualified cancer clinical trial would be beneficial to you, be sure to fully discuss it with your Doctor and call IEHP at 1-800-440-IEHP (4347).

25. Federally Qualified Health Clinics (FQHC) and Indian Health Clinics

You may access care at any FQHC and Indian Health Clinic in Riverside and San Bernardino Counties. For more information, call IEHP Member Services at 1-800-440-IEHP (4347).

26. Reconstructive Surgery

Medically necessary reconstructive surgical services performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease and are performed to improve function, or create a normal appearance to the extent possible. This benefit includes reconstructive surgery and prosthetic devices if medically necessary to restore and achieve symmetry incident to mastectomy, and all complications from a mastectomy including lymphedema. Prior authorization may be required.

27. Former Lanterman Developmental Center Residents

A unique set of services are available to former residents of the Lanterman Developmental Center. For more information call IEHP Member Services at 1-800-440-IEHP (4347).

28. Community-Based Adult Services (CBAS) Program

Community Based Adult Services (CBAS) is a service you may qualify for if you are 18 years and older and have health problems that make it hard for you to take care of yourself and you need extra help. If you qualify to get CBAS, we will send you to the center that best meets your needs. If there is no center in *your area*, we will make sure you get the services you need from other providers.

At the CBAS center you can get different services. They include:

- Skilled nursing care
- Social services
- Meals
- Physical therapy
- Speech therapy
- Occupational therapy

CBAS centers also offer training and support to your family and/or caregiver.

You may qualify for CBAS if:

- You used to get these services from an Adult Day Health Care (ADHC) center and you were approved to get CBAS.
- Your primary care doctor refers you for CBAS and you are approved to get CBAS by IEHP.
- You are referred for CBAS by a hospital, skilled nursing facility or community agency and you are approved to get CBAS by IEHP.

29. In-Home Supportive Services (IHSS)

If you are disabled, or blind, or are over 65 years of age and are unable to live at home without help, you may qualify for IHSS benefits. IHSS allows you to remain safely in your own home. You do not qualify if you live in a nursing or community care facility. IHSS benefits may include the following services:

- Meal preparation and clean up
- Laundry
- Personal care services (such as bowel and bladder care, bathing, grooming and paramedical services)
- Grocery shopping and errands
- Transportation to medical appointments
- Household and yard cleaning
- Accompaniment to medical appointments
- Protective supervision

30. Multi-Purpose Senior Services Program (MSSP)

You may qualify for MSSP services if you are 65 years or older with disabilities and are eligible for nursing facility placement but wish to remain at home. MSSP services allow you to remain safely at home as an alternative to nursing facility placement. Services provided by MSSP may include:

- Adult day care / support center
- Housing assistance
- Chore and personal care assistance
- Protective supervision
- Care management
- Respite
- Transportation
- Meal services
- Social services
- Communication services

31. Skilled Nursing Facility or “SNF” Care (Subacute/Intermediate Facility Care) IEHP covers Skilled Nursing Facility (SNF) Services. SNF Services may be available to you if you are physically disabled and require a high level of care. SNF Services must be prescribed by a Plan Physician or certified nurse practitioner and provided in a licensed Skilled Nursing Facility (SNF). Covered Services include:
- Skilled nursing care on a 24 hour per day basis.
 - Bed and board (daily meals).
 - Case management
 - X-ray and laboratory procedures.
 - Physical, Speech, and Occupational Therapy. See also
 - Prescribed drugs and medications.
 - Medical supplies, appliances, and equipment ordinarily furnished by the SNF.

IMPORTANT:

32. If you think you need any of the above services in section U.29 through U.32 or would like more detailed information about your eligibility for these services, please contact your PCP or IEHP Member Services. **Transgender Services**

This service refers to the treatment of “gender identity disorder”, which may include:

- Psychotherapy
- Continuous hormonal therapy
- Laboratory testing to monitor hormone therapy
- Gender reassignment surgery that is not cosmetic in nature.

These services will require prior authorization, please contact IEHP Member Services for more information.

U.2. Behavioral/Mental Health Services

1. **Your Primary Care Doctor will treat you for behavioral health conditions that are within his or her scope of practice.**

Starting January 1, 2014, outpatient mental health services are now a benefit covered by IEHP. You can call IEHP or ask your Primary Care Provider (PCP) for a referral to IEHP’s Behavioral Health team. The services listed below are for the treatment of mild to moderate mental health conditions*:

- Individual and group mental health testing and treatment (psychotherapy);
- Psychological testing to evaluate a mental health condition;
- Outpatient services that include lab work, drugs, and supplies;
- Outpatient services to monitor drug therapy; and
- Psychiatric consultation.

