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## 4. ELIGIBILITY AND VERIFICATION

### A. Eligibility Verification

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#### **APPLIES TO:**

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

#### **POLICY:**

- A. Accurate and timely eligibility information is a key concern of all participants in the IEHP network and is a primary goal of IEHP.
- B. The IEHP Medicare DualChoice (HMO SNP) ID card, the Medi-Cal Benefit Identification Card (BIC), and/or the Medicare Card do not guarantee eligibility. These cards are issued for Member convenience and identification purposes only.
- C. Member eligibility should be verified at each visit.

#### **PROCEDURE:**

- A. IEHP receives data files including both eligibility and demographic data from the Centers for Medicare and Medicaid Services (CMS).
- B. IEHP processes the eligibility data files received, assigns a PCP and Hospital to each Member and updates Member demographic information.
- C. Recognizing that the network is comprised of Providers with existing systems employing varying technologies, IEHP offers a number of methods for distributing eligibility information to Providers and PCPs.
- D. Providers can receive updated eligibility information on Members through the following methods:
  - 1. Eligibility files (refer to Policy 4B1, “Eligibility Files” for more information).
  - 2. IEHP’s Interactive Voice Response (IVR) system (888) 440-4340 or (909) 890-3800. Refer to Policy 4B2, “Interactive Voice Response” for more information.
  - 3. IEHP website @ IEHP.org. Refer to Policy 4B3, “Online Eligibility Verification System.”
  - 4. State Automated Eligibility and Verification System (AEVS) (800)-456-2387 or [www.medi-cal.ca.gov/eligibility/login.asp](http://www.medi-cal.ca.gov/eligibility/login.asp). Refer to Policy 4B4, “Other” for more information for State Program (Medi-Cal) Members.
  - 5. These methods offer Providers and PCPs different levels of detail in the information reported for each Member. The information reported about the Member may contain:
    - 1. Member Name
    - 2. IEHP Identification Number

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## 4. ELIGIBILITY AND VERIFICATION

### A. Eligibility Verification

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3. Birth date
4. Gender (female or male)
5. Member Address
6. Member Phone Number
7. Language Preference
8. Status (currently eligible, newly eligible, Not Eligible)
9. Effective date of terminations or transfers
10. Co-payment Information
11. Aid Code
12. County Code
13. Plan or Program, e.g., Special Needs Program (SNP).
14. Assigned PCP
15. PCP effective date
16. PCP Phone Numbers
17. IPA Affiliation
18. Assigned Hospital
19. Claims billing address

- F. When a Member visits his/her assigned PCP or Provider, the PCP/Provider should verify eligibility before rendering services. In addition to verifying eligibility, the PCP/Provider is encouraged to verify the Member's identification through a secondary means, such as a driver's license or state identification with both a picture and signatures.

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 1. Eligibility Files

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

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

##### **POLICY:**

- A. IEHP processes eligibility data, including assigning a PCP to each Member and updating Member demographics.
- B. Eligibility files created for Providers only contain those Members assigned to the Provider.
- C. IEHP places eligibility files for ancillary providers on the IEHP File Transfer Protocol (FTP) server in accordance with the schedule published in the IEHP EDI Manual (Provider Eligibility and Encounter File Format Requirements Manual).
- D. Member Eligibility rosters are available on the IEHP website at [www.IEHP.org](http://www.IEHP.org).
- E. It is the responsibility of each Provider to retrieve eligibility files within three days of file transmission and update their eligibility system.
- F. If month end files are not loaded by the first of the month, providers must use alternative IEHP methods to verify eligibility. Alternative methods include IEHP's website, [www.iehp.org](http://www.iehp.org), the State's Automated Eligibility Verification System (AEVS), and the IVR. See Policy 4B4, "Other Eligibility Verification Methods."

##### **PROCEDURE:**

- A. All eligibility files are compressed (to save transmission time), encrypted (for security), and password protected (additional security).
- B. By the first business day of each month, IEHP places a full eligibility file on the IEHP FTP server.
1. IEHP supplies one copy of the decompression and decryption software necessary, along with a password unique to each Provider, to read the files once retrieved.
  2. Each Provider must retrieve their eligibility files within three days of data file transmission and upload them into the eligibility system in place at the Provider's location.
  3. If month end files are not loaded by the first of the month, providers must use alternative IEHP methods to verify eligibility. Alternative methods include IEHP's website, [www.iehp.org](http://www.iehp.org), the State's Automated Eligibility Verification System (AEVS), and the IVR. See Policy 4B4, "Other Eligibility Verification Methods."

