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## **17. MEMBER TRANSFERS AND DISENROLLMENT**

- A. Primary Care Physician (PCP) Transfers
    - 1. Voluntary
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### **APPLIES TO:**

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

### **POLICY:**

- A. IEHP makes best efforts to accommodate Member requests for transfer of PCPs whenever possible.
- B. IEHP's goal is to respond to Member needs, facilitate continuity of care, and retain IEHP Membership.
- C. IEHP Members can change PCPs on a monthly basis.

### **PROCEDURE:**

- A. A Member may request to transfer to another PCP by calling an IEHP Member Services Representative (MSR) 1-877-273-IEHP (4347).
- B. Members present at the Doctor's office may be granted retroactive PCP changes if the Doctor will see them that day.
- C. Members who are not able to get an appointment the same day at their PCP's office and who call Member Services, may choose to be retroactively assigned to a PCP within a Walk-in Clinic that will see them that day.
- D. If the request to change a PCP is received by the 25th of the month, IEHP changes the Member's PCP effective the first day of the following month. If IEHP receives the Member's request after the 25th of the month, the change is effective the first day of the second month following the request, unless otherwise approved.
- E. If the Member is hospitalized, confined in a Skilled Nursing Facility (SNF), or receiving other acute institutional care at the time of request, the change is effective the first day of the next month following the Member's discharge from the facility.
- F. A Member's request for transferring to another PCP may be denied by IEHP for the following reasons:
  - 1. The requested PCP is closed to new enrollees due to capacity limitations.
  - 2. The requested PCP is no longer credentialed or contracted with an IEHP affiliated IPA.
  - 3. The Member does not reside within 10 miles or 30 minutes of the requested PCP, unless otherwise approved.
  - 4. The IEHP Chief Medical Officer or Medical Director determines the transfer

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### A. Primary Care Physician (PCP) Transfers

#### 1. Voluntary

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would have an adverse effect on the Member's quality of care.

- G. IEHP must notify Members of any termination, breach of contract, or other inability to provide services by the Member's PCP or IPA 30 days in advance of the inability to provide services. In this event, the Member may continue to receive care from the PCP until IEHP has made provisions for the assumption of health care services by another PCP and notified the Member by phone or mail.
- H. Under specific circumstances, Member transfers may be retroactive.
1. Retroactive PCP transfers for Members that have been enrolled with IEHP for 10 days or less, can occur if all of the following are met:
    - a. The newly enrolled Member, the Member's parent, or legal guardian contacts Member Services by the 10<sup>th</sup> of their first month of enrollment.
    - b. The Member has not accessed any medical services (e.g., E.D. visit, PCP visit, etc.).
  2. Retroactive PCP transfers for Members that have been enrolled with IEHP for greater than 10 days can occur under the following circumstances:
    - a. Members assigned to a PCP greater than 10 miles or 30 minutes from their home, or assigned to a Hospital greater than 15 miles or 30 minutes from their home; or Members assigned to an inappropriate PCP specialty type (e.g., adult assigned to a pediatrician); or Members assigned to a PCP different than other family Members (assuming appropriate specialty of PCP).
    - b. For all of the above, the Member must not have chosen the PCP, and must not have accessed services during the current month.
    - c. The request for a retroactive transfer is made by the Member, the Member's parent, or legal guardian.
  3. Other retroactive PCP transfers can occur due to continuity of care or other circumstances as approved by the Director of Provider Services, IEHP Chief Medical Officer, or designees.
- I. If a Provider notifies IEHP that a Member is assigned to a PCP greater than 10 miles or 30 minutes from the Member's residence, to a Hospital more than 15 miles or 30 minutes from the Member's residence, to the wrong specialty type, or that family members are split between PCPs, IEHP researches how the Member was assigned to the PCP.
1. If the Member did not choose the PCP, a written notice is sent to the Member notifying the Member that reassignment to an appropriate PCP will occur within 30 days (or more), unless the Member contacts IEHP.

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- A. Primary Care Physician (PCP) Transfers
    - 1. Voluntary
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INLAND EMPIRE HEALTH PLAN		
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## 17. MEMBER TRANSFERS AND DISENROLLMENT

- A. Primary Care Physician (PCP) Transfers
    - 2. Involuntary
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### **APPLIES TO:**

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

### **POLICY:**

- A. Involuntary PCP transfers can occur upon request by the PCP, after specific criteria are met and approved by the IPA Medical Director and IEHP's Chief Medical Officer.
- B. In cases when an involuntary PCP transfer for a Member has occurred two times in a consecutive 12-month period, the IPA Medical Director may contact IEHP to request transfer of the Member to another IPA.
- C. Except as defined below, Member PCP transfers are a voluntary process performed at the request of the Member, within timeframes and processes as noted in Policy 17A1, "Primary Care Physician (PCP) Transfers – Voluntary."