For more severe mental health conditions, or inpatient treatment you will still get specialty mental health services from county behavioral/mental health departments:

In Riverside County:

Department of Mental Health
Central Access Team: 1-800-706-7500

In San Bernardino County

Department of Behavioral Health
Access Unit: 1-888-743-1478

If you are currently receiving treatment from a county behavioral/mental health department, you will continue to receive those services. If you need services that are not available through the county, your behavioral/mental health provider will connect you with IEHP to help you get the outpatient services you need.

Not Covered

Mental health services for relational problems are not covered. This includes counseling for couples or families for conditions listed as relational problems*.

* As defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM IV).

If you have any questions, please call IEHP Member Services at 1-800-440-IEHP (4347) or 1-800-718-4347 for TTY users, Monday – Friday, 8:00 am to 5:00 pm.

2. Substance Use Disorder Preventive Services

Cost to Member

There is no cost to the member.

Description

Starting January 1, 2014, alcohol misuse screening services are now a benefit covered by IEHP for all members ages 18 and older. The covered services for alcohol misuse are*:

- One expanded screening for risky alcohol use per year
- Three 15-minute brief intervention sessions to address risky alcohol use per year

* Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Not Covered

Services for major alcohol problems, but you may be referred to the County Alcohol and Drug Program

3. Behavioral Health Treatment for Autism Spectrum Disorder

IEHP now covers behavioral health treatment (BHT) for autism spectrum disorder (ASD). This treatment includes applied behavior analysis and other evidence-based services. This means the services have been reviewed and have been shown to work. The services should develop or restore, as much as possible, the daily functioning of a Member with ASD.

BHT services must be:

- Medically necessary; and
- Prescribed by a licensed doctor or a licensed psychologist; and
- Approved by the Plan; and
- Given in a way that follows the Member's Plan-approved treatment plan.

You may qualify for BHT services if:

- You are under 21 years of age; and
- Have a diagnosis of ASD; and
- Have behaviors that interfere with home or community life. Some examples include anger, violence, self-injury, running away, or difficulty with living skills, play and/or communication skills.

You do not qualify for BHT services if you:

- Are not medically stable; or
- Need 24-hour medical or nursing services; or
- Have an intellectual disability (ICF/ID) and need procedures done in a hospital or an intermediate care facility.

If you are currently receiving BHT services through a Regional Center, the Regional Center will continue to provide these services until a plan for transition is developed. Further information will be available at that time.

You can call IEHP if you have any questions or ask your Primary Care Provider for screening, diagnosis and treatment of ASD.

Cost to Member:

There is no cost to the Member for these services.

U.3. A Note About New Technology

IEHP is always looking for ways to take better care of our Members. That is why IEHP has a process in place that evaluates new technology for medical or behavioral procedures, drugs, and devices for possible added benefits.

Our Medical Directors identify new medical or behavioral procedures, treatment, drugs, and devices periodically. They present research information to the IEHP Utilization Management (UM) Subcommittee or IEHP Pharmacy & Therapeutic (P&T) Subcommittee, where Doctors review the technology and suggest whether it can be added as a new benefit. If approved by the Utilization Management (UM) Subcommittee or Pharmacy & Therapeutic (P&T) Subcommittee, the new technology is then presented to the Quality Management Committee for final approval. Once approved by the IEHP Quality Management Committee, IEHP will add the new technology as a covered benefit for our Members.

For more information on evaluation of new technology, please call IEHP Member Services at 1-800-440-IEHP (4347).

U.4. Organ Donation

Donating organs and tissues provides many societal benefits. Organ and tissue donation allows recipients of transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If you are interested in organ donation, please speak with your physician. Organ donation begins at the hospital when a patient is pronounced brain dead and identified as a potential organ donor. An organ procurement organization will become involved to coordinate the activities. The Department of Health and Human Services' Internet website (<http://www.organdonor.gov>) has additional information on donating your organs and tissues. You can also call 1-800-355-7427 to get a donor card and to obtain more information about organ donation.

V. ADULT WELLNESS SERVICES

As an IEHP Member, you are encouraged to improve your health. You can do this by taking advantage of the health services offered to you. You can call 2-1-1 for community resources for both San Bernardino and Riverside counties. If you need help in finding community resources, you can call IEHP Member Services at 1-800-440-IEHP (4347) or ask your Doctor. IEHP also offers Health Education programs on asthma, weight loss, stop smoking, healthy heart, high blood pressure, living well with disability, and diabetes. These programs teach you how to manage the disease health condition and how to prevent more serious problems from happening. You can also keep your children safe by participating in our child safety seat and bicycle helmet programs.

Call IEHP to find out about these programs and others. The following guidelines will help you in making appointments with your Doctor to improve your health.