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 1. Eligibility Files

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C. The eligibility file contains important information about the Member including:

- Eligibility status
- Assigned PCP
- Assigned Hospital
- Effective date
- Termination date (if applicable)
- Address
- Phone
- Language preference
- Birth date
- Gender
- Plan/Aid Code
- County Code
- Co-payment information
- Capitation Rate
- Medicare Type Coverage, i.e., Part A, Part B, Part AB and/or Part D.

(For more detailed information refer to the EDI Manual - Provider Eligibility and Encounter File Format Requirements Manual.)

D. Because Member eligibility changes frequently, IEHP provides periodic file updates during the month. These file updates contain only changes within the Provider's network.

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 2. Interactive Voice Response (IVR)

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##### APPLIES TO:

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

##### POLICY:

- A. IEHP offers the IEHP Interactive Voice Response (IVR) system for convenience in verifying eligibility.
- B. The IVR is a commonly employed technology that uses a telephone to access Member eligibility information.
- C. The IVR accesses IEHP's computer system dynamically and provides the most current information IEHP has on its Members. It is also helpful in determining if a co-payment is due.

##### PROCEDURE:

- A. Member eligibility can be easily checked through the IVR 24 hours a day, seven days a week by using the following information:

	<u>Example</u>
▪ IEHP's 14-digit Member Identification number	19961100000000
▪ Member social security number	123121234
▪ Member Medicare Claim Number (HICN)	12345678911
▪ Member 9-digit pseudo social security, with alpha character	123121234a
▪ Member 9-character alpha numeric CIN	12345678A

*Note:* If the social security number contains an alpha character, refer to Attachment 4-3 in Section 4, "Attachments."

- B. The IVR can be accessed by dialing (888) 440-4340 or (909) 890-3800.
- C. The IVR system searches IEHP's Member database for a record corresponding to the number entered by the caller.
- D. When the record is found, the Member's name, gender and birth date is supplied to verify this is the Member that the Provider is calling for eligibility verification.
- E. The caller then has the option of verifying current eligibility or historical eligibility based on the date entered into the phone via the touch-tone keys.

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 2. Interactive Voice Response (IVR)

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F. Once the above have been entered, information and benefits about a Member available through the IVR include:

- Name
- Birth date
- Gender
- Plan or Program (Medi-Cal, Open Access, Special Needs Program, etc.)
- Current Eligibility
- Historical Eligibility
- County Code
- Aid Code
- Effective Date
- IEHP ID #
- PCP
- PCP's telephone number
- PCP's IPA affiliation
- Member's assigned Hospital
- Co-Pay Information
- Claims Billing Addresses
- Verification Code
- Member Medicare Claim Number (HICN)

G. The IVR also provides co-payment information.

H. In addition, through the IVR the caller can check multiple dates of service, verify an unlimited number of Members, check eligibility with identification numbers that have alpha characters and obtain a verification code as proof of the transaction.

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## **4. ELIGIBILITY AND VERIFICATION**

### **B. Eligibility Verification Methods**

#### **3. Online Eligibility Verification System**

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

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

##### **POLICY:**

- A. IEHP offers the IEHP Web Page for convenience in verifying Member eligibility.
- B. The IEHP Web Page is an efficient alternative source that enables providers to submit multiple eligibility verification requests at the same time.
- C. The IEHP Eligibility Verification Web Page is a free-transaction service for providers, which reduces the amount of time spent verifying Member eligibility through the IEHP's IVR system or contacting the IEHP Member Services department.

##### **PROCEDURE:**

- A. Providers can log onto IEHP's web page at [www.iehp.org](http://www.iehp.org).
- B. To access the IEHP Web Page, providers need to contact an IEHP Provider Services Representative at (909) 890-2054 to register on-line and/or receive a login ID and Password for accessing the eligibility section of the web page.
- C. IEHP has created an Online Eligibility Verification System Training Manual to provide instructions for using the online system (see Attachment 4-5 in Section 4, "Attachments").
- D. Providers must meet the following system requirements in order to have access to the IEHP Website:
  - 1. Computer with an Internet Connection.
  - 2. A Browser that supports 128 bit Encryption.
- E. Providers can access Member eligibility information through IEHP's Web Page, 24 hours a day, 7 days a week, including holidays.

