3.   ENROLLMENT AND ASSIGNMENT

A.   IEHP Service Area
1. Medicare DualChoice (HMO SNP)

APPLIES TO:

A.   This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY:

A.   IEHP provides health care coverage to eligible Members in those areas of San Bernardino and Riverside Counties for which it is licensed as an HMO.

PROCEDURES:

A.   Geographic Service Area

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

1.   **Riverside County Zip Codes**

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

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area
1. Medicare DualChoice (HMO SNP)

92502	Riverside	92553	Moreno Valley
92503	Riverside	92554	Moreno Valley
92504	Riverside	92555	Moreno Valley
92505	Riverside	92556	Moreno Valley
92506	Riverside	92557	Moreno Valley
92507	Riverside	92561	Mountain Center
92508	Riverside	92562	Murrieta
92509	Riverside	92563	Murrieta
92513	Riverside	92564	Murrieta
92514	Riverside	92567	Nuevo
92515	Riverside	92570	Perris
92516	Riverside	92571	Perris
92517	Riverside	92572	Perris
92518	Riverside	92581	San Jacinto
92519	Riverside	92582	San Jacinto
92521	Riverside	92583	San Jacinto
92522	Riverside	92584	Menifee
92530	Lake Elsinore	92585	Sun City
92531	Lake Elsinore	92586	Sun City
92532	Lake Elsinore	92587	Sun City
92536	Aguanga	92589	Temecula
92539	Anza	92590	Temecula
92543	Hemet	92591	Temecula
92544	Hemet	92592	Temecula
92545	Hemet	92593	Temecula
92546	Hemet	92595	Wildomar
92548	Homeland	92596	Winchester
92549	Idyllwild	92599	Perris
92551	Moreno Valley	92860	Norco
92552	Moreno Valley	92877	Corona

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area
1. Medicare DualChoice (HMO SNP)

92878 Corona	92882 Corona
92879 Corona	92883 Corona
92880 Corona	
92881 Corona	

2. **San Bernardino County Zip Codes**

91701 Rancho Cucamonga	92284 Yucca Valley
91708 Chino	92285 Landers
91709 Chino Hills	92286 Yucca Valley
91710 Chino	92301 Adelanto
91729 Rancho Cucamonga	92304 Amboy
91730 Rancho Cucamonga	92305 Angelus Oaks
91737 Rancho Cucamonga	92307 Apple Valley
91739 Rancho Cucamonga	92308 Apple Valley
91743 Guasti	92309 Baker
91758 Ontario	92310 Fort Irwin
91761 Ontario	92311 Barstow
91762 Ontario	92312 Barstow
91763 Montclair	92313 Grand Terrace
91764 Ontario	92314 Big Bear City
91784 Upland	92315 Big Bear City
91785 Upland	92316 Bloomington
91786 Upland	92317 Blue Jay
91798 Ontario	92318 Bryn Mawr
92252 Joshua Tree	92321 Cedar Glen
92256 Morongo Valley	92322 Cedarpines Park
92268 Pioneertown	92324 Colton
92277 Twentynine Palms	92325 Crestline
92278 Twentynine Palms	92326 Crest Park

3.   ENROLLMENT AND ASSIGNMENT

A.   IEHP Service Area
1. Medicare DualChoice (HMO SNP)

92327	Daggett	92374	Redlands
92329	Phelan	92375	Redlands
92331	Fontana	92376	Rialto
92333	Fawnskin	92377	Rialto
92334	Fontana	92378	Rimforest
92335	Fontana	92382	Running Springs
92336	Fontana	92385	Skyforest
92337	Fontana	92386	Sugarloaf
92338	Ludlow	92391	Twin Peaks
92339	Forest Falls	92392	Victorville
92340	Hesperia	92393	Victorville
92341	Green Valley Lake	92394	Victorville
92342	Helendale	92395	Victorville
92344	Hesperia	92397	Wrightwood
92345	Hesperia	92398	Yermo
92346	Highland	92399	Yucaipa
92347	Hinkley	92401	San Bernardino
92350	Loma Linda	92402	San Bernardino
92352	Lake Arrowhead	92403	San Bernardino
92354	Loma Linda	92404	San Bernardino
92356	Lucerne Valley	92405	San Bernardino
92357	Loma Linda	92406	San Bernardino
92358	Lytle Creek	92407	San Bernardino
92359	Mentone	92408	San Bernardino
92365	Newberry Springs	92410	San Bernardino
92368	Oro Grande	92411	San Bernardino
92369	Patton	92412	San Bernardino
92371	Phelan	92413	San Bernardino
92372	Pinon Hills	92414	San Bernardino
92373	Redlands	92415	San Bernardino

3.   ENROLLMENT AND ASSIGNMENT

A.   IEHP Service Area
1. Medicare DualChoice (HMO SNP)

92418   San Bernardino   92424   San Bernardino

92420   San Bernardino   92427   San Bernardino

92423   San Bernardino

B.   Exclusions

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

1.   **Riverside County Excluded Zip Codes**

92225   Blythe
92226   Blythe
92239   Desert Center/Eagle Mountain

3.   **San Bernardino County Excluded Zip Codes**

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

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

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	January 1, 2007
Chief Title: Chief Network Officer	**Revision Date:**	July 1, 2013

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

APPLIES TO:

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

POLICY:

A. IEHP provides health care coverage to eligible Members in those areas of San Bernardino and Riverside Counties for which it is licensed as an HMO.

PROCEDURES:

A. Geographic Service Area

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

1. **Riverside County Zip Codes**

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

3.   ENROLLMENT AND ASSIGNMENT

A.   IEHP Service Area
   2.   IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

92320 Calimesa	92549 Idyllwild
92501 Riverside	92551 Moreno Valley
92502 Riverside	92552 Moreno Valley
92503 Riverside	92553 Moreno Valley
92504 Riverside	92554 Moreno Valley
92505 Riverside	92555 Moreno Valley
92506 Riverside	92556 Moreno Valley
92507 Riverside	92557 Moreno Valley
92508 Riverside	92561 Mountain Center
92509 Riverside	92562 Murrieta
92513 Riverside	92563 Murrieta
92514 Riverside	92564 Murrieta
92515 Riverside	92567 Nuevo
92516 Riverside	92570 Perris
92517 Riverside	92571 Perris
92518 Riverside	92572 Perris
92519 Riverside	92581 San Jacinto
92521 Riverside	92582 San Jacinto
92522 Riverside	92583 San Jacinto
92530 Lake Elsinore	92584 Menifee
92531 Lake Elsinore	92585 Sun City
92532 Lake Elsinore	92586 Sun City
92536 Aguanga	92587 Sun City
92539 Anza	92589 Temecula
92543 Hemet	92590 Temecula
92544 Hemet	92591 Temecula
92545 Hemet	92592 Temecula
92546 Hemet	92593 Temecula
92548 Homeland	92595 Wildomar

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

92596 Winchester	92880 Corona
92599 Perris	92881 Corona
92860 Norco	92882 Corona
92877 Corona	92883 Corona
92878 Corona	
92879 Corona	