Adult Screening Recommendations	18-64 years	65 and over
Blood Pressure	Screen every year or as recommended by your Doctor	Screen every year or as recommended by your Doctor
Chlamydia and other STDs	Screening for all sexually active women at each woman's health visit. Test for men as recommended by your Doctor	As recommended by your Doctor
Cholesterol	Men ages 35 years and older; Women ages 45 years and older Or as recommended by your Doctor for high-risk patients	As recommended by your Doctor for high-risk patients
Dental	Every year at each preventive health visit	Every year at each preventive health visit
Tobacco Use	Every year	Every year
Alcohol Misuse	Every year	Every year
Depression	As recommended by your Doctor	As recommended by your Doctor
Fecal Occult Blood Test	Every year ages 50 and over	Every year or as recommended by your Doctor
Flexible Sigmoidoscopy	Every 5 years ages 50 and over as recommended by your Doctor	Every 5 years until age 75
Colonoscopy	Every 10 years ages 50 and over as recommended by your Doctor	Every 10 years until age 75
Height, Weight, and BMI	Every year; Refer adults with BMI ≥ 30 to interventions.	Every year; Refer adults with BMI ≥ 30 to interventions.
Fasting Plasma Glucose	Recommended by Doctors for Members age 45 and over for those under 45 with risk factors like high blood pressure & hyperlipidemia	As recommended by your Doctor
Hepatitis C	Recommended one-time screening for members born between 1945 and 1965; Members who are at high risk for infection.	Recommended one-time screening for members born between 1945 and 1965; Members who are at high risk for infection.
Lung Cancer	Screen every year for Members ages 55-64 who smoke, have smoking history of 30 packs a year, or have quit within past 15 years.	Screen every year for Members ages 65-80 who smoke, have smoking history of 30 packs a year, or have quit within past 15 years.
The guidelines above are recommended by the United States Preventive Services Task Force (USPSTF). For more information you can access their website at http://www.uspreventiveservicestaskforce.org/uspstf/uspstabrecs.htm .		

For Women*	18-64 years	65 and over
Clinical Breast Exam	Every year ages 40 and over	Every year
Mammogram	Every years age 40 and over	Every year up to the age 75

For additional information visit our website at www.iehp.org

For Women*	18-64 years	65 and over
Osteoporosis	As recommended by your Doctor if you are at risk	Start screening at age 65
Medically accepted cancer screening tests including the human papillomavirus (HPV) screening test and Pap Smear	Every 3 years for women ages 21-65 for Pap Smear, or every 5 years for women ages 30-65 for Pap Smear and HPV together	Every 3 years for women age 65 for Pap Smear, or every 5 years for women age 65 for Pap Smear and HPV together. As recommended by your Doctor for women older than 65.
Intimate Partner Abuse	Screen women of childbearing age and refer them to services	
BRCA-related cancer	Recommended screening for women who have family members with breast, ovarian, tubal, or peritoneal cancer.	Recommended screening for women who have family members with breast, ovarian, tubal, or peritoneal cancer.
For Men*	18-64 years	65 and over
Prostate Exams	PSA counseling and screening as recommended by Doctor for all men ages 40 and over	PSA counseling and screening as recommended by Doctor
Abdominal Aortic Aneurysm		One-time screening for Members who have smoked
<p>* If medically necessary, services will be covered regardless of gender. Please call IEHP Member Services if you have any questions.</p> <p>NOTE: The guidelines above are recommended by the United States Preventive Services Task Force (USPSTF). For more information you can access their website at http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm.</p>		

Adult Preventive Counseling	18-64 years	65 and over
Diet and Exercise	Limit fat and cholesterol Adequate calcium intake (women) Diet rich in folic acid for women of childbearing age Regular physical activity	Limit fat and cholesterol Adequate calcium intake (women) Regular physical activity
Substance Use	Smoking cessation Anti-alcohol and drug use, care in operating machinery	Smoking cessation Anti-alcohol and drug use, care in operating machinery

Adult Preventive Counseling	18-64 years	65 and over
Injury Prevention	Lap/shoulder belts Bicycle/motorcycle/ATV helmets Smoke detector Safe storage/removal of firearms	Lap/shoulder belts Bicycle/motorcycle/ATV helmets Smoke detector Safe storage/removal of firearms Exercise or physical therapy, and vitamin D supplementation are recommended to prevent falls in adults aged 65 or older.
Sexual Behavior	STD prevention Contraception	STD prevention STD infections
Skin Cancer	Exposure to ultraviolet radiation especially for members ages 21-24 who have fair skin.	