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 3. Online Eligibility Verification System

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F. The IEHP's Web Page provides the following Member information:

- Name
- IEHP Identification Number
- Social Security Number
- Medicare Claim Number (HICN)
- Gender
- Date of Birth
- Assigned PCP
- Assigned IPA
- Assigned Hospital
- Billing Addresses
- Effective Date with PCP
- Eligibility Status
- PCP ID
- PCP Phone Number
- Copay
- Plan or Program (Special Needs Plan, Medi-Cal, Healthy Families, Healthy Kids, Open Access, Medicare DualChoice (HMO SNP), etc.)
- Aid Code
- County Code

G. Providers can use the following information to verify Member eligibility:

1. Member Social Security Number (SSN)/Client Index Number (CIN)
2. IEHP Member Identification Number
3. Member Medicare Claim Identification Number (HICN)
4. Member Last Name and Date of Birth

H. Providers can check eligibility of up to 10 Members at once.

I. Providers receive a verification number for every transaction using the Web Page.

J. Providers can also access the IEHP formulary through the IEHP Web Page.

K. Providers with any questions regarding the IEHP's Web Page should call an IEHP Provider Services Representative at (909) 890-2054.

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 4. Other

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#### **APPLIES TO:**

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

#### **POLICY:**

- A. In addition to eligibility files and IEHP Interactive Voice Response (IVR), IEHP provides other methods Providers and PCPs may use to verify Member eligibility outlined below:

#### **PROCEDURE:**

- A. Other methods to verify Member eligibility may include:
1. TransUnion Healthcare: Available for Medi-Cal eligibility only
    - a. IEHP has contracted with TransUnion Healthcare for the continued use of point-of-sale (POS) devices currently in place at several IEHP network provider locations to access current month Member eligibility information.
    - b. TransUnion Healthcare is an electronic alternative to IVR technology.
    - c. IEHP provides eligibility file updates on a nightly basis, which can be accessed through the TransUnion Healthcare network.
    - d. Information available through TransUnion Healthcare includes:
      - Member's PCP
      - PCP phone number
      - Assigned Hospital
    - e. For more information on linking up with TransUnion Healthcare, please contact your IEHP Provider Services Representative.
  2. AEVS - For Medi-Cal and Dual Eligible Medicare Members only.
    - a. Providers and PCPs can still utilize the State's Automated Eligibility Verification System (AEVS) to verify Member eligibility information. AEVS is available via phone or the internet.
    - b. AEVS identifies if an individual has Medi-Cal, Medicare Part A, Part B and/or, Part D health benefits. If the individual has Medi-Cal benefits, AEVS further identifies if the individual is enrolled in a Managed Care Plan.
    - c. If AEVS indicates that the individual has Medicare coverage, please call IEHP's IVR to determine the effective date of eligibility, type of coverage

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 4. Other

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available and whether or not the individual is an IEHP Member. AEVS can be accessed by calling (800) 456-2387 or logging onto the AEVS website at [www.medi-cal.ca.gov/eligibility/login.asp](http://www.medi-cal.ca.gov/eligibility/login.asp).

- d. In order to access AEVS, the Provider needs to have an assigned Medi-Cal Provider Identification Number (PIN), the individual's Benefit Identification Card (BIC) number, date the BIC was issued, and patient's date of birth. See Attachments 4-3 and 4-4 in Section 4, "Attachments," for a quick reference guide to AEVS Key Codes.
- e. To obtain a PIN number or to get assistance in using AEVS, please call the EDS Provider Support Center at (800) 541-5555.
- f. For assistance in accessing the AEVS website, please refer to Attachment 4-5 in Section 4, "Attachments."
- g. If AEVS identifies an individual as a Member, but the IEHP IVR does not confirm this information, please call IEHP's Member Services at (800) 440-4347.

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## 4. ELIGIBILITY AND VERIFICATION

### C. Member Co-payments

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#### APPLIES TO:

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

#### POLICY:

- A. IEHP Medicare DualChoice (HMO SNP) Members do not have any co-payment and will not be charged for such.