2. **San Bernardino County Zip Codes**

91701 Rancho Cucamonga	92252 Joshua Tree
91708 Chino	92256 Morongo Valley
91709 Chino Hills	92268 Pioneertown
91710 Chino	92277 Twentynine Palms
91729 Rancho Cucamonga	92278 Twentynine Palms
91730 Rancho Cucamonga	92284 Yucca Valley
91737 Rancho Cucamonga	92285 Landers
91739 Rancho Cucamonga	92286 Yucca Valley
91743 Guasti	92301 Adelanto
91758 Ontario	92304 Amboy
91759 Mt. Baldy	92305 Angelus Oaks
91761 Ontario	92307 Apple Valley
91762 Ontario	92308 Apple Valley
91763 Montclair	92309 Baker
91764 Ontario	92310 Fort Irwin
91766 Chino	92311 Barstow
91784 Upland	92312 Barstow
91785 Upland	92313 Grand Terrace
91786 Upland	92314 Big Bear City
91798 Ontario	92315 Big Bear City

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area
   2. IEHP DualChoice Cal MediConnect Plan (Medicare –
      Medicaid Plan)

92316	Bloomington	92357	Loma Linda
92317	Blue Jay	92358	Lytle Creek
92318	Bryn Mawr	92359	Mentone
92321	Cedar Glen	92365	Newberry Springs
92322	Cedarpines Park	92368	Oro Grande
92324	Colton	92369	Patton
92325	Crestline	92371	Phelan
92326	Crest Park	92372	Pinon Hills
92327	Daggett	92373	Redlands
92329	Phelan	92374	Redlands
92331	Fontana	92375	Redlands
92333	Fawnskin	92376	Rialto
92334	Fontana	92377	Rialto
92335	Fontana	92378	Rimforest
92336	Fontana	92382	Running Springs
92337	Fontana	92385	Skyforest
92338	Ludlow	92386	Sugarloaf
92339	Forest Falls	92391	Twin Peaks
92340	Hesperia	92392	Victorville
92341	Green Valley Lake	92393	Victorville
92342	Helendale	92394	Victorville
92344	Hesperia	92395	Victorville
92345	Hesperia	92397	Wrightwood
92346	Highland	92398	Yermo
92347	Hinkley	92399	Yucaipa
92350	Loma Linda	92401	San Bernardino
92352	Lake Arrowhead	92402	San Bernardino
92354	Loma Linda	92403	San Bernardino
92356	Lucerne Valley	92404	San Bernardino

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

92405 San Bernardino	92414 San Bernardino
92406 San Bernardino	92415 San Bernardino
92407 San Bernardino	92418 San Bernardino
92408 San Bernardino	92420 San Bernardino
92410 San Bernardino	92423 San Bernardino
92411 San Bernardino	92424 San Bernardino
92412 San Bernardino	92427 San Bernardino
92413 San Bernardino	

B. Exclusions

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

1. **Riverside County Excluded Zip Codes**

92225 Blythe
92226 Blythe
92239 Desert Center/Eagle Mountain

3. **San Bernardino County Excluded Zip Codes**

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

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

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	July 1, 2013
Chief Title: Chief Network Officer	**Revision Date:**	July 1, 2014

3. ENROLLMENT AND ASSIGNMENT

B. Primary Care Physician (PCP) Assignment
1. Medicare DualChoice (HMO SNP)

APPLIES TO:

A.   This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY*:*

A.   Each Member enrolled in IEHP is assigned directly to a PCP and Hospital by the first day of becoming eligible based on Member selection or random assignment utilizing an auto-assignment algorithm.

B.   In rural areas where PCP coverage is limited, Members may be assigned to a Nurse Practitioner (hereinafter all references made to PCPs shall include Nurse Practitioners in rural areas), based on Member selection, or random assignment utilizing an auto-assignment algorithm.

C.   IEHP allows members to select a specialist as their PCP as long as the specialist agrees to abide by PCP requirements.

D.   A Member may request to transfer to another PCP by calling an IEHP Member Services Representative (MSR) at 1-877-273-IEHP (4347), in accordance to Policy 17A1,"Primary Care Physician (PCP) Transfers - Voluntary."

PROCEDURE*:*

A.   IEHP receives eligibility and enrollment data files directly from the Centers for Medicare and Medicaid Services (CMS) containing enrollments, disenrollments and updated IEHP Medicare DualChoice (HMO SNP) member information.

B.   IEHP processes this information and assigns a PCP to each Member based on the following:

1.   IEHP assigns Members to those PCPs that Members have selected on their IEHP Medicare DualChoice (HMO SNP) Enrollment form. If a Member does not make a PCP or Medical Group selection during the enrollment process, but the Member was previously associated with IEHP and assigned to a currently active IEHP Medicare contracted PCP, IEHP will continue the assignment.

2.   Member Choice/IEHP Contact – IEHP assigns members to those PCPs that they have requested through contact with an IEHP representative.

3.   Auto Assignment - Members who have not been assigned a PCP through either of the above processes are assigned a PCP using the IEHP Auto Assignment Process. The Auto Assignment process is a computer generated program that assigns Members to PCPs by comparing PCP and member demographics:

- residence/geography

- age

- gender

- language

- enrollment limits

C.   Members are allowed to change PCPs each month. IEHP Members can call IEHP Member Services to facilitate a PCP change. See Section 17, "Member Transfers and Disenrollment" for more information.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	January 1, 2007
Chief Title: Chief Network Officer	**Revision Date:**	July 1, 2014

3.   ENROLLMENT AND ASSIGNMENT

B   Primary Care Physician (PCP) Assignment
2.   IEHP DualChoice Cal MediConnect (Medicare – Medicaid Plan)

APPLIES TO:

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

POLICY:

A.   IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) members will have the opportunity to select their PCP up to 30 days after being enrolled in IEHP. If they haven't select a PCP by the end of 30 days, they will be auto assigned a PCP.

B.   Each Member has the right to choose any PCP who has a panel that is open to Member assignment and is contracted to provide services for IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

C.   In rural areas where PCP coverage is limited, Members may be assigned to a Nurse Practitioner (hereinafter all references made to PCPs shall include Nurse Practitioners, Certified Nurse Midwives, Clinics, and Physician Assistants in rural areas), based on Member selection, or random assignment utilizing an auto-assignment algorithm.

   1.   IEHP will also use FFS data to assign based on established relationship.

D.   IEHP allows members to select a specialist as their PCP as long as the specialist agrees to abide by PCP requirements.

E.   A Member may request to transfer to another PCP by calling an IEHP Member Services Representative (MSR) at 1-877-273-IEHP (4347), in accordance to Policy 17A1,"Primary Care Physician (PCP) Transfers - Voluntary."

F.   IEHP allows Members with an established relationship with their in-network provider to remain with this provider to avoid care disruption.

G.   IEHP allows the choice of traditional and safety-net providers for Member's PCP selection and has procedures in place for proportionate assignment.

