
3. ENROLLMENT AND ASSIGNMENT

A. Enrollment and Eligibility

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids Members.

POLICY:

- A. MRMIB enrollment contractor, MAXIMUS, is responsible for enrolling and disenrolling Healthy Families Members into IEHP.
- B. IEHP is responsible for enrolling and disenrolling Healthy Kids Members into IEHP.

PROCEDURES:

A. Healthy Families Members Only:

1. Potential Healthy Families Members must complete the application process to confirm if they qualify for the Healthy Families Program.
2. Eligible Healthy Families Members are enrolled through the MRMIB enrollment contractor (MAXIMUS).
3. MRMIB and DCHS have established an application assistance program (through community-based programs, schools, and health care providers (including physicians/staff). Applications are also available by calling the Healthy Families Program at (800) 880-5305 or through the IEHP Enrollment Assistance Unit at (866) 294-4347.
4. MRMIB is the only entity that determines the enrollment/disenrollment of HF Members.

B. Healthy Kids Members Only:

1. Potential Healthy Kids Members must contact the IEHP Enrollment Assistance Unit at (866) 294-4347 to complete the application process to confirm if they qualify for the Healthy Kids Program.
2. Eligible Healthy Kids Members are enrolled through the IEHP Enrollment Unit.
3. IEHP is the only entity that can handle enrollment and disenrollment for Healthy Kids Members.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective date:	September 1, 1996
Chief Title: Chief Executive Officer	Revised date:	January 1, 2010

3. ENROLLMENT AND ASSIGNMENT

B. Eligible Members

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids Members.

POLICY:

- A. MRMIB and IEHP (for Healthy Kids Members), determines Member eligibility based on established criteria.
- B. MRMIB does not assign aid codes, therefore, IEHP assigns plan codes for both Healthy Families and Healthy Kids Members.

PROCEDURES:

- A. IEHP Healthy Families Plan Codes are as follows:

1. **HEALTHY FAMILIES PLAN CODES**

<u>Aid Category</u>	<u>Plan Code</u>
Healthy Families Child with \$5 Copay	HC
Healthy Families Infant No Copay	HI
American Indian/Alaskan Native (AIAN) No Copay	HI
Healthy Families No Copay Maximum Out of Pocket Met (\$250)	HO
Healthy Families Child No Copay	HO
Healthy Families with \$10 Copay	HT
Healthy Families Child with \$10 Copay	HT

- a. Applicants eligible for Healthy Families benefits are enrolled within 10 days from the date eligibility is determined by MRMIB.

2. **HEALTHY FAMILIES NEWBORNS**

- a. State regulations dictate that newborns are automatically covered under the mother's Healthy Families eligibility for the first 30 days after birth.

- B. IEHP currently serves Members eligible for benefits under the Healthy Kids Program in Riverside and San Bernardino County.

1. **HEALTHY KIDS AID CODES**

3. ENROLLMENT AND ASSIGNMENT

B. Eligible Members

Aid Category

Aid Code

Healthy Kids

K1, K2, K3, K5, K6, K7,
K8, K9, KA, KB, KC

2. HEALTHY KIDS NEWBORNS

- a. Newborns are automatically covered under the mother's Healthy Kids eligibility for the first 30 days after birth.
 - b. However, after 10 days, up through 30 days, the newborn may be individually enrolled into IEHP if the newborn applies for and meets the established eligibility criteria for Healthy Kids.
- C. See Attachments 3-1, 3-2 in Section 3, "Attachments" for more specific information regarding Aid Codes.
- D. IEHP strongly encourages practitioners to assist parents in applying for Healthy Kids, Healthy Families or Medi-Cal benefits for the newborn by initiating the enrollment process.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective date:	September 1, 1996
Chief Title: Chief Executive Officer	Revised date:	January 1, 2012

3. ENROLLMENT

C. IEHP Service Area

APPLIES TO:

- A. This policy applies to all IEHP Commercial (including Healthy Families and Healthy Kids) Members.

POLICY:

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

PROCEDURES:

- A. Commercial Enrollment Areas

IEHP is licensed to serve Commercial enrollees in San Bernardino County only, and Healthy Families and Healthy Kids enrollees for all zip codes within Riverside and San Bernardino Counties, excluding the following listed areas. These excluded areas are comprised of rural and/or mountainous areas not yet approved by regulatory agencies:

1. Riverside County Excluded Zip Codes

92225 Blythe
92226 Blythe
92239 Desert Center/Eagle Mountain

2. 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	

- B. To be eligible to enroll in these IEHP Programs, enrollees must reside within the covered zip code for Riverside or San Bernardino County. In addition, Healthy Kids enrollees must have resided within the covered service area for at least ninety (90) days immediately prior to enrollment.