#### PROCEDURE:

- A. IEHP Members are issued an IEHP ID card that identifies the co-payment.
1. Medicare Advantage Members have no co-pays, except for prescriptions.
  2. Since an IEHP ID card does not guarantee eligibility, practitioners must confirm Member eligibility before collecting a co-payment (refer to Policy 4A, “Eligibility Verification” for more information). Additionally, practitioners are encouraged to verify Members’ identification through secondary means, such as a driver’s license or state ID card with both a picture and signature.
- B. Members who present an IEHP ID card with co-payment amount listed as \$0 will not be charged a co-payment.
1. Practitioners must confirm whether or not co-payments are required when verifying eligibility even if the Member’s ID card does not indicate \$0 for co-payment.
  2. If the IEHP Interactive Voice Response (IVR) system states that no co-payments are required, the practitioner should not collect a co-payment regardless of what the IEHP ID card indicates.
- C. While the Member is present, discrepancies regarding whether or not a co-payment is due should be directed to IEHP Member Services (877) 273-4347.

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## 4. ELIGIBILITY AND VERIFICATION

### Attachments

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<u>ATTACHMENT</u>	<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
4-1	IVR Alpha Characters	4B2
4-2	AEVS Alpha Codes	4B4
4-3	Online Eligibility Verification System Training Manual	4B3



**INLAND EMPIRE HEALTH PLAN**

How to enter an alpha character when using the IVR

To enter an alphabetic character, press the Star (\*) key followed by the number that corresponds to the alpha character on the key pad, followed by the number (1,2 or 3) to indicate the position of the alpha character on the key. For example, the letter (K), would be entered Star (\*), 5, 2.

Q 11	Z 12	A 21	B 22	C 23	D 31	E 32	F 33
<b>1</b>		<b>2</b>			<b>3</b>		
G 41	H 42	I 43	J 51	K 52	L 53	M 61	N 62
<b>4</b>			<b>5</b>			<b>6</b>	
P 71	R 72	S 73	T 81	U 82	V 83	W 91	X 92
<b>7</b>			<b>8</b>			<b>9</b>	
<b>*</b>		<b>0</b>			<b>#</b>		

A = *21	N = *62
B = *22	O = *63
C = *23	P = *71
D = *31	Q = *11
E = *32	R = *72
F = *33	S = *73
G = *41	T = *81
H = *42	U = *82
I = *43	V = *83
J = *51	W = *91
K = *52	X = *92
L = *53	Y = *93
M = *61	Z = *12

## Quick Reference for AEVS Alphabetic Codes

(Please refer to Section 100-54, Automated Eligibility Verification System (AEVS) for more information.)

### Alphabetic Code Listing

**Press \* before entering the two-digit code**

Q 11	Z 12	A 21	B 22	C 23	D 31	E 32	F 33	
G 41	H 42	I 43	J 51	K 52	L 53	M 61	N 62	O 63
P 71	R 72	S 73	T 81	U 82	V 83	W 91	X 92	Y 93
*	0						#	

**AEVS: 1-800-456-AEVS (2387)**

LETTER	2-DIGIT CODE	LETTER	2-DIGIT CODE
A	* 21	N	* 62
B	* 22	O	* 63
C	* 23	P	* 71
D	* 31	Q	* 11
E	* 32	R	* 72
F	* 33	S	* 73
G	* 41	T	* 81
H	* 42	U	* 82
I	* 43	V	* 83
J	* 51	W	* 91
K	* 52	X	* 92
L	* 53	Y	* 93
M	* 61	Z	* 12

Function Keys

<u>Keys</u>	<u>Purpose</u>
[#]	End data entry in a field; proceed to next field
[* #]	Repeat the menu option
[* *]	Delete the current data entry in a field
[* 99 #]	Return to the main menu



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## IEHP Online Eligibility Verification System (OEVS)

IEHP encourages the use of our OEVS for quick verification of Member eligibility. This new verification system will assist your office and IEHP in accomplishing our joint goal of delivering the highest quality of health care to our Members. Listed below are a few benefits of using the OEVS:

- Available 24 Hours a Day, 7 Days a Week, Including Holidays.
- Eliminates Telephone Wait Times.
- Ability to Submit Multiple Queries at the Click of a Button.
- Print Verifications from your Computer.

There are several different search options to choose from to verify the Member's eligibility:

- Social Security Number (SSN)/Client Index Number (CIN)/Medicare Claim Number (HICN)
  - *Submit up to 10 requests at one time*
- IEHP Identification Number
  - *Submit up to 10 requests at one time*
- Last Name and Date of Birth
  - *Single search only*

Please note that the OEVS is a means to verify Member eligibility only and does not issue authorizations for services.