PROCEDURE:

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

B.   IEHP processes this information and assigns a PCP to each Member based on the following:

3. ENROLLMENT AND ASSIGNMENT

B Primary Care Physician (PCP) Assignment
2. IEHP DualChoice Cal MediConnect (Medicare – Medicaid Plan)

1. IEHP assigns Members to those PCPs that Members have selected on their IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Enrollment form. If a Member does not make a PCP or Medical Group selection during the enrollment process, but the Member was previously associated with IEHP and assigned to a currently active IEHP Medicare contracted PCP, IEHP will continue the assignment.

2. <u>Member Choice/IEHP Contact</u> – IEHP assigns members to those PCPs that they have requested through contact with an IEHP representative.

3. <u>Auto Assignment</u> - Members who have not been assigned a PCP through either of the above processes are assigned a PCP using the IEHP Auto Assignment Process. The Auto Assignment process is a computer generated program that assigns Members to PCPs by comparing PCP and member demographics:

   - residence/geography
   - age
   - gender
   - language
   - enrollment limits

C. Members are allowed to change PCPs each month. IEHP Members can call IEHP Member Services to facilitate a PCP change. See Section 17, "Member Transfers and Disenrollment" for more information.

INLAND EMPIRE HEALTH PLAN			
Chief Approval: *Signature on file*	**Original Effective Date:**		July 1, 2013
Chief Title: Chief Network Officer	**Revision Date:**		July 1. 2014

3. ENROLLMENT AND ASSIGNMENT

C. Member Identification Cards
1. Medicare DualChoice (HMO SNP)

APPLIES TO:

A.   This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY:

A.   All Members receive an IEHP Identification Card or Evidence of Coverage document, no later than the Member's effective date of IEHP Medicare DualChoice (HMO SNP) coverage. When an enrollment request is received less than ten (10) days from the end of the month, and the beneficiary is effective the 1st of the next month, ID cards will be sent within ten (10) calendar days after the receipt of CMS Confirmation of enrollment.

PROCEDURES:

A.   IEHP ID Card:

1.   Each Member receives an IEHP Identification (ID) Card no later than the Member's effective date of IEHP Medicare DualChoice (HMO SNP) coverage. The card contains the PCP name, office telephone number, after hours telephone number; assigned Hospital and general co-payment information (See Attachment, "IEHP ID Card – Medicare DualChoice (HMO SNP)" in Section 3).

2.   If IEHP is unable to provide the Member Card prior to the effective date, it will provide it within 10 calendar days of receiving the CMS confirmation of enrollment. An evidence of insurance coverage document, i.e. the completed Medicare Enrollment Form or the acknowledgment and confirmation of enrollment letter will be provided to the Member within 7 calendar days of receiving the completed enrollment request so that he/she may begin using services as of the effective date.

3.   The IEHP ID card does not guarantee eligibility; therefore it is important that Providers verify eligibility as outlined in Policy 4B, "Eligibility Verification Methods."

4.   Temporary IEHP ID Card:

    a.   A temporary IEHP ID Card is available for practitioners to print through the IEHP website at www.iehp.org.

    b.   Temporary ID Cards are printed with an expiration date of the last day of the current month.

3. ENROLLMENT AND ASSIGNMENT

C. Member Identification Cards
1. Medicare DualChoice (HMO SNP)

      c. The IEHP ID card does not guarantee eligibility; therefore it is important that Providers verify eligibility as outlined in Policy MA_4A, "Eligibility Verification."

B. <u>Evidence of Coverage:</u>

1. IEHP is required to provide the Member with a form of evidence of coverage within ten (10) calendar days of the completed enrollment. IEHP will provide the Acknowledgment and Confirmation letter, (See Attachment, "Acknowledgment and Confirmation of Enrollnent Letter – Medicare" in section 3) which provides the Member ID, Effective Date of Coverage, RxID, RxGroup, RxPCN. The Acknowledgment and Confirmation letter is sent within seven (7) calendar days of receiving enrollment verification from CMS. This form may be used in place of the IEHP ID card. The provider should verify the eligibility as outlined in Policy 4B, "Eligibility Verification Methods."

2. IEHP is required to provide the Member with an Acknowledgment and Confirmation of enrollment (See Attachment "Acknowledgment and Confirmation of Enrollment Letter" in section 3) and a LIS Rider letter, (See Attachment "Low Income Subsidy (LIS) Rider") that states the Members Prescription Copay amounts, effective date of coverage, RxID, RxBin, and RxGroup. The LIS Rider letter is sent out within ten (10) calendar days and the Acknowledgement and Confirmation of enrollment letter is sent within seven (7) calendar days of receiving enrollment verification from CMS. These forms may be used in place of the IEHP ID Card. The provider should verify the eligibility as outlined in Policy 4B, "Eligibility Verification Methods."

C. <u>Medicare Card</u>:

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

D. <u>Medi-Cal BIC Card</u>:

1. In addition to the IEHP ID Card, Dual Eligible Special Needs Plan Medi-Cal eligible Members will continue to receive a Benefit Identification Card (BIC) from the State. The BIC only contains beneficiary identification information and does not guarantee eligibility (See Attachment, "BIC Card – Medicare DualChoice" in Section 3).

E. Practitioners are encouraged to verify Member's identification through a secondary means, such as a Driver License or state identification card with both a picture and

signature, when presented with an IEHP ID Card. This should be used as a precautionary measure to protect against fraud and abuse of the Member's ID card.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on File*	**Original Effective Date:**	January 1, 2007
Chief Title: Chief Network Officer	**Revision Date:**	July 1, 2012

3.   ENROLLMENT AND ASSIGNMENT

C.   Member Identification Cards
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

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APPLIES TO:

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

POLICY:

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

PROCEDURES:

A.   IEHP ID Card:

1.   Each Member receives an IEHP Identification (ID) Card no later than the Member's effective date of IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) coverage. The card contains the PCP name, office telephone number, after hours telephone number, and general co-payment information (See Attachment, "IEHP ID Card – Cal MediConnect" in Section 3).

2.   If IEHP is unable to provide the Member Card prior to the effective date, it will provide it within 10 calendar days of receiving the CMS confirmation of enrollment. An evidence of insurance coverage document, i.e. the completed Medicare Enrollment Form or the acknowledgment and confirmation of enrollment letter will be provided to the Member within 7 calendar days of receiving the completed enrollment request so that he/she may begin using services as of the effective date.

3.   The IEHP ID card does not guarantee eligibility; therefore it is important that Providers verify eligibility as outlined in Policy 4B, "Eligibility Verification Methods."

4.   Temporary IEHP ID Card:

a.   A temporary IEHP ID Card is available for practitioners to print through the IEHP website at www.iehp.org.

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3. ENROLLMENT AND ASSIGNMENT

C. Member Identification Cards
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

b. Temporary ID Cards are printed with an expiration date of the last day of the current month.

c. The IEHP ID card does not guarantee eligibility; therefore it is important that Providers verify eligibility as outlined in Policy MA_4A, "Eligibility Verification."