3. ENROLLMENT

C. IEHP Service Area

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective Date:	September 1, 1996
Chief Title: Chief Executive Officer	Revised Date:	February 1, 2006

3. ENROLLMENT AND ASSIGNMENT

D. Primary Care Physician (PCP) Assignment

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids 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, family relationships 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) and Hospital, based on the Member selection, family relationships or random assignment utilizing an auto-assignment algorithm.
- C. A Member may request to transfer to another PCP at anytime by calling an IEHP Member Services Representative (MSR) at (800) 440-4347, in accordance to Policy 17A1, "PCP Transfers, Voluntary."

PROCEDURE:

- A. IEHP receives data files directly from the designated enrollment contractor, which controls eligibility and demographic information.
1. Healthy Families Only - On a daily basis, IEHP receives an enrollment data file from MAXIMUS containing newly enrolled or updated Healthy Families Member information.
 2. Healthy Kids Only - IEHP receives enrollment data on a daily basis containing newly enrolled or updated Member information.
- B. IEHP processes this information and assigns a PCP to each Member based on the following:
1. Member Choice/Enrollment Forms - IEHP assigns Members to those PCPs that Members have selected as reported by the designated enrollment contractor.
 2. Member Choice/IEHP Contact – IEHP assigns members to those PCPs that they have requested through contact with an IEHP representative.
 3. Family Links - For Members received from the enrollment contractor that have not selected a PCP, the IEHP data system looks to see if any family member of the Member is currently assigned to a PCP. If a relationship is identified, the IEHP data system assigns the new Member to the same PCP as the family member(s) provided the specialty type is appropriate to the age and gender of the member.

3. ENROLLMENT AND ASSIGNMENT

D. Primary Care Physician (PCP) Assignment

4. Auto Assignment - Members who have not been assigned a PCP through the above mechanism 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: <i>Signature on file</i>	Effective date:	September 1, 1996
Chief Title: Chief Executive Officer	Revised date:	January 1, 2010

3. ENROLLMENT AND ASSIGNMENT

E. Member Identification Cards

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids Members.

POLICY:

- A. All Members receive an IEHP identification card within seven days of enrollment.

PROCEDURES:

A. IEHP ID Card:

1. Each Member receives an IEHP identification (ID) card within seven days of the effective date of coverage. The card contains the PCP name, office telephone number, after hours telephone number, assigned Hospital and general co-payment information (see Attachments 3-3, 3-4 in Section 3, “Attachments”)
 - a. Healthy Families Member Identification Cards are yellow and are titled “Healthy Families.”
 - b. Healthy Kids Member Identification Cards are yellow and are titled “Healthy Kids.”
2. The IEHP ID card does not guarantee eligibility; therefore it is important that Providers verify eligibility as outlined in Policy 4B, “Eligibility Verification Methods.”
3. Temporary IEHP ID Card:
 - a. A temporary IEHP Member ID Card is available for practitioners through the IEHP website at www.IEHP.org.
 - b. Temporary IEHP ID Cards are printed with an expiration date of the last day of the current month.
 - c. The IEHP temporary ID card does not guarantee eligibility. IEHP ID card does not guarantee eligibility; therefore it is important that Providers verify eligibility as outlined in Policy 4A, “Eligibility Verification Methods.”
- B. 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: <i>Signature on file</i>	Effective date:	September 1, 1996
Chief Title: Chief Executive Officer	Revised date:	January 1, 2011

3. ENROLLMENT AND ASSIGNMENT

F. Identifying IPA and Hospital Affiliation

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids 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 seven-character number assigned to that PCP by IEHP.
- B. Each character in the PCP's assigned identification number is coded to represent the following:
- 1st character identifies the IPA that the PCP is affiliated with
 - 2nd & 3rd characters identify the assigned Hospital that the PCP is affiliated with
 - 4th - 7th 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 3-5 in Section 3, "Attachments," 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		
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Chief Title: Chief Executive Officer	Revised date:	February 1, 2006

3. ENROLLMENT AND ASSIGNMENT

G. Post Enrollment Kit

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids Members.