Immunizations	18-64 years	65 and over
Hepatitis A vaccine	As determined by risk	As determined by risk
Hepatitis B vaccine	As determined by risk and unvaccinated adults with diabetes younger than 60	As determined by risk; optional for adults with diabetes age 60 and over
Influenza vaccine	As determined by risk; 1 dose yearly	1 dose yearly
Meningococcal	1 or 2 doses for those with risk factors As determined by risk; re-vaccination may be needed	1 dose As determined by risk; re-vaccination may be needed
Pneumococcal vaccine	1 or 2 doses for those born after 1957 who lack evidence of immunity and those with risk factors	1 dose for those with risk factors
Tetanus-diphtheria (Td) booster	Every 10 years, or sooner if there is a contaminated wound	Every 10 years, or sooner if there is a contaminated wound
Varicella	2 doses for those without evidence of immunity and who are not pregnant	As determined by risk
HPV	Female Members age 26 and younger; Male members age 22 - 26 who have certain health issues	
Zoster	1 dose for Members age 60 and over	1 dose if no evidence of vaccination
Pertussis Booster (Tdap)	1 dose	1 dose
Measles/Mumps/Reubella	1 or 2 doses for unvaccinated adults	1 or 2 doses for unvaccinated adults
Haemophilus influenza type b (Hib)	As determined by risk.	As determined by risk.
The guidelines above are recommended by the Centers for Disease Control. For more information on immunizations, go to http://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html		

W. EXCLUSIONS AND LIMITATIONS

W.1. Exclusions

- Any services obtained outside the United States except for medically necessary emergency services.
- Services that are NOT covered benefits under your enrolled program, even if your Doctor has referred you.

There are some services that IEHP does not cover. Below is a list. If you need any of these services, you will be disenrolled from IEHP because of Medi-Cal regulations. You will still get your Medi-Cal benefits, but it will not be from IEHP.

- **Major Organ Transplant** – The IEHP Doctor decides when a Member needs this service. The Doctor then makes sure transplant patients get the care they need. Major organ transplant procedures are bone marrow transplants, heart transplants, liver transplants, lung transplants, heart/lung transplants, combined liver and kidney transplants, and combined liver and small bowel transplants.
- **Medi-Cal Home and Community Based Waiver Programs**
 - AIDS Waiver
 - Model Waiver

The IEHP Doctor refers and helps Medi-Cal Members get the services if they qualify for the waiver programs. If you qualify for a waiver program, your IEHP Doctor will refer you and help you get these services.

W.2. Limitations

There are certain services that IEHP may not cover. You will continue to be an IEHP Member while getting excluded health care services from a Non-Participating Providers. Your Doctor will refer you to one of the following Medi-Cal Providers.

- **Local Education Agency (LEA) Services** – assessment services provided to a Member who qualifies for LEA services. Any LEA services provided pursuant to an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP) or LEA services provided under an Individualized Health and Support Plan (IHSP).
- **State Serum Alphafetoprotein Testing Program** – Laboratory services provided under the State serum alphafetoprotein testing program administered by the Genetic Disease Branch of California Department of Public Health.
- **Targeted Case Management (TCM) Services** – If determined eligible, Members will be referred to a Regional Center or local governmental health program as appropriate for the provision of TCM services.
- **Childhood Lead Poisoning** – case management provided by county health departments.
- **Psychotherapeutic Drugs** – drugs that are listed in the Medi-Cal Provider Manual, (MCP): Two-Plan Model, Capitated/Noncapitated Drugs section, which lists excluded psychiatric drugs.
- **Pediatric Day Health Care (PDHC)** – a day program of less than 24 hours that is individualized and family-centered.
- **Human Immunodeficiency Virus (HIV) and AIDS Drugs** – drugs that are listed in the Medi-Cal Provider Manual, (MCP): Two-Plan Model, Capitated/Noncapitated Drugs section, which lists excluded HIV/AIDS drugs.
- **California Children's Services (CCS)** – California Children's Services is a separate program from IEHP. It pays for medical services for children with special medical needs. Examples are: cleft lip or palate, physical disabilities like paralysis, serious eye problems, HIV, Cerebral Palsy, Sickle Cell Disease, and cancer. Your Doctor will help you apply for the Program if you appear eligible. The County CCS office will decide if you are eligible. You can also apply directly to CCS. In San Bernardino or Riverside, contact them at:

San Bernardino CCS
515 N. Arrowhead Ave.
San Bernardino, CA 92415
(909) 387-8400

Riverside CCS
10769 Hole Ave., Ste. 200
Riverside, CA 92505
(951) 358-5401

You can always call IEHP at 1-800-440-IEHP (4347) to get help with CCS.

When you are enrolled in CCS, you are still an IEHP Member. However, IEHP must refer you to CCS Doctors, for CCS specific health needs. IEHP still provides your other health care. Once you are enrolled in CCS, you get care from the CCS Doctors for your CCS condition. Your IEHP Doctor does not authorize services covered by CCS.