B. Evidence of Coverage:

1. IEHP is required to provide the Member with a form of evidence of coverage within ten (10) calendar days of the completed enrollment. IEHP will provide the Acknowledgment and Confirmation letter (See Attachment "Acknowledgment and Confirmation of Enrollment Letter" in section 3) in Section 3, which provides the Member ID, Effective Date of Coverage, RxID, RxGroup, RxPCN. The Acknowledgment and Confirmation letter is sent within seven (7) calendar days of receiving enrollment verification from CMS. This form may be used in place of the IEHP ID card. The provider should verify the eligibility as outlined in Policy 4B, "Eligibility Verification Methods."

2. IEHP is required to provide the Member with an Acknowledgment and Confirmation of enrollment (See Attachment "Acknowledgment and Confirmation of Enrollment Letter" in section 3) and a LIS Rider letter (See Attachment "Low Income Subside (LIS) Rider") that states the Members Prescription Copay amounts, effective date of coverage, RxID, RxBin, and RxGroup. The LIS Rider letter is sent out within ten (10) calendar days and the Acknowledgement and Confirmation of enrollment letter is sent within seven (7) calendar days of receiving enrollment verification from CMS. These forms may be used in place of the IEHP ID Card. The provider should verify the eligibility as outlined in Policy 4B, "Eligibility Verification Methods."

C. Medicare Card:

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

D. Medi-Cal BIC Card:

1. In addition to the IEHP ID Card, Dual Eligible Special Needs Plan Medi-Cal eligible Members will continue to receive a Benefit Identification Card (BIC) from the State. The BIC only contains beneficiary identification information and does not guarantee eligibility (See Attachment, "BIC Card – Medicare DualChoice" in Section 3).

C. Member Identification Cards
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

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

INLAND EMPIRE HEALTH PLAN			
Chief Approval: *Signature on file*		**Original Effective Date:**	July 1, 2013
Chief Title: Chief Network Officer		**Revision Date:**	July 1, 2014

3. ENROLLMENT AND ASSIGNMENT

D. Identifying IPA and Hospital Affiliation
1. Medicare DualChoice (HMO SNP)

APPLIES TO:

A.   This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY:

A.   In order for Providers to easily recognize a Member's PCP, IPA and Hospital affiliation, IEHP has developed unique IEHP assigned PCP numbers.

PROCEDURE:

A.   A PCP's IPA and Hospital affiliation is identified by a nine-character number assigned to that PCP by IEHP.

B.   Each character in the PCP's assigned identification number is coded to represent the following:

1. 1-3 characters identifies the IPA that the PCP is affiliated with;
2. 4-5 characters identify the assigned Hospital that the PCP is affiliated with;
3. 6-9 characters are unique to the PCP.

C.   If a PCP has two different IPA affiliations or two Hospital affiliations, the last four characters of the PCP's assigned identification number are identical.

D.   It is very important for all Providers to train contracted PCPs and staff so they understand this coding mechanism to ensure referrals are made for the right Member to the correct Hospital.

E.   Attachment, "Contracted IEHP Providers" in Section 3 is a list of contracted IEHP Providers with the code assigned to each. Provider staff should be aware of this system; IEHP uses these codes in correspondence with Providers.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	January 1, 2007
Chief Title: Chief Network Officer	**Revision date:**	July 1, 2014

3. ENROLLMENT AND ASSIGNMENT

D. Identifying IPA and Hospital Affiliation
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

APPLIES TO:

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

POLICY:

A. In order for Providers to easily recognize a Member's PCP, IPA and Hospital affiliation, IEHP has developed unique IEHP assigned PCP numbers.

PROCEDURE:

A. A PCP's IPA and Hospital affiliation is identified by a nine-character number assigned to that PCP by IEHP.

B. Each character in the PCP's assigned identification number is coded to represent the following:

- 1-3 characters identifies the IPA that the PCP is affiliated with;
- 4-5 characters identify the assigned Hospital that the PCP is affiliated with;
- 6-9 characters are unique to the PCP.

C. If a PCP has two different IPA affiliations or two Hospital affiliations, the last four characters of the PCP's assigned identification number are identical.

D. It is very important for all Providers to train contracted PCPs and staff so they understand this coding mechanism to ensure referrals are made for the right Member to the correct Hospital.

E. Attachment, "Contracted IEHP Providers" in Section 3 is a list of contracted IEHP Providers with the code assigned to each. Provider staff should be aware of this system; IEHP uses these codes in correspondence with Providers.

INLAND EMPIRE HEALTH PLAN			
Chief Approval: *Signature on file*	**Original Effective Date:**		July 1, 2013
Chief Title: Chief Network Officer	**Revision Date:**		July 1, 2014

3.   ENROLLMENT AND ASSIGNMENT

   D.   Identifying IPA and Hospital Affiliation
   2.   IEHP DualChoice Cal MediConnect Plan (Medicare –
        Medicaid Plan)

3. ENROLLMENT AND ASSIGNMENT

E. Post Enrollment Kit –
1. Medicare DualChoice (HMO SNP)

APPLIES TO:

A.   This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY:

A.   All Members receive a Post Enrollment Kit.

PROCEDURES:

A.   An IEHP Post Enrollment Kit is sent to all Members within 10 calendar days of CMS approval of their enrollment with IEHP.

B.   The IEHP Post Enrollment Kit contains at a minimum the following materials:

    1.   IEHP Medicare DualChoice (HMO SNP) Welcome Letter

    2.   IEHP Medicare DualChoice (HMO SNP) Member Handbook (EOC)

    3.   IEHP Medicare DualChoice (HMO SNP) Formulary

    4.   IEHP Medicare DualChoice (HMO SNP) Provider and Pharmacy Directory

    5.   Privacy Notice

D.   The IEHP Post Enrollment Kit may include, but is not limited to the following materials:

    1.   IEHP Wellness Program information

    2.   Relevant information regarding their program eligibility

    3.   IEHP Medicare DualChoice (HMO SNP) Quick Guide

    4.   Nurse Advice Line brochure and magnet

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on File*	**Original Effective Date:**	January 1, 2007
Chief Title: Chief Network Officer	**Revision Date:**	July 1, 2012

3.   ENROLLMENT AND ASSIGNMENT

E.   Post Enrollment Kit –
2.   IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

APPLIES TO:

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

POLICY:

A.   All Members receive a Post Enrollment Kit.

PROCEDURES:

A.   An IEHP Post Enrollment Kit is sent to all Members within 10 calendar days of CMS approval of their enrollment with IEHP.

B.   The IEHP Post Enrollment Kit contains at a minimum the following materials:

1.   IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Welcome Letter

2.   IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Member Handbook (EOC)

3.   IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Formulary

4.   IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Provider and Pharmacy Directory

5.   Privacy Notice

D.   The IEHP Post Enrollment Kit may include, but is not limited to the following materials:

1.   IEHP Wellness Program information

2.   Relevant information regarding their program eligibility

3.   IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Quick Guide

4.   Nurse Advice Line brochure and magnet

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	July 1, 2013
Chief Title: Chief Network Officer	**Revision Date:**	July 1, 2014

3. ENROLLMENT AND ASSIGNMENT

F. Enrollment and Eligibility
1. Medicare DualChoice (HMO SNP)

___

APPLIES TO:

A.   This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY:

A.   CMS is responsible for enrolling and disenrolling Medicare DualChoice (HMO SNP) Members into IEHP.

PROCEDURES:

A.   Medicare DualChoice (HMO SNP) Members Only:

    1.   A Medicare DualChoice (HMO SNP) recipient wishing to join IEHP completes an enrollment form, which is then submitted to CMS for confirmation of eligibility.