POLICY:

- A. All Members receive a Post Enrollment Kit.

PROCEDURES:

- A. An IEHP Post Enrollment Kit is sent to all Members within seven days of the effective date of coverage with IEHP.
- B. One Post Enrollment Kit is sent per Member household.
- C. The IEHP Post Enrollment Kit contains at a minimum the following materials:
1. Cover Letter
 2. The Member Handbook
 3. Provider Directory
 4. Privacy Notice
- D. The IEHP Post Enrollment Kit, from time to time contains other information such as special health promotions or program information.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective date:	September 1, 1996
Chief Title: Chief Executive Officer	Revised date:	January 1, 2012

3. ENROLLMENT AND ASSIGNMENT

Attachments

<u>ATTACHMENT</u>	<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
3-1	Aid Codes – Healthy Families Program	3B
3-2	Aid Codes – Healthy Kids Program	3B
3-3	IEHP ID Card – Healthy Families	3B
3-4	IEHP ID Card – Healthy Kids	3E
3-5	Contracted IEHP Providers	3F



INLAND EMPIRE HEALTH PLAN

AID CODE	PROGRAM	HEALTHY FAMILIES AID CODES DEFINITION
HC	Healthy Families Child	Children between the ages of 1 through 18 who have no other insurance coverage and are not eligible for no-cost Medi-Cal. Total family income must be at or below 250% of the Federal Poverty Level and not eligible for zero share cost of Medi-Cal.
HI	Healthy Families Infant	Children between the ages of 11 days up to 1 who have no other insurance coverage and are not eligible for no-cost Medi-Cal. Total family income must be at or below 250% of the Federal Poverty Level and not eligible for zero share cost of Medi-Cal. American Indian/ Alaska Native (AIAN)
HO	Healthy Families Child	Healthy Families No Copay Maximum Out of Pocket Met (\$250) Healthy Families Child No Copay
HT	Healthy Families Child	Healthy Families with \$10 Copay Healthy Families Child \$10 Copay




INLAND EMPIRE HEALTH PLAN

AID CODE	PROGRAM	HEALTHY KIDS AID CODES DEFINITION
K1	Healthy Kids	<p><i>Qualified children ages 0-18 years who have no other insurance coverage and are not eligible for zero share-of-cost Medi-Cal, Healthy Families Program or other Public Assistance programs.</i></p> <p><i>Qualified children determined by a Zip Code coverage criteria residing in Riverside County for the last 90 days. Total family income must be at or below 250% of the Federal Poverty Level.</i></p>
K2	Healthy Kids	<p><i>Qualified children ages 0-5 years who have no other insurance coverage and are not eligible for zero share-of-cost Medi-Cal, Healthy Families Program or other Public Assistance programs.</i></p> <p><i>Qualified children resided in Riverside County for the last 90 days. Total family income must be at or below 300% of the Federal Poverty Level.</i></p>
K3	Healthy Kids	<p><i>Qualified children ages 0-18 years who have no other insurance coverage and are not eligible for zero share-of-cost Medi-Cal, Healthy Families Program or other Public Assistance programs.</i></p> <p><i>Qualified children resided in Riverside County for the last 90 days. Total family income must be at or below 300% of the Federal Poverty Level.</i></p>
K5	Healthy Kids	<p><i>Qualified children ages 6-18 years who have no other insurance coverage and are not eligible for zero share-of-cost Medi-Cal, Healthy Families Program or other Public Assistance programs.</i></p> <p><i>Qualified children resided in Riverside County for the last 90 days. Total family income must be at or below 300% of the Federal Poverty Level.</i></p>