### **PROCEDURE:**

- A. Involuntary PCP transfers can be requested by a PCP due to a breakdown of the physician-Member relationship and the inability of the PCP to continue providing care to the Member. The PCP must make his/her request in writing to the IPA Medical Director and include at a minimum the following information:
  - 1. Name and identification number of Member
  - 2. Length of PCP-Member ongoing care relationship
  - 3. Reason for request of involuntary PCP change
- B. The IPA Medical Director, in conjunction with IPA Case Management (CM), is responsible for assessing the PCP-Member relationship and/or the eligibility and medical status of the Member that has resulted in the request for involuntary PCP change. IEHP CM is available for consultation at any time during the process.
- C. All efforts are made by the IPA to preserve PCP-Member relationships to ensure continuity of care.
- D. In cases where it appears that the PCP-Member relationship has deteriorated to the point that the IPA believes a PCP transfer is necessary, IPA staff must work directly with the Member to coordinate a voluntary PCP transfer within the IPA. The Member would then call IEHP Member Services and request the voluntary PCP transfer. IEHP CM is available to have joint meetings or telephone conferences with the Member and IPA as needed.
- E. If the IPA Medical Director determines after the assessment that the PCP-Member

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## 17. MEMBER TRANSFERS AND DISENROLLMENT

### A. Primary Care Physician (PCP) Transfers

#### 2. Involuntary

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relationship has deteriorated to the point that it impacts or potentially impacts the care of the Member, and the Member is unwilling to voluntarily change PCPs, the IPA Medical Director must notify the IEHP Chief Medical Officer in writing. The written description must include:

1. The name and identification number of the Member
  2. Reasons for request of involuntary PCP change
  3. Plan for assuring Member continuity of care
- F. The plan for assuring Member continuity of care must include options for the new PCP assignment and transfer of care. The IPA has two options:
1. Recommend assigning the Member to another PCP within the IPA with subsequent transfer of care facilitated by the IPA.
  2. Refer the Member to IEHP CM for new PCP assignment and transfer of care.
- G. The IEHP Chief Medical Officer reviews the request, obtains additional information from the IPA, the Member, the PCP and IEHP staff as needed, and then approves or denies the request.
- H. If the request for transfer is approved, IEHP informs the IPA and the Member regarding the transfer, including specifics of the new PCP and timeframes for the transfer.
- I. The IPA remains responsible for any care required by the Member until the PCP transfer is completed.
- J. The Peer Review Subcommittee serves as the review body for any disagreements between the PCP, Member, IPA and/or IEHP regarding involuntary PCP changes.
- K. IEHP monitors involuntary PCP transfers for Members within an IPA. In cases when an involuntary PCP transfer for a Member has occurred two times in a consecutive 12-month period, the IPA Medical Director may contact IEHP to request transfer of the Member to another IPA.

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## **17. MEMBER TRANSFERS AND DISENROLLMENT**

- B. Disenrollment From IEHP Health Access**
    - 1. Voluntary**
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### **APPLIES TO:**

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

### **POLICY:**

- A. Member may request disenrollment from IEHP at any time for any reason. The timing of the request and the type of election period available to the member will determine the effective date of disenrollment.
- B. IEHP is responsible for attempting to resolve any problems and educate the Member on how IEHP works in an effort to retain the Member. However, IEHP does not interfere with a Member's request to disenroll.
- C. Final disenrollment decisions are handled entirely by the Centers for Medicare and Medicaid Services (CMS).