<table>
<tr><td colspan="4" align="center">INLAND EMPIRE HEALTH PLAN</td></tr>
<tr><td>Chief Approval: Signature on file</td><td colspan="2">Original Effective Date:</td><td>July 1, 2013</td></tr>
<tr><td>Chief Title: Chief Network Officer</td><td colspan="2">Revision Date:</td><td>July 1, 2014</td></tr>
</table>

3. ENROLLMENT AND ASSIGNMENT

F. Enrollment and Eligibility
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

APPLIES TO:

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

POLICY:

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

PROCEDURES:

A.   IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members Only:

1.   An IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) recipient wishing to join IEHP completes an enrollment form, which is then submitted to the State for confirmation of eligibility.

2.   Eligible IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) recipients are enrolled into IEHP through the DHCS enrollment contractor (Maximus) and the DHCS HCO unit.

3.   HCO staff is located throughout Riverside and San Bernardino Counties at the major County Department of Public Social Services (DPSS) sites. An HCO Representative is available at these locations to explain to IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) recipients their various options for health care benefits.

4.   HCO is the only entity that determines the enrollment and disenrollment of IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) recipients under the Two-Plan model. Enrollment forms are available through HCO and at each DPSS location and may not be copied for use in a physician's office. The Enrollment form varies for each county.

INLAND EMPIRE HEALTH PLAN		
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3. ENROLLMENT AND ASSIGNMENT

G. Eligible Members
1. Medicare DualChoice (HMO SNP)

APPLIES TO:

A. This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY:

A. DHCS determines Member eligibility based on select criteria.

B. DHCS determines aid codes for Medicare DualChoice (HMO SNP) Members.

PROCEDURES:

A. IEHP currently serves the following Aid Categories and Aid Codes under its Medicare DualChoice (HMO SNP) contract with the State:

1. Medi-Cal Aid Codes*

Mandatory						Voluntary****				
Family		Disabled**		Aged**	Child (TLICH)***	Disabled		Adult	Family	
01	3M	20	6V	10	5C	0N	6J	86	03	4G
02	3N	24		14	5D	0P	6N		04	4H
08	3P	26		16	H1	0W	6P		06	4K
0A	3R	2E		1E	H2	20	6V		07	4L
30	3U	2H		1H	H3	24			10	4N
32	3W	36			H4	26			14	4S
33	47	60			H5	2E			16	4T
34	59	64				2H			1E	4W
35	7A	66				36			1H	5K
38	7X	6A				60			40	
3A	72	6C				64			42	
3C	8P	6E				66			43	
3E	8R	6G				6A			45	
3F	82	6H				6C			46	
3G	K1	6J				6E			49	
3H		6N				6G			4A	
3L		6P				6H			4F	

3. ENROLLMENT AND ASSIGNMENT

G. Eligible Members
1. Medicare DualChoice (HMO SNP)

*Medi-Cal recipients residing in the Two-Plan Model area, (see Policy 3D, "IEHP Service Area") must enroll with IEHP or the Mainstream Plan.
**Mandatory for Non-Duals, Non-Mandatory for Dual-Eligible members.
***TLICH: Targeted Low-Income Children
****Non-mandatory means these Medi-Cal recipients may elect to join IEHP, but are not required by the State to enroll.

2. Medi-Cal Expansion Aid Codes

Mandatory			Voluntary	
Adult	Child (TLICH)	Family	Adult	Family
L1	T1	39 M7	7U	4M
M1	T2	4M P5	7S	7J
	T3	54 P7		7W
	T4	59 P9		
	T5	E2		
	E7	E5		
	M5	M3		

3. Medicare DualChoice (HMO SNP) Aid Codes

a. MD – IEHP Medicare DualChoice and IEHP Medi-Cal;

b. MF – IEHP Medicare DualChoice and Fee For Services Medi-Cal;

c. MN – IEHP Medicare DualChoice and No Medi-Cal.

d. State regulations dictate that newborns are automatically covered at the time of birth, and **must** be paid under the mother's Medicare DualChoice (HMO SNP) eligibility for the month of birth and the following month. Newborns may be individually enrolled into IEHP once they have been assigned their own Medi-Cal number.

e. IEHP strongly encourages practitioners to assist parents in applying for Medi-Cal benefits for the newborn by initiating the enrollment process.

B. Recipients assigned an Aid Code or Aid Category not listed above remain under the State's fee-for-service system and cannot select IEHP as their health plan.

C. See Attachment, "Aide Codes – Medicare DualChoice" in Section 3 for more specific information regarding Aid Codes.

3. ENROLLMENT AND ASSIGNMENT

   G.   Eligible Members
        1. Medicare DualChoice (HMO SNP)

INLAND EMPIRE HEALTH PLAN			
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Chief Title: Chief Network Officer		**Revision Date:**	July 1, 2014

3. ENROLLMENT AND ASSIGNMENT

G. Eligible Members
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

APPLIES TO:

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

POLICY:

A. DHCS and CMS determine Member eligibility based on select criteria.

B. DHCS determines aid codes for IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

PROCEDURES:

A. IEHP currently serves the following Aid Categories and Aid Codes under its IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) contract with the State:

   1. Medi-Cal Aid Codes*

Mandatory						Voluntary****				
Family		Disabled**		Aged**	Child (TLICH)***	Disabled		Adult	Family	
01	3M	20	6V	10	5C	0N	6J	86	03	4G
02	3N	24		14	5D	0P	6N		04	4H
08	3P	26		16	H1	0W	6P		06	4K
0A	3R	2E		1E	H2	20	6V		07	4L
30	3U	2H		1H	H3	24			10	4N
32	3W	36			H4	26			14	4S
33	47	60			H5	2E			16	4T
34	59	64				2H			1E	4W
35	7A	66				36			1H	5K
38	7X	6A				60			40	
3A	72	6C				64			42	
3C	8P	6E				66			43	
3E	8R	6G				6A			45	

3. ENROLLMENT AND ASSIGNMENT

G. Eligible Members
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

3F	82	6H			6C		46
3G	K1	6J			6E		49
3H		6N			6G		4A
3L		6P			6H		4F

*Medi-Cal recipients residing in the Two-Plan Model area, (see Policy 3D, "IEHP Service Area") must enroll with IEHP or the Mainstream Plan.
**Mandatory for Non-Duals, Non-Mandatory for Dual-Eligible members.
***TLICH: Targeted Low-Income Children
****Non-mandatory means these Medi-Cal recipients may elect to join IEHP, but are not required by the State to enroll.