- **Behavioral/Mental Health** – if you have a behavioral health issue that your IEHP Doctor cannot take care of, you will be directed to your County Behavioral Health Systems for Specialty Mental Health Services.
- **Alcohol and Drug Treatment Services** – your IEHP Doctor decides who needs alcohol and drug treatment services. Your Doctor will refer you to a hospital if he feels you need medical help to remove alcohol or drugs from your system. Your Doctor will work with the two local Medi-Cal Providers of alcohol and drug treatment services if you need treatment outside of the hospital. These services are provided through the local Department of Mental Health Medi-Cal managed care network. This is all done in strict confidence.
- **Dental** – your IEHP Doctor does dental screenings and sends you to Medi-Cal Dental Providers if you need dental care. If you have any questions about your dental benefits, please call Denti-Cal at 1-800-322-6384

IEHP shall cover general anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center setting, when the clinical status or underlying medical condition of the Member requires dental procedures that ordinarily would not require general anesthesia to be rendered in a hospital or surgery center setting. Coverage shall be limited to:

- Members who are under seven years of age,
- Members who are developmentally disabled, regardless of age, and
- Members whose health is compromised and for whom general anesthesia is medically necessary, regardless of age.

IEHP does require prior authorization of general anesthesia and associated charges required for dental care procedures in the same manner that prior authorization is required for other covered diseases or conditions. The plan will cover the medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures.

- **Treatment of Tuberculosis** – your IEHP Doctor will decide if you need care for tuberculosis. If care is needed, you will be sent to the local health department. Your Doctor is in charge of follow up care.
- **Women, Infants, and Children (WIC) Supplemental Food Program** – your IEHP Doctor will look at the nutritional needs of pregnant, breast-feeding and postpartum women, as well as infants and children. Eligible Members will be referred to the local WIC program. WIC gives food vouchers and education on nutrition. Your Doctor will record, plan, and check up on patients sent to the local WIC program.
- **Minor Consent Program** – there are services of a sensitive nature that minors (12 years of age and older) do not need parental consent to receive. See sensitive services below. These services can be obtained from out-of-network Providers.
- **Sensitive Services** – Sensitive Services include treatment for sexual assault, family planning, drug or alcohol treatment services, abortion, mental health treatment, sexually transmitted disease (STD) diagnosis and treatment, HIV testing, and prenatal care. IEHP Members can get sensitive services from their Doctor or from other Providers. Call IEHP Member Services at 1-800-440-IEHP (4347) to help you get the services you need.

IEHP adolescent Members, age 12 and over, may get sensitive services without their parent's consent. They can and should call IEHP Member Services at 1-800-440-IEHP (4347) for help.

- **Benefits Not Covered by Medi-Cal Managed Care and IEHP** – IEHP does not cover or pay for the following benefits and services. Medi-Cal fee-for-service (FFS) does cover a small number of these services. IEHP Members may be able to get these services through regular (or FFS) Medi-Cal.
- Acupuncture (FFS) • Chiropractic (FFS) • Spiritual Healing (FFS)
- Infertility Services • Biofeedback (FFS) • Outpatient Detoxification (FFS)

W.3. How To Access Excluded and Limited Services

To access the excluded and limited services that are not covered by IEHP but covered by regular Medi-Cal, you find a Medi-Cal Provider who offers these services and take your blue and white Medi-Cal ID card when you go to that Provider.

If you have questions about how to get services that are covered by regular Medi-Cal, call IEHP Member Services at 1-800-440-IEHP (4347) or TTY 1-800-718-4347.

X. SUPPLEMENTAL SECTION FOR FOSTER CARE CHILDREN ENROLLED IN IEHP OPEN ACCESS PROGRAM

X.1. When Can I Start Getting Care? (*Supplement to Section A.1*)

You will get your IEHP Member ID Card in the mail. Your IEHP Member ID Card will say Open Access. This means that you can go to any Doctor in the Open Access Doctor Directory.

X.2. Changing Your Doctor (*Supplement to Section B.3*)

Although we suggest that you stay with a Doctor who is a good match with your family, you can switch Doctors whenever necessary. Just call IEHP Member Services at 1-800-440-IEHP (4347) and we'll make the change for you the same day you call. Remember that your Doctor is linked to a hospital, so your hospital may change when you change your Doctor.

X.3. How Do You Disenroll From The Health Plan? (*Supplement to Section S.4*)

Members who want to disenroll should call their social worker to discuss available options.

Y. DEFINITIONS

The following definitions are used in this Combined Evidence of Coverage and Disclosure Form or in the Plan contract on file at the IEHP office.

Active Labor: Labor when there is inadequate time to safely transfer the Member to another hospital prior to delivery or when transferring the Member may pose a threat to the health and safety of the Member or the unborn child.

Aid Code Categories: The codes used by the State of California to know which people can be on Medi-Cal.

Acute Condition: A medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration.