### **PROCEDURE:**

- A. A Member may request disenrollment from IEHP at any time.
- B. The Member may disenroll by:
  - 1. Enrolling in another plan.
  - 2. Giving or faxing a signed written notice to IEHP, or through their employer, as applicable.
  - 3. By calling 1-800-MEDICAR(E)
- C. Requests for disenrollment through IEHP Member Services are handled in the following manner:
  - 1. IEHP explains that the Member may disenroll and requests information concerning the reason for disenrollment to track and trend for quality issues. The Member is not required to provide any justification. However, if reasons are provided, IEHP may be able to resolve the situation by explaining how membership with IEHP works, facilitating appointments, resolving service issues, among others.
  - 2. IEHP explains the different methods of requesting a disenrollment and provides appropriate phone numbers and addresses
  - 3. Disenrollment forms are sent upon request
  - 4. IEHP documents the call in the Customer Service System identifying the following:

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## 17. MEMBER TRANSFERS AND DISENROLLMENT

### B. Disenrollment From IEHP Health Access

#### 1. Voluntary

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- a. The name and ID number of the Member;
- b. The reason for the call;
- c. Any attempt made to resolve any issues; and
- d. The resolution of the call.

#### D. Upon receipt of a written request for disenrollment:

1. IEHP provides the Member with a disenrollment notice within ten calendar days of receipt of the Member's request to disenroll.
  - a. The disenrollment notice must include an explanation of the lock-in restrictions for the period during which the Member remains enrolled with IEHP
  - b. The disenrollment notice will further include the effective date of disenrollment, determined by the applicable election period and the receipt date of the disenrollment request.
2. IEHP will submit a disenrollment transaction to CMS within three business days of receipt of the completed request.
3. IEHP may only deny a request for disenrollment when:
  - a. The request was made by someone other than the enrollee or enrollee's legal representative.
  - b. The request is incomplete and required information is not provided within the required timeframes.
4. A denial of disenrollment notice will be provided to the member within ten (10) calendar days of receipt of the disenrollment request and will include an explanation of the reason for denial.

#### E. Disenrollment requests received on the CMS transaction reply report (TRR) will be processed with the disenrollment effective date provided.

1. Written confirmation of the disenrollment date will be sent to the Member within ten (10) calendar days of the TRR listing.

#### F. Final disenrollment decisions are handled entirely by CMS.

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## 17. MEMBER TRANSFERS AND DISENROLLMENT

### B. Disenrollment From IEHP

#### 2. Involuntary - Member Status Changes

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##### **APPLIES TO:**

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

##### **POLICY:**

- A. IEHP reserves the right to request involuntary disenrollment of Members under specific guidelines set forth by Centers for Medicare and Medicaid Services (CMS).
- B. IEHP Providers may, under specific circumstances, request that IEHP review a given Member situation for possible disenrollment consideration.
- C. Final disenrollment decisions are handled entirely by CMS.

##### **PROCEDURES:**

- A. Members requesting disenrollment or information about disenrollment must be immediately referred to IEHP Member Services in accordance with Policy 17B1, “Disenrollment from IEHP – Voluntary.”
- B. Members are no longer eligible for enrollment with IEHP and are involuntarily disenrolled from IEHP upon verification that the Member falls under any of these circumstances, but not limited to:
  - 1. Member permanently moves out of the IEHP geographic service area or is absent for more than six months.
  - 2. Member loses entitlement to either Medicare Part A or Part B.
  - 3. Member is incarcerated.
  - 4. Member dies.
  - 5. IEHP’s contract with Medicare is terminated, or IEHP changes the service area of the plan and no longer covers where the Member lives.
  - 6. Member loses Medi-Cal coverage for more than 4 months.
- C. Providers that become aware of one of the above situations should direct the Member to contact IEHP Member Services at 1-877-273-IEHP (4347).
- D. If a Member meets any of the above criteria, it is the responsibility of IEHP to notify CMS to disenroll these Members from IEHP.
- E. IEHP will send notification of the upcoming disenrollment to the Member, prior to submission of the disenrollment to CMS.

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## 17. MEMBER TRANSFERS AND DISENROLLMENT

### B. Disenrollment From IEHP

#### 2. Involuntary - Member Status Changes

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- F. In certain circumstances, the PCP may initiate a request to disenroll the Member, in accordance with Policy 17B3, “Disenrollment from IEHP – Involuntary - Member Behavior.”
- G. If IEHP determines that disenrollment of the Member is the best course of action under the circumstances:
1. The Member is notified in writing by IEHP with a notice of intent to disenroll, and the Member is allowed to respond to the proposed action by contacting IEHP Member Services.
  2. The written response from the Member must be received in accordance with CMS regulatory timeframes and prior to the date IEHP submits the disenrollment transaction to CMS.
  3. IEHP reviews any appeal information from the Member and then determines whether to continue with the request for involuntary disenrollment.
  4. IEHP submits a written request for involuntary disenrollment to CMS with all necessary supporting documentation, including appeal information from the Member, if applicable.
  5. The PCP must continue rendering services to the Member until IEHP notifies the IPA that CMS has disenrolled the Member.
- H. Final approval and the determination of the effective date for involuntary disenrollment is made by CMS.