2. Medi-Cal Expansion Aid Codes

Mandatory			Voluntary	
Adult	Child (TLICH)	Family	Adult	Family
L1 M1	T1 T2 T3 T4 T5 E7 M5	39 M7 4M P5 54 P7 59 P9 E2 E5 M3	7U 7S	4M 7J 7W

3. Medicare DualChoice (Medicare-Medicaid Plan) Aid Codes

a. MD – IEHP Medicare DualChoice and IEHP Medi-Cal;

b. MF – IEHP Medicare DualChoice and Fee For Services Medi-Cal;

c. MN – IEHP Medicare DualChoice and No Medi-Cal;

d. MT – Opt-out/Medicare FFS – Medi-Cal with IEHP.

B. Under the Coordinated Care Initiative (CCI) Duals program, Medi-Cal beneficiaries may be eligible for Long Term Services and Supports (LTSS) benefits, such as:

1. Community-Based Adult Services (CBAS) – eligibility to this benefit is determined by IEHP;

3. ENROLLMENT AND ASSIGNMENT

G. Eligible Members
2. IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)

2. Multipurpose Senior Services Program (MSSP) – eligibility to this benefit is determined by the county;
3. In-Home Supportive Services (IHSS) – eligibility to this benefit is determined by the county;
4. Long-Term Care (LTC)/Skilled Nursing Facility (SNF) – eligibility to the benefit is determined by the county.

C. Recipients assigned an Aid Code or Aid Category not listed above remain under the State's fee-for-service system and cannot select IEHP as their health plan.

D. See Attachment, "Aide Codes – IEHP DualChoice" in Section 3 for more specific information regarding Aid Codes.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	July 1, 2013
Chief Title: Chief Network Officer	**Revision Date:**	July 1, 2014

3. ENROLLMENT AND ASSIGNMENT

Attachments

DESCRIPTION	POLICY CROSS REFERENCE
IEHP ID Card – Medicare DualChoice (HMO SNP)	3F
IEHP ID Card – Cal MediConnect Plan	3F
BIC Card – IEHP DualChoice	3F
Contracted IEHP Providers	3G
Acknowledgement and Confirmation of Enrollment Letter	3C
Low Income Subsidy (LIS) Rider	3C

clarity

PRODUCTION VIEW

Member Name
Member ID
Job ID   **100503**

Processed Date   **08/01/2012**
Expected Mail Date   **08/07/2012**
Actual Mail Date   **08/07/2012**

Mail to Address

Card Front   Card Back   **Single Card Package**

IE♥HP
Medicare **DualChoice** (HMO SNP)

Name/Nombre:

Printed:
08/01/2012

ID#:

CMS Contract: H5640   Plan: 001
Issuer No. (80840)

Doctor: Narakanti N Rao J881310
Telephone/Teléfono: (951)735-2311
Hospital: As Directed By Your Provider

Medicare R𝑥
Prescription Drug Coverage

MD: $0 ER: $0 HOSP: $0 DENTAL: $0 Vision: $0
RxBIN# 012353   RxPCN# 04110000   RxGroup: SNPMD

Nurse Advice Line/Línea de Consejos de Enfermeras:
(888) 244-4347 or (888) 880-0833 TTY

X29737500017

Notice to Members/Aviso a Miembros:
In case of an Emergency go to the nearest Emergency Room (ER).
  (Plan covers ER services in the US only)
En caso de emergencia, acuda a la sala de emergencias (ER) más cercana.
  (El plan cubre los servicios de sala de emergencias solamente en los EE. UU.)

For Member Information/Información Para el Miembro:
1-877-273-IEHP (4347)   •   1-800-718-4347 TTY
8am - 8pm PST, 7 days a week, including holidays
Las 7 días de la semana, incluidos los días festivos

To Emergency Medical Provider: Emergency Services for life threatening
conditions requiring immediate intervention do not require prior authorization,
all other services require prior authorization. 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. **Send Medical and Pharmacy**
Claims/Inquiries to: IEHP, P.O.Box 19026, San Bernardino, CA 92423-9026

Inland Empire Health Plan
P.O. Box 19026
San Bernardino, CA 92423-9026

129737500017

Medicare DualChoice (HMO SNP)

**Your new IEHP Card
Your healthcare just gets better!**

**Nuestra nueva Tarjeta de IEHP
¡Su cuidado de su salud
es simplemente mejor!**

Welcome! And thank you for choosing IEHP as your health plan.

Your new IEHP Card gives you instant access to all your IEHP medical benefits! So peel it off from below and keep with you at all times – whether you're going for a regular check-up, picking up your medications, or for medical care when you least expect it.

You'll soon be receiving complete information about how to get health care services. In the meantime, if you have any questions or need to change your Doctor, call IEHP Member Services at 1-877-273-IEHP (4347)/1-800-718-4347 TTY, 8am - 8pm, Monday – Friday.

¡Bienvenidos! Y gracias por seleccionar a IEHP como su plan de salud.

Su nueva tarjeta de IEHP le da acceso inmediato a todos sus beneficios médicos de IEHP! Así que despéguela de abajo y utilícela para obtener la atención que necesita – sea que esté viendo a su Doctor o recogiendo medicamentos. Y puesto que nunca se sabe cuando es que va a necesitar atención médica, ¡consérvela con usted en todo momento!

Si usted tiene alguna pregunta o necesita cambiar de Doctor, llame a los Servicios para Miembros de IEHP al 1-877-273-IEHP (4347)/1-800-718-4347 TTY, 8am - 8pm, Lunes – Viernes.

Doctor:
Narakanti N Rao
760 Washburn Ave

Corona CA 92882
(951)735-2311

Hospital: As Directed By Your Doctor

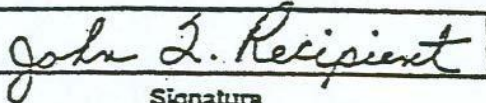If this is not your first IEHP Card, please destroy any old cards you may have.

Si esta no es su primera Tarjeta de IEHP, por favor destruya cualquier tarjeta vieja que tenga.

IE♥HP

INLAND EMPIRE HEALTH PLAN

Plastic Benefits
Identification Card (BIC)

State of California

Benefits Identification Card

ID No. 0123456789N012

JOHN Q. RECIPIENT

M 05 20 1961   Issue Date   03 01 94

Gender

Date of Birth

Signature

This card is for identification only.
It does not guarantee eligibility.
Misuse of this card is unlawful.

Sample Benefits Identification Card (BIC).
White Card with Blue Letters on Front, Black Letters on Back.