Appropriately Qualified Health Care Professional: A Primary Care Doctor, mid-level Provider or specialist who is acting within his or her scope of practice and who has a clinical background, including training and expertise, related to a particular illness, disease, condition or conditions (Section 1383.15(b)).

Authorization or Authorized: A decision that is made to approve specialty or other medically necessary care for a Member by the Doctor, IPA, or IEHP.

Basic Health Care Services:

1. Doctor services, including consultation and referral
2. Hospital inpatient services and out of hospital care services
3. Diagnostic laboratory and diagnostic and therapeutic radiological services
4. Home health services
5. Preventive health services
6. Emergency health care services, including ambulance services and out-of-area coverage
7. Hospice Care

Benefit Year: The twelve-month period beginning July 1, of each year at 12:01 am.

Benefits and Coverage: Those services, supplies, and drugs that a Member is entitled to receive based on this Agreement. A service is not a benefit, even if described as a covered service or benefit in this booklet, if it is not medically necessary or if it is not provided by an IEHP Provider with authorization as required.

Case Management: Doctors and nurses ensure you are getting the right health care services when you need them. This includes checkups, plans to make you better, getting you to the right Doctors, and coordinating care to meet your health care needs.

Complaint: A complaint is also called a grievance or an appeal. Examples of a complaint can be when:

- You can't get a service, treatment, or medicine you need.
- Your plan denies a service and says it is not medically necessary.
- You have to wait too long for an appointment.
- You received poor care or were treated rudely.
- Your plan does not pay you back for emergency or urgent care that you had to pay for.
- You get a bill that you believe you should not have to pay.

Copayments: Any extra charges or any amounts charged to a health plan Member at the time of service.

Custodial or Maintenance Care: Care given primarily to provide room and board or to meet the activities of daily living (which may include nursing care, training in personal hygiene, and other forms of self care or supervisory care by a Doctor); or care given to a Member who is mentally or physically disabled, and: (1) Who is not under specific medical, surgical, or psychiatric treatment to reduce the disability to the extent necessary to allow the patient to live outside an institution providing such care, (2) When, even if they get the treatment, there is no possibility that the disability will be so reduced.

Doctor: Doctor (PCP) or other qualified health care professional you have selected as your personal Doctor. Your Doctor will care for you and coordinate the care of other health care Providers who you may be referred to or see in an urgent or emergency situation.

Doctor Directory: The directory of all the Providers contracted with IEHP to provide services to you.

Domiciliary Care: Care provided in a Hospital or other licensed facility because care in the patient's home is not available or is unsuitable.

Durable Medical Equipment: Medical equipment that serves a medical purpose and is made to be used over again. Examples include: oxygen and oxygen equipment, blood glucose monitors and test strips, apnea monitors, nebulizer machines, tubing, and related supplies, insulin pumps, wheelchairs, and crutches.

Emergency Care/Emergency: An emergency is a medical or psychiatric condition, including active labor or severe pain, made clear by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Placing the Member's health in serious jeopardy, or
- Causing serious impairment to the Member's bodily functions, or
- Causing serious dysfunction of any of the Member's bodily organs or parts.

Evidence of Coverage and Disclosure Form (EOC): This IEHP Member Handbook is the combined Evidence of Coverage and Disclosure Form. It has information about the benefits, services, and terms of the IEHP contract.

Exception: There are certain benefits that a Member cannot get with IEHP. These things are listed in the IEHP contract.

Exclusion: Any medical, surgical, hospital or other treatment for which the program offers no coverage.

Expedited Review: Once a complaint is made to IEHP, Medical Services looks at the case to see if it involves an imminent or serious threat to you, including, but not limited to, severe pain, potential loss of life, limb, or major bodily function. If your case qualifies for an Expedited Review, IEHP will resolve the grievance as quickly as the medical condition requires but no later than 72 hours. You will be notified of the resolution within 72 hours.

Experimental or Investigational Service: Any treatment, therapy, procedure, drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supplies which are not recognized as being in accordance with generally accepted professional medical standards, or if safety and efficacy have not been determined for use in the treatment of a particular illness, injury or medical condition for which it is recommended or prescribed.

Family Planning: Services given to people who are old enough to have children but who do not want to have them right now or who do not want to have any more children. IEHP Medi-Cal Members can get family planning services from their Doctor or any qualified Provider without prior authorization.

Federal Poverty Income Guideline: The federal poverty income guideline is set each year by the U.S. Department of Health and Human Services (HHS). The guidelines are used to determine eligibility for certain programs such as Medi-Cal. The poverty guidelines are sometimes referred to as the “federal poverty level” (FPL).

Formulary: A list of brand-name and generic prescription drugs approved for coverage and available without prior authorization from IEHP. The presence of a prescription drug on the formulary does not guarantee that it will be prescribed by your Doctor for a particular condition.