AID CODE	PROGRAM	HEALTHY KIDS AID CODES DEFINITION
K6	Healthy Kids	<p><i>Qualified children ages 6-18 years who have no other insurance coverage and are not eligible for zero share-of-cost Medi-Cal, Healthy Families Program or other Public Assistance programs.</i></p> <p><i>Qualified children resided in Riverside County for the last 90 days. Total family income must be at or below 300% of the Federal Poverty Level.</i></p>
K7	Healthy Kids	<p><i>Qualified children ages 6-18 years who have no other insurance coverage and are not eligible for zero share-of-cost Medi-Cal, Healthy Families Program or other Public Assistance programs.</i></p> <p><i>Qualified children resided in San Bernardino County for the last 90 days. Total family income must be at or below 300% of the Federal Poverty Level.</i></p>
K8	Healthy Kids	<p><i>Qualified children ages 0-5 years who have no other insurance coverage and are not eligible for zero share-of-cost Medi-Cal, Healthy Families Program or other Public Assistance programs.</i></p> <p><i>Qualified children resided in San Bernardino County for the last 90 days. Total family income must be at or below 300% of the Federal Poverty Level.</i></p>
K9	Healthy Kids	<p><i>Qualified children ages 0-18 years who have no other insurance coverage and are not eligible for zero share-of-cost Medi-Cal, Healthy Families Program or other Public Assistance programs.</i></p> <p><i>Qualified children resided in San Bernardino County for the last 90 days. Total family income must be at or below 300% of the Federal Poverty Level.</i></p>
KA	Healthy Kids	<p><i>Qualified children ages 6-18 who have no other insurance coverage and are not eligible for zero share-of-cost Medi-Cal, Healthy Families Program or other Public Assistance programs.</i></p> <p><i>Qualified children resided in San Bernardino County for the last 90 days. Total family income must be at or below 300% of the Federal Poverty Level.</i></p>

AID CODE	PROGRAM	HEALTHY KIDS AID CODES DEFINITION
KB	Healthy Kids	<p><i>Qualified children ages 6-18 who have no other insurance coverage and are not eligible for zero share-of-cost Medi-Cal, Healthy Families Program or other Public Assistance programs.</i></p> <p><i>Qualified children determined by a Zip Code coverage criteria residing in San Bernardino County for the last 90 days. Total family income must be at or below 300% of the Federal Poverty Level.</i></p>
KC	Healthy Kids	<p><i>Qualified children ages 6-18 who have no other insurance coverage and are not eligible for zero share-of-cost Medi-Cal, Healthy Families Program or other Public Assistance programs.</i></p> <p><i>Qualified children resided in Riverside County for the last 90 days. Total family income must be at or below 300% of the Federal Poverty Level.</i></p>

IEHP ID CARD – HEALTHY FAMILIES

		HEALTHY FAMILIES		Printed: 05/24/2011	
Name/Nombre: YONNI YONNISON		1			
ID#: 0000000002501	2	3	DOB: 03/01/2002		
4	Doctor: Dr. Sample PCP	5	0000005		
Hospital: MNO Hospital		6			
7	Doctor: (123)456-7891				
After Hours Nurse Advice Line: 1-888-244-IEHP (4347)					
Línea de Consejo de Enfermera Despues del Horario Normal		8			
9	Copays: RX: \$10 MD: \$11 ER: \$12 HOSP: \$13				
		X0502/400001			

Notice to Members/Aviso a Miembros:

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

For Member Information: 1-800-440-4347 (M-F/L-V 8 am to 5 pm PST) 10

Información Para Miembros: TTY 1-800-718-4347

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

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

1. Member Name – Last Name, First Name
2. Member # - Unique IEHP Assigned #
3. DOB – Birthdate – 00/00/0000
4. Doctor Name – Last Name, First Name of Assigned PCP
5. Doctor # - 7 digit – A011000
 - a. 1st digit – IPA Affiliation
 - b. 2nd and 3rd digit – Hospital Affiliation
 - c. 4th – 7th – Unique PCP #
6. Hospital – Primary Hospital assigned to Member
7. Phone – PCP’s phone number
8. After Hours – After Hours Nurse Advice Line
9. Co-pay amounts – Healthy Families Members have five dollar (\$5.00) co-pay for selected services. Refer to Section 4C for more information.
10. 800 Number for IEHP Member Services
11. 24 hour IVR number to verify eligibility

FRONT OF IEHP ID CARD

IEHP
A PUBLIC ENTITY

HEALTHY FAMILIES

PRINTED:
01/01/YYYY

Name/Nombre: Jane Doe **1**

ID# XXXXXXXXXXXX01 **2** DOB: 01/01/YYYY **3**

Doctor: Selected Doctor **4** XXXXXXX **5**

Hospital: Selected Hospital **6**

Doctor: (XXX) XXX-XXXX **7**

After Hours Nurse Advice Line: 1-888-244-IEHP (4347) **8**
Linea de Consejo de Enfermera Despues del Horario Normal