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## **17. MEMBER TRANSFERS AND DISENROLLMENT**

### **B. Disenrollment From IEHP**

#### **3. Involuntary - Member Behavior**

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##### **APPLIES TO:**

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

##### **POLICY:**

- A. The Centers for Medicare and Medicaid Services (CMS) is responsible for approving involuntary Member disenrollment upon receipt of a written request by IEHP after specific criteria are met. CMS is responsible for the disenrollment of the Member.
- B. Except as described below and in Policy 17.B.2, Member disenrollment is a voluntary process performed upon request of the Member.
- C. Providers may request involuntarily disenrollment of a Member if the Member:
  - 1. Engages in disruptive behavior; or
  - 2. Provides fraudulent information on the Enrollment Form or
  - 3. Permits abuse of a Member's IEHP Medicare Advantage identification card.
- D. Final disenrollment decisions are handled entirely by CMS.

##### **PROCEDURES:**

- A. Involuntary Disenrollment for Disruptive Behavior
  - 1. Providers may request involuntary disenrollment of a Member if the Member's behavior is uncooperative, disruptive, unruly, or abusive to the extent that the Member's continued enrollment in IEHP substantially impairs IEHP's or a Provider's ability to arrange for or provide services to that particular Member or other Plan Members.
  - 2. Providers may not request involuntary disenrollment and IEHP may not disenroll a Member solely because the Member:
    - a. Exercises the option to make treatment decisions with which IEHP or Providers disagree, including the option to receive no treatment or diagnostic testing; or
    - b. Chooses not to comply with any treatment regimen developed by IEHP or any Provider associated with IEHP.
  - 3. Prior to requesting involuntary disenrollment, IEHP and Providers must make a serious effort to resolve problems presented by a Member.
  - 4. Providers shall notify a disruptive Member, in writing, that continued disruptive

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## 17. MEMBER TRANSFERS AND DISENROLLMENT

### B. Disenrollment From IEHP

#### 3. Involuntary - Member Behavior

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behavior may result in removal from the Provider's care and, potentially, involuntary disenrollment from IEHP.

5. Provider's request to disenroll a disruptive Member shall be in writing and shall include:
  - a. The reason for the request;
  - b. Member information including age, diagnosis, mental status, functional status, and a description of the Member's social support system, and any other relative information;
  - c. A statement from the Member's Primary Care Physician (PCP) describing his/her experience with the Member;
  - d. Documentation of the Member's disruptive behavior;
  - e. Documentation of Providers' efforts to resolve the problem, including efforts to:
    - 1) Provide reasonable accommodations for a Member with a disability;
    - 2) Establish that the Member's behavior is not related to the use, or lack of use, of medical services; and
    - 3) Establish that the Member's behavior is not related to diminished mental capacity.
  - f. A description of any extenuating circumstances;
  - g. Copy of the Notice to the Member informing them of the consequences of continued disruptive behavior;
  - h. Any other pertinent information provided by the Member or other Providers involved in the Member's care.
6. Final approval for involuntary disenrollments from IEHP resides with CMS.
7. Involuntary disenrollments approved by CMS, as a result of disruptive Member behavior, are effective on the first (1<sup>st</sup>) day of the calendar month after the month in which IEHP gives the Member a written notice of the disenrollment, or as provided by CMS.

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## 17. MEMBER TRANSFERS AND DISENROLLMENT

### C. Continuity of Care

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#### APPLIES TO:

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

#### POLICY:

A. Definitions:

1. “Provider”– means any professional person, organization, health facility, acute care hospital, or other person or institution licensed by the State to deliver or furnish health services.
2. “Non-contracted provider” – means any provider that is not contracted with IEHP.
3. “Terminating provider” – means a provider whose contract with IEHP is in the process of termination, regardless of which entity initiated the termination process.

B. Current and Newly Enrolled Members

1. Upon their request, current IEHP Members or newly enrolled Members with specified conditions may continue to obtain health care services from a terminated or non-contracted provider for a specific time frame as noted below:
  - a. Acute condition is 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. Completion of covered services shall be provided for the duration of the acute condition.
  - b. Serious chronic condition is 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. 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 the Member and the terminated provider or non-contracted provider, consistent with good professional practice. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered Member.
  - c. For Members in the 2<sup>nd</sup> or 3<sup>rd</sup> trimesters of pregnancy and the immediate postpartum period services shall be covered for the duration of the pregnancy and the immediate postpartum period.