Fraud: An intentional act to deceive or misrepresent that could result in the Member obtaining an unauthorized benefit for herself/himself. Any act that constitutes fraud under federal and/or state laws. If you suspect and/or identify fraud, you may call the Compliance Hotline at (866) 355-9038 to make a report which may be anonymous.

Foster Children: Children who are under the care of parents other than their own and whose needs are all or partly met by public funds.

Grievance: A written or oral expression of dissatisfaction regarding the plan and/or Provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by a Member or the Member’s representative. Where the plan is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance.

Health Care Options (HCO): The group within the Department of Health Care Services who is in charge of the Medi-Cal choice program.

Health Care Services: All medically necessary care IEHP Members get under the IEHP Medi-Cal Plan, including preventive and Wellness services, medical services, hospital services, and emergency services.

Hospital: A health care facility licensed by the State of California, and accredited by the Joint Commission on Accreditation of Health Care Organizations, as either: (a) an acute care hospital; (b) a psychiatric hospital; or (c) a hospital operated primarily for the treatment of alcoholism and/or substance abuse. A facility which is primarily a rest home, nursing home or home for the seniors, or a distinct part skilled nursing facility portion of a hospital is not included.

IEHP: Inland Empire Health Plan, the prepaid Medi-Cal managed care plan licensed by the State of California Department of Managed Health Care and contracted with the California Department of Health Care Services

IEHP Facilities: Doctor's offices, clinics, hospitals, and other medical facilities that contract with IEHP to give covered services and benefits.

IEHP Identification Card (or Member ID Card or IEHP Member ID Card): The identification card provided to Members by IEHP. The card includes the Member number, primary care provider information, and important phone numbers.

IEHP Medi-Cal Plan: The prepaid health plan run by IEHP to give preventive health care, wellness, and medical and hospital services to Medi-Cal Members as part of the IEHP contract.

IEHP Provider: A Qualified Health Professional, including Doctors, hospitals, physical therapists, etc., who contract with IEHP or can give services and benefits to IEHP enrollees.

Independent Physician Association (IPA): An IPA is a company that organizes a group of Doctors, Specialist, and other Providers of health services to see IEHP Members. Your Doctor, along with the IPA, provides your medical care. This includes getting authorization to see Specialist Doctors or medical services such as lab tests, x-rays, and/or hospital admittance. In some cases, IEHP is your IPA.

In-Network IEHP Providers: The Providers who are contracted directly or indirectly (through their IPA) with IEHP.

Inpatient: A person who has been admitted to a hospital as a registered bed patient and receives covered services under the direction of a Doctor.

Limitation: Any rule other than an exception or a reduction, which limits the care you get under IEHP.

Medi-Cal: The California name for Medicaid, the federal and state program of medical help for needy and low-income people.

Medically Necessary Medical Services: Those health care services or products which are (a) furnished in accordance with professionally recognized standards of practice; (b) determined by the treating Doctor to be consistent with the medical condition; and (c) furnished at the most appropriate type, supply and level of service which considers the potential risks, benefits and alternatives.

Member: The person who is enrolled in, covered by, and eligible for IEHP health care services.

Member Handbook: This IEHP Member Handbook which has information about the benefits, services, and terms of the IEHP contract. Also called the Combined Evidence of Coverage and Disclosure Form or EOC.

Mental/Behavioral Health Services: Psychoanalysis, psychotherapy, counseling, medical management or other services most commonly provided by a psychiatrist, psychologist, licensed clinical social worker, or marriage and family therapist, for diagnosis or treatment of mental or emotional disorders or the mental or emotional problems associated with an illness, injury, or any other condition.

Mental/Behavioral Health Specialist: A mental health professional qualified to treat Members with mental health conditions beyond the scope of the behavioral health services performed by the PCP.

Network: A health care delivery service system within the Service Area.

Non-formulary Drug: A drug that is not listed on IEHP's Formulary and requires an authorization from IEHP in order to be covered.

Non-Participating (Contracted) Provider: A Provider who has not contracted with IEHP to provide services to IEHP Members.

OB/GYN: A Doctor or other Qualified Health Care Professional who specializes in women's health and maternity care.

On-call Doctor: The Doctor who takes over your care when your primary care Doctor is not available.

Open Access: A Network within the Service Area specifically designed for Members needing greater flexibility in accessing Providers. "Open Access" is also the name given to a program designed specifically for foster children.

Orthotic Device: A support or brace designed for the support of a weak or ineffective joint, muscle, or to improve the function of moveable body parts.

Out-Of-Area Services: Emergency care or urgent care provided outside of IEHP's service area which could not be delayed until the Member returned to the service area.