IE♥HP

INLAND EMPIRE HEALTH PLAN

IPA NAME	IPA CODE	HOSPITAL NAME	HOSP CODE
Alpha Care Medical Group	00A	Chino Valley Medical Center	01
Inland Healthcare Group	00B	Community Hospital of San Bernardino	02
Vantage Medical Group	00C	Corona Regional Medical Center	03
LaSalle Medical Associates	00E	Desert Regional Medical Center	04
Inland Faculty Medical Group	00F	Desert Valley Hospital	05
Inland Valleys IPA *	01I	Hemet Valley Medical Center	06
IEHP Direct	JJJ	John F. Kennedy Memorial Hospital	07
Physicians Health Network	00N	Loma Linda University Medical Center	08
Physicians Healthways	01P	Menifee Valley Medical Center	09
Kaiser – Fontana & Riverside	00X	Redlands Community Hospital	11
Horizon Valley Medical Group	01T	Riverside County Regional Medical Center	12
PrimeCare Medical Network *	01S	San Antonio Community Hospital **(Medicare only)**	13
PrimeCare of Sun City *	02S	Arrowhead Regional Medical Center	14
PrimeCare Medical of Chino Valley *	03S	San Gorgonio Memorial Hospital	15
PrimeCare of Corona *	04S	Rancho Springs Medical Center	16
Coachella Valley Physicians *	05S	St. Bernardine Medical Center	17
PrimeCare of Inland Valley *	06S	St. Mary Medical Center	18
PrimeCare of San Bernardino *	07S	Victor Valley Community Hospital	20
PrimeCare of Moreno Valley *	08S	Kaiser Fontana/Riverside	22
PrimeCare of Riverside *	09S	Pomona Valley Hospital Medical Center	23
PrimeCare of Hemet Valley *	10S	Parkview Community Hospital Med. Center	24
Valley Physicians Network*	11S	Riverside Community Hospital	25
PrimeCare of Citrus Valley *	12S	Montclair Hospital Medical Center	26
PrimeCare of Redlands *	13S	Barstow Community Hospital	27
PrimeCare of Temecula *	14S	Inland Valley Regional Medical Center	28
CPN – Horizon Valley Medical Group *	01Y	Mountains Community Hospital	29
Desert Valley Medical Group *	01V	Eisenhower Medical Center	31
Riverside Medical Clinic *	02R	CHSB (IEHP-Direct)/LaSalle)	33
San Bernardino Medical Group *	0SB	Kaiser Foundation Hospital MVH	39
EPIC Health Plan *	01U	Network Access as Directed by Your Doctor	88
Beaver Medical Group *	02U		
Redlands-Yucaipa Medical Group *	03U		

Revised Date: 07/01/2014   *** IPAs with Medicare link**

Department: Provider Services

INLAND EMPIRE HEALTH PLAN

TriValley Medical Group *	04U
Pinnacle Medical Group *	05U
Alliance Desert Physicians, Inc. *	06U
Chaffey Medical Group *	07U
Heritage Medical*	01H
Regal Medical Group*	02H
Desert Oasis Healthcare*	03H
Heritage Victor Valley Medical Group*	04H
Pomona Valley Medical Group, Inc. *	01G

<Date>

<Member Name>   RxID: <IEHPID>
<Address>   RxGroup: <RxGroup>
<City>, <State> <Zip>   RxBin: <RxBin>
                                                       RxPCN: <RxPCN>

Dear <Member Name>:

Thank you for enrolling in IEHP Medicare DualChoice (HMO SNP). Medicare has approved your enrollment in IEHP Medicare DualChoice beginning <effective date>.

How will this plan work?
Beginning <effective date>, you must see your IEHP Medicare DualChoice Doctor(s) for your health care. This means that starting <effective date>, all of your health care, except emergency or urgently needed care, **or out-of-area dialysis services**, must be given or arranged by an IEHP Medicare DualChoice Doctor(s). You will need to pay your plan co-payments and co-insurance at the time you get health care services, as provided in your member materials. **Please remember that, except for emergency or out-of-area urgent care, or out-of-area dialysis services, if you get health care services from a non-IEHP Medicare DualChoice Doctor without prior authorization, you will have to pay for these services yourself.** This letter is proof of insurance that you should show during your Doctor appointments until you get your member card from us. This letter is also proof of your prescription drug coverage. You should show this letter at the pharmacy until you get your member card from us.

What are my costs since I qualify for extra help?
Because you qualify for extra help with your prescription drug costs, you will pay no more than:

- A monthly premium of $0,
- $0 for your yearly prescription drug plan deductible,
- <$0/$1.20/$2.55> copayment for generic prescription and <$0/$3.60/$6.35> for brand prescription when you fill a prescription covered by IEHP Medicare DualChoice.

If you believe this is incorrect and you have proof that the extra help amounts should be different, please contact IEHP Medicare DualChoice.

Will I pay a late enrollment penalty as part of my premium?
The late enrollment penalty is an amount added to your monthly Medicare drug plan (Plan D) premium for as long as you have Medicare prescription drug coverage. This penalty is required by law and is designed to encourage people to enroll in a Medicare drug plan when they are first eligible or keep other prescription drug coverage that meets Medicare's minimum standards. You may owe a late enrollment penalty if you didn't join a Medicare drug plan when you were first eligible for Medicare Part A and/or Part B, and:

- You didn't have other prescription drug coverage that met Medicare's minimum standards; OR
- You had a break in coverage of at least 63 days.

If we determine that you owe a late enrollment penalty, we will notify you of your new monthly premium amount.

When can I make changes to my coverage?
Once enrolled in our plan, you can make changes only during certain times of the year. From October 15th through December 7th each year, anyone can make any type of change. From January 1 through February 14 (except an MSA plan), anyone enrolled in a Medicare Advantage Plan has an opportunity to disenroll from that plan and return to
H5640_001_2013ENR005A Accepted

Original Medicare. Anyone who disenrolls from a Medicare Advantage plan during this time can join a stand-alone Medicare Prescription Drug Plan during the same period. If you join a Medicare Prescription drug plan, you will be automatically disenrolled from our plan and returned to Original Medicare. Generally, you may not make changes at other times unless you meet certain special exceptions, such as if you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or qualify for extra help paying for prescription drug coverage. If you qualify for extra help with your prescription drug costs you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

What else do I need to know about my coverage?
You need to choose a Primary Care Doctor, sometimes referred to as a PCP. Before choosing your Doctor, take a moment to consider which type of Primary Care Doctor is best for you. Your Primary Care Doctor selection will determine which Hospital you will go to if you need inpatient or outpatient care. Here is a list of the types of Primary Care Doctors you can choose:

- Family and General Practice Doctors usually can see the whole family
- Internal Medicine Doctors usually sees only Members ages 14 years or older
- Pediatricians see children from newborn to age 18 or 21
- Obstetricians and Gynecologists (OB/GYNs) see only women and specialize in women's health and maternity care. Only those OB/GYNs listed in the "Primary Care Doctors and Hospitals" section can be chosen as your Primary Care Doctor.
- Nurse Practitioners (NP) who usually can see the whole family. To check any age restrictions, call IEHP Member Services.

What if I have a Medigap (Medicare Supplement Insurance) policy?
Now that we have confirmed your enrollment, you may cancel any Medigap or supplemental insurance that you have. Please note that if this is the first time that you are a member of a Medicare Advantage or Medicare Cost plan, you may have a trial period during which you have certain rights to **leave** (disenroll from) IEHP Medicare DualChoice and buy a Medigap policy. Please contact 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week for further information. TTY users should call 1-877-486-2048.