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## 17. MEMBER TRANSFERS AND DISENROLLMENT

### C. Continuity of Care

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- d. Terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of covered services shall be provided for the duration of the terminal illness.
  - e. Newborn child care is the care of a newborn child between birth and age 36 months. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered Member.
  - f. Authorized surgery or other procedure is a medical procedure that is authorized by IEHP, if you are a current Member, or by a previous plan, if you are a new Member, as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the effective date of coverage for a newly enrolled Member, or within 180 days of the termination of the provider for a current Member.
2. The terminated or non-contracted provider in general must agree to terms and conditions and rates consistent with those used by the Plan in the same or similar geographic area.
  3. This policy is not applicable for current Members if the provider was terminated for medical disciplinary cause, fraud or other criminal activity, or newly covered enrollees with individual coverage.
- C. All newly enrolled Members receive a written notice of the continuity of care policy and information regarding the process to request a review under the policy, and upon request, IEHP must send a copy of the policy to a Member.
- D. If a Member continues care with a terminated or non-contracted provider, the financial responsibility for the care is determined by the financial responsibility matrix within the applicable IEHP Agreement. IEHP will ensure that any applicable co-payments will remain the same.
- E. In the case of current Members and a terminated provider, Members are notified in writing of the termination and their right to continue care 30 calendar days prior to the termination effective date.
- F. In the case of a block transfer of Members from a provider group or general acute care hospital, Members are notified in writing at least 30 calendar days prior to the termination. All assigned Members who reside within a 15-mile radius of the terminating hospital are notified in writing.
- G. IEHP reserves the right to make final decisions regarding continuity of care. Such decisions are made by the IEHP Chief Medical Officer with consideration given to the potential effects on the Member's clinical condition and treatment.
- H. Members can request assistance or ask questions about continuity of care by calling IEHP

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## 17. MEMBER TRANSFERS AND DISENROLLMENT

### C. Continuity of Care

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Member Services.

- I. IEHP is not required to cover services that are not otherwise covered by the Plan.

**PROCEDURE:**

A. Newly Enrolled Members

1. All newly enrolled Members receive the IEHP's notice of the continuity of care policy in the Member Handbook that is sent at time of enrollment.
2. Any newly enrolled Member may obtain a copy of this policy upon written request to IEHP or by calling Member Services at (877) 273-4347.
3. Any newly enrolled Member requesting to continue their care with a non-contracted provider must be referred to IEHP Member Services.
  - a. Any such request to IEHP Member Services is referred to the appropriate Care Manager with subsequent referral to the Chief Medical Officer, if necessary.
  - b. The Chief Medical Officer will review the request within 72 hours for urgent matters and issue a response within that timeframe. For an acute condition, the matter will be reviewed and responded to within 5 days. For non-urgent matters, the matter will be reviewed and responded to within 10 days.
4. If a newly enrolled Member currently under the care of a non-contracted provider has a condition that meets the criteria noted in the policy section, they can continue care with that provider for a time period consistent with regulatory requirements and their clinical condition.
5. Financial responsibility for costs associated with the non-contracted provider is based on the IEHP financial responsibility matrix within the applicable IEHP Agreement. IEHP will ensure that any applicable co-payments remain the same.
6. Unless otherwise agreed upon by the non-contracted provider and IEHP, the continuity of care services rendered under this Policy will be compensated at rates and methods of payment similar to those used by IEHP for currently contracted providers providing similar services who are not capitated and who are practicing in the same geographic area as the non-contracted provider.

B. Current Members

1. Current Members who have a condition that meets the criteria delineated herein may qualify to continue care with a terminated provider, except if the provider is terminated for medical disciplinary cause, fraud, or other criminal activity.
2. IEHP's Chief Medical Officer is responsible for determining a Member's review

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## 17. MEMBER TRANSFERS AND DISENROLLMENT

### C. Continuity of Care

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and arranging for current enrollee's continuity of care requests. Members currently under the care of a terminating provider must be notified in writing a minimum of 60 days in advance of the termination. "Under care" is defined as Members who have seen the provider two or more times in the preceding 12 month period, who are currently undergoing care, who have an open referral, or who are assigned to a PCP who is being terminated. IEHP reserves the right to make final decisions regarding continuity of care. Such decisions are made by the Chief Medical Officer with consideration given to the potential effects on the Member's clinical condition and treatment. Any such request to IEHP Member Services is referred to the appropriate Care Manager with subsequent referral to the Chief Medical Officer. The Chief Medical Officer or designee will review and respond to urgent requests within 72 hours. Acute conditions will be reviewed within 5 days. Non-urgent conditions will be reviewed within 10 days.