Out-Of-Network Providers: The Providers who are not directly or indirectly contracted with IEHP.

Outpatient: Services, under the direction of a Doctor, which do not incur overnight charges at the facility where the services are provided.

Over-The-Counter (OTC) Drugs: Medicines that can be purchased without a prescription from your Doctor.

Participating Medical Group: Any independent physician association (IPA) or group of licensed Doctors that has a written contract with IEHP to give services to Members.

Participating Provider or Plan Provider: A Doctor, hospital, skilled nursing facility or other licensed health professional, licensed facility or licensed home health agency who, or which, at the time care is rendered to a Member, has a contract in effect with IEHP to provide covered services to its Members.

Plan: IEHP

Plan Contract: The Medi-Cal contract between the State Department of Health Care Services and IEHP on behalf of enrollees before health care services, including basic health care services, are given.

Premium Payments/Monthly Premium: The monthly family contribution that is made by or on behalf of the member to the Department of Health Care Services (DHCS) to cover the cost of the coverage.

Prescriptions: Medically necessary drugs that by law, a Doctor has to give you a prescription for.

Preventive Health Care: Health checkups or services given at certain times due to a person's age, sex, and medical history. Preventive health care also includes finding things that put a person's health at risk and reducing that risk.

Primary Care Doctor (PCP): An IEHP contracted Doctor or other qualified health care professional who is trained in internal medicine, general practice, family practice, pediatrics, or in limited cases, OB/GYN. A PCP is the Doctor you choose to take care of your health care needs. A PCP is your Doctor. Your Doctor gives initial and primary care to you and your family members, makes sure you get the right care, and gets you to Specialists when it is medically necessary.

Prosthetic Device: An artificial device used to replace a body part.

Provider: Any professional person, organization, health facility, or other person or institution licensed by the state to give health care services.

Psychiatric Emergency Medical Condition: The psychiatric conditions where the Members present an imminent danger to themselves or others or are gravely disabled and therefore not able to be safely maintained in their living environment.

Quality Management Committee: A group of people used by IEHP or a medical group to make sure that PCPs and IPAs are performing Quality Management activities, such as monitoring your ability to obtain an appointment when needed, in order to improve the quality of health care you and your families deserve.

Reduction: Any rule in the IEHP contract that takes away a part of a benefit that a Member might get.

Referrals: Doctors send Members to other Doctors, including Specialists and consultants or Providers of services such as lab, x-ray, and physical therapy, EKG, EEG, wellness, medical social service, home health care, mental health, and acute alcohol and drug abuse services, so that the Member can get the right type of care.

Serious Chronic Condition: A medical condition due to a disease, illness or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration.

Service Area: The zip codes in Riverside and San Bernardino counties that IEHP serves.

Skilled Nursing Facility: A facility licensed by the California State Department of Health Care Services as a “Skilled Nursing Facility” to provide a level of inpatient nursing care that is not of the intensity required of a hospital.

Specialist: Doctors or other qualified health care professional who have written agreements with IEHP or a medical group (IPA) to give specialized medical services to Members when asked.

Standing Referral: A referral by a Doctor for more than one visit to a Specialist.

Terminal Illness: An incurable or irreversible condition that has a high probability of causing death within one (1) year or less.

Triage or Screening: The evaluation of a child’s health by a Doctor or nurse who is trained to screen for the purpose of determining the urgency of you or your child’s need for care.

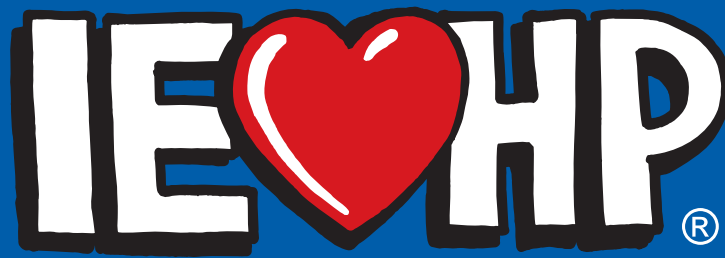
Triage or Screening Waiting Time: The time waiting to speak by telephone with a Doctor or nurse who is trained to screen you or your child who may need care.

Urgent Care: (Sometimes called Urgently Needed Services) is care needed to prevent serious deterioration of your health following an unforeseen condition or injury (such as sore throat, fever, minor cuts, etc.).

Urgent Grievance/Appeal: You have a grievance that needs to be addressed quickly because your medical condition involves an imminent or serious threat to your health, including, but not limited to severe pain, potential loss of life, limb, or major bodily function.

Utilization Management Committee: A group of people used by IEHP or a medical group to make sure that Members are getting the right kind of care. Whenever referrals are needed, this group looks at and decides what services should be given.

NOTES



A Public Entity

Inland Empire Health Plan

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