### System Requirements Include:

1. Computer with an Internet Connection.
2. A browser that will support 128 bit Encryption.
3. A browser to accept Cookies.
4. Printer (Optional)

Access to OEVS requires your Provider ID and a password. If you do not have a Login ID and Password, you can register online by clicking the "Secure Site Login" and then clicking "Register for a Login". For further assistance, please call your Provider Services Representative or call (909) 890-2054.



## LOGIN

To Login to IEHP's OEVS, follow the steps below:

### Steps

1. From your internet browser, go to <http://www.iehp.org>. This will bring up IEHP's home page.

Click the **PROVIDERS** button from the left hand menu.

## PROVIDERS

2. From the bulleted list on the Provider Page, click the Secure Site Login option.
3. Enter your Login ID and Password.

4. You are now logged in to the Eligibility Verification System. If you receive an error message, please check your ID number and Password for accuracy. If you continue to receive an error message, call your Provider Service Representative for Assistance.
5. If you do not have a Login ID and Password, you can register online by clicking the button in the center of the screen.

## Search by SSN/CIN/HICN



To search by SSN/CIN/HICN, follow the steps below:

### Steps

1. Click on the Eligibility button on the toolbar located on the left-hand side of the screen. **Eligibility**
2. Click the SSN/CIN button on the toolbar located on the left-hand side of the screen. **SSN/CIN**
- 3.

Welcome Providers!

**IEHP**  
INLAND EMPIRE HEALTH PLAN  
A PUBLIC ENTITY

**PROVIDERS** ▼

Provider Home  
SSN/CIN  
IEHP ID  
Last Name  
Roster  
Log Out

**Member Eligibility**

You May Enter up to Ten (10) Social Security or CIN Numbers  
(no spaces or dashes)

Social Security Number	Date of Service	Social Security Number	Date of Service
<input type="text"/>	08/05/2005	<input type="text"/>	08/05/2005
<input type="text"/>	08/05/2005	<input type="text"/>	08/05/2005
<input type="text"/>	08/05/2005	<input type="text"/>	08/05/2005
<input type="text"/>	08/05/2005	<input type="text"/>	08/05/2005
<input type="text"/>	08/05/2005	<input type="text"/>	08/05/2005

Submit Reset

Enter up to 10 SSNs, CINs, or HICNs. You may enter a different DOS for each.

Click Submit

4. When you have completed your session, please remember to click the Log Off button located on the left-hand side of the screen.



### Search by IEHP Identification Number

To Search by IEHP ID, follow the steps below:

**Steps**

1. Click on the IEHP ID button on the toolbar located on the left-hand side of the screen. **IEHP ID**
- 2.

Enter up to 10 IEHP ID Numbers. You may enter a different DOS for each number entered.

**Welcome Providers!**

**PROVIDERS** ▾  
 Provider Home  
 SSN/CIN  
**IEHP ID**  
 Roster  
 Log Out

**Member Eligibility**

You May Enter up to Ten (10) IEHP ID Numbers.  
 (no spaces or dashes)

IEHP ID Number	Date of Service	IEHP ID Number	Date of Service
<input type="text"/>	08/05/2005	<input type="text"/>	08/05/2005
<input type="text"/>	08/05/2005	<input type="text"/>	08/05/2005
<input type="text"/>	08/05/2005	<input type="text"/>	08/05/2005
<input type="text"/>	08/05/2005	<input type="text"/>	08/05/2005
<input type="text"/>	08/05/2005	<input type="text"/>	08/05/2005

Click Submit →

3. When you have completed your session, please remember to click the Log Off button located on the left-hand side of the screen.



## Search by Last Name and Date of Birth

To Search by Last Name and Date of Birth, follow the steps below:

### Steps

1. Click the LAST NAME button on the toolbar located on the left-hand side of the screen. **Last Name**
- 2.

Enter the Member's DOB and Last Name.

DOB must be in the following format:  
07/01/2000

**PROVIDERS** ▾

- Provider Home
- SSN/CIN
- IEHP ID
- Last Name
- Roster
- Log Out

**MEMBERS** ▸ WHO WE ARE ▸

**Member Eligibility**

Please Enter the Members Date of Birth and Last Name

Date of Birth:  Last Name:

Click Submit →

**Date of Birth:**

- MUST be formatted as follows, 2 digit Month/2 digit Day/4 digit Year.  
Example: 07/01/2000

**Last Name Search:**

- You may enter a partial name.  
Example: "Rod" would return - Rodas, Rode, Rodrigues, Rodriguez, etc.

3. When you have completed your session, please remember to click the Log Off button located on the left-hand side of the screen.