3. Any written, printed, or electronic notification to the Member regarding a contract termination or block transfer will follow regulatory guidelines and will include notification of the appropriate agency(ies).
4. Unless otherwise agreed upon by the terminated provider and IEHP, the continuity of care services rendered under this Policy will be compensated at rates and methods of payment similar to those used by IEHP for currently contracted providers providing similar services who are not capitated and who are practicing in the same geographic area as the terminated provider.

C. Block Transfers - In the event of the termination of a Provider contract that could involve the block transfer of Members, IEHP will do the following:

1. Provide all assigned Members with a written notice 60 days in advance of the contract termination, including language regarding their rights for continuity of care with existing providers. In the case of a hospital termination, all assigned Members who reside within a 15-mile radius of the hospital, will be sent a written notice regarding the termination of the hospital contractual relationship.
2. If, after sending the required notice to Members, IEHP reaches an agreement with the Provider to enter into a new contract or to not terminate their contract, IEHP will offer affected Members the option to return to their original provider. If the Member does not exercise this option, IEHP will reassign the Member to another provider.
3. If IEHP re-contracts with the terminating Provider within 90 days, IEHP will notify the assigned Members within 30 days in writing. IEHP will specify information in the notice for the Member to request a change back to their original provider by calling IEHP Member Services (1-877-273-4347).
4. If a Member submits a request for completion of covered services by a terminated or non-contracted provider, final decision is made by the Chief Medical Officer.

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## 17. MEMBER TRANSFERS AND DISENROLLMENT

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### C. Continuity of Care

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Reasonable consideration will be given to the potential effect on a Member's treatment that may be caused by a change of provider. The Chief Medical Officer has 72 hours to respond to urgent requests and 10 days to respond to non-urgent requests in writing. For an acute condition, the matter will be reviewed within 5 days.

5. Re-assign all block transferred Members within geographic access standards, as applicable.
  6. Assess the receiving Provider's administrative and financial capacity to accept and maintain the block transfer.
  7. The Provider Services Department, in cooperation with the Operations Department at IEHP, are responsible to ensure Member block transfer.
  8. In the case of a contract termination with a hospital, IEHP will verify that there is an alternate hospital located within the geographic access standard for all assigned Members.
  9. Ensure that Members have the same range of services.
  10. Ensure appropriate admitting arrangements.
- D. Financial responsibility for costs associated with the terminated provider is based on the IEHP financial responsibility matrix within the applicable IEHP Agreement. IEHP ensures that any applicable co-payments remain the same.
- E. IEHP reserves the right to make all final decisions regarding continuity of care for IEHP Members.
- F. Members may contact IEHP Member Services at (877) 273-4347 for assistance in selecting a new provider or to request continuity of care.

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## 17. MEMBER TRANSFERS AND DISENROLLMENT

### D. Episode of Care - Inpatient

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#### APPLIES TO:

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

#### POLICY:

- A. When changes in eligibility and/or providers occur during an inpatient stay, the following procedures are used to minimize disruption of care.

#### PROCEDURE:

- A. New Member Enrollment
1. From the date of enrollment into IEHP until the date of discharge, payment responsibility is defined by the Division of Financial Responsibility located in the IEHP Agreement.
  2. The IEHP Utilization Management (UM) Nurse and Care Manager are involved in the discharge planning of the Member.
- B. Member No Longer Eligible With IEHP
1. If Member loses eligibility during an inpatient stay, IEHP is no longer financially responsible for services rendered as of the effective date of the Member's ineligibility.
  2. If a Member is disenrolled from IEHP and remains Medicare eligible, IEHP has no financial responsibility as of the effective date of the Member's disenrollment.
- C. Member Requested PCP Change
1. When a PCP change is initiated during a Member's inpatient stay, IEHP Utilization and Care Management staff will assist the previous and newly assigned PCPs with coordinating services, including the Member's discharge and follow-up needs.

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