If you have any questions, please call IEHP Member Services at 1-877-273-IEHP (4347), 8:00 a.m. to 8:00 p.m. (PST), 7 days a week, including holidays. TTY/TDD users should call 1-800-718-4347. Please be sure to keep a copy of this letter for your records.

Thank you.

IEHP Medicare DualChoice (HMO SNP) is a Coordinated Care plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in Medicare DualChoice (HMO SNP) depends on contract renewal.

Evidence of Coverage Rider
for People Who Get Extra Help Paying for Prescription Drugs

<Date>

<Member Name>
<Address>
<City>, <State> <Zip>

Dear <Member Name>:   Effective Date: <Effective Date>

Please keep this notice - it is part of IEHP Medicare DualChoice (HMO SNP)'s Evidence of Coverage.

Our records show that you qualify for extra help paying for your prescription drug coverage. This means that you will get help paying your monthly premium and prescription drug co-payments.

As a member of our Plan, you will receive the same coverage as someone who is not getting extra help. Your membership in our Plan will not be affected by the extra help. This also means that you must follow all the rules and procedures in the Evidence of Coverage.

Please see the chart below for a description of your prescription drug coverage:

Your monthly plan premium is	Your yearly deductible is	Your co-payment amount for generic/preferred multi-source drugs is no more than	Your co-payment amount for all other drugs is no more than
$0*	$0	<$0/$1.20/$2.55/15%> (each prescription)	<$0/$3.60/$6.35/15%> (each prescription)

* The monthly plan premium does not include any Medicare Part B premium that you may still need to pay. The plan premium you pay has been calculated based on the Plan's premium and the amount of extra help you get.

Please refer to your Evidence of Coverage for more information on paying your plan premium.

H5640_001_2013ENR015 CMS Accepted

Once the amount both you **and** Medicare pay (as the extra help) reach $4,750 in a year, your co-payment amount(s) will go down to $0 per prescription.

[*Plans: insert this statement for LIS members who have an increase in their cost-sharing, premium, and/ or deductible level:*
The changes to your prescription drug costs begin as of the effective date at the top of this letter. This date may have already passed when you get this letter. If you have filled prescriptions since this date, you may have been charged less than you should have paid as a member of our plan. In addition, if your premium has increased, you may not have paid enough. If you do owe us money, we will let you know how much. We will contact you via telephone or letter.]

Medicare or Social Security will periodically review your eligibility to make sure that you still qualify for extra help with your Medicare prescription drug plan costs. Your eligibility for extra help might change if there is a change in your income or resources, if you get married or become single, or you lose Medicaid.

If you have any questions about this notice, please call IEHP Member Services at 1-877-273-IEHP (4347), 8 a.m. to 8 p.m. (PST), 7 days a week, including holidays. TTY/TDD users should call 1-800-718-4347.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2014.

To receive material in an alternate format or language, please contact IEHP Member Services at 1-877-273-IEHP (4347). TTY users should call 1-800-718-4347. We are open from 8 a.m. to 8 p.m., PST 7 days a week including holidays.

Thank you.

Medicare DualChoice (HMO SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the California Medicaid program. Enrollment in Medicare DualChoice (HMO SNP) depends on contract renewal.

Mail to Address

Member Name	**PARKER PETERSON**	Processed Date	**02/20/2014**
Member ID	**201401000001**	Expected Mail Date	
Job ID	**329747**	Actual Mail Date	
Design Name	CMC		

PARKER PETERSON
123 HOME PLACE
VICTORVILLE, CA 92395

Card Front   Card Back   **Single Card Package**

IE♥HP
A Public Entity
DualChoice

IEHP DualChoice
Cal MediConnect Plan

Member Name: PARKER PETERSON
Member ID: 20140100000100
Health Plan (80840): 9151014609

MedicareRx
Prescription Drug Coverage

RxBin: 012353
RxPCN: 4110000
RxGRP: CMCMD

X639721000002

PCP Name: Mogbonjubola A Adeyemo
PCP Phone: (951)429-0728

Dental Benefits
Group ID: 76618-00003

CMS Contract: H5355   Plan: 001

Notice to Members In case of an Emergency, go to the nearest Emergency Room (ER). Plan covers ER services in the U.S. only.
Aviso para los Miembros: En caso de emergencia, acuda a la Sala de Emergencias más cercana. El plan cubra los servicios de Sala de Emergencias solamente en los EE. UU.

Member Services: 1-877-273-IEHP (4347), TTY 1-800-718-4347, 8am - 8pm PST, 7 days a week, including holidays.
Servicios para Miembros: 1-877-273-IEHP (4347), TTY 1-800-718-4347, de 8am - 8pm PST (Hora del Pacífico), los 7 días de semana, includios días festivos.

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

Website: www.iehp.org

Delta Dental Customer Service Department: at **1-800-422-4234**, Monday - Friday, 5:00am - 6:00pm (PST). TTY users can call **1-800-735-2929**.

To Emergency Medical Provider: Emergency Services for life threatening conditions requiring immediate intervention do not require prior authorization; all other services require prior authorization. Possession of this card does not guarantee eligibility, to verify current eligibility call (909) 890-3800, 24 hours/7 days a week or visit www.iehp.org.
Send Medical and Pharmacy Claims/Inquiries to: IEHP, P.O. Box 4259, Rancho Cucamonga, CA 91729-4259

IEHP
DualChoice
Inland Empire Health Plan
P.O. Box 1800
Rancho Cucamonga, CA 91729-4259

Doctor: Mogbonjubola A Adeyemo
361 N San Jacinto St

Hemet CA 92543
(951)429-0728

163972100002

PARKER PETERSON
123 HOME PLACE
VICTORVILLE, CA 92395

Hospital: As Directed By Your Provider

Your New IEHP DualChoice Member ID Card
Su Nueva Tarjeta de Identificación de IEHP DualChoice

Welcome. Thank you for joining IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan). Your new IEHP DualChoice Member ID Card is attached. When you see your Doctor, pick up your medicine – or receive any type of medical care – just present your card. One card covers all your benefits.

Soon you'll get a Welcome Kit with details on using your new IEHP DualChoice services and benefits.

Bienvenido. Gracias por afiliarse a IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid). Su nueva Tarjeta de Identificación de Miembro de IEHP DualChoice se encuentra adjunta. Cuando usted visite al Doctor, recoja su medicamento – o reciba cualquier tipo de atención médica – simplemente muestre su tarjeta. Una sola tarjeta cubre todos sus beneficios.

Pronto usted recibirá un Paquete de Bienvenida, el cual contiene información de cómo utilizar sus nuevos servicios y beneficios de IEHP DualChoice.

Want to change to a new Doctor?

Call IEHP DualChoice Member Services

1-877-273-4347

1-800-718-4347 TTY
8am-8pm (PST), 7 days a week, including holidays.

¿Desea atenderse con un nuevo Doctor?

Llame a Servicios para Miembros de IEHP DualChoice al

1-877-273-4347

1-800-718-4347 TTY
De 8 a.m. – 8 p.m. (Hora del Pacífico), los 7 días de la semana, incluidos días festivos.

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

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

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