Copays: **9** RX: \$X MD: \$X ER: \$X Hosp: \$X

1. Member Name – Last Name, First Name
2. Member Member # - Unique IEHP Assigned #
3. DOB – Birthdate – 00/00/0000
4. Doctor Name – Last Name, First Name of assigned PCP
5. Doctor # - 7 digit – A 01-1000.
 - 1st digit = IPA Affiliation
 - 2nd and 3rd digit = Hospital Affiliation
 - 4th – 7th digits = unique PCP #
6. Hospital – Primary Hospital assigned to Member
7. Phone – PCP’s phone number
8. After Hours – After Hours Nurse Advice Line
9. Co-pay amounts: Healthy Families Members have a five dollar (\$5.00) co-pay for selected services. Refer to section 4C for more information.

BACK OF CARD

Notice to Members/Aviso a los Miembros:

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

For Member Information: **1-800-440-4347** **10**
(M-F/L-V 8 am to 5 pm PST)



Infomación Para Miembros: **TTY (909) 890-0731**

To Emergency Medical Provider: Emergency Service 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/7days per week or visit www.iehp.org.

11


10. 800 Number for IEHP Member Services
11. 24 hour IVR number to verify eligibility

IEHP ID CARD – HEALTHY KIDS

		HEALTHY FAMILIES		Printed: 05/24/2011		
Name/Nombre: YONNI YONNISON		1				
ID#: 0000000002501	2	3	DOB: 03/01/2002			
4	Doctor: Dr. Sample PCP	5	0000005			
Hospital: MNO Hospital		6				
7	Doctor: (123)456-7891					
After Hours Nurse Advice Line: 1-888-244-IEHP (4347)						
Línea de Consejo de Enfermera Despues del Horario Normal		8				
9	Copays: RX: \$10 MD: \$11 ER: \$12 HOSP: \$13					
				X0502/400001		
Notice to Members/Aviso a Miembros:						
<ul style="list-style-type: none">For routine or urgent care, or questions for your Doctor, call the number on the front of this card.In case of an Emergency go to the hospital on the front of this card or the nearest Emergency Room.Para atención rutinaria o de urgencia, o si tiene preguntas para su Doctor, llame al número que se indica al frente de ésta tarjeta.En caso de una emergencia que pelagra la vida, vaya al hospital que se indica al frente de ésta tarjeta o a la sala de emergencias mas cercana.						
For Member Information:				1-800-440-4347		10
Información Para Miembros:				(M-F/L-V 8 am to 5 pm PST)		
				TTY 1-800-718-4347		
11 Possession of this card does not guarantee eligibility, to verify current eligibility call (909) 890-3800 24 hours/7 days per week or visit www.iehp.org.						
To Emergency Medical Provider: Emergency Services for life threatening conditions requiring immediate intervention do not require prior authorization, all other services require prior authorization.						

1. Member Name – Last Name, First Name
2. Member # - Unique IEHP Assigned #
3. DOB – Birthdate – 00/00/0000
4. Doctor Name – Last Name, First Name of Assigned PCP
5. Doctor # - 7 digit – A011000
 - a. 1st digit – IPA Affiliation
 - b. 2nd and 3rd digit – Hospital Affiliation
 - c. 4th – 7th – Unique PCP #
6. Hospital – Primary Hospital assigned to Member
7. Phone – PCP’s phone number
8. After Hours – After Hours Nurse Advice Line
9. Co-pay amounts – Healthy Kids Members have five dollar (\$5.00) co-pay for selected services. Refer to Section 4C for more information.
10. 800 Number for IEHP Member Services
11. 24 hour IVR number to verify eligibility

FRONT OF IEHP ID CARD

		HEALTHY KIDS	PRINTED: 01/01/YYYY
Name/Nombre:	Jane Doe 1		
ID#	XXXXXXXXXXXX01 2	DOB:	01/01/YYYY 3
Doctor:	Selected Doctor 4		XXXXXXX 5
Hospital:	Selected Hospital 6		
	Doctor: (XXX) XXX-XXXX 7		
	After Hours Nurse Advice Line: 1-888-244-IEHP (4347) 8		
	Linea de Consejo de Enfermera Despues del Horario Normal		
Copays:	9 RX: \$X MD: \$X ER: \$X Hosp: \$X VIS \$X		

1. Member Name – Last Name, First Name
2. Member # - Unique IEHP Assigned #.
3. DOB – Birthdate – 00/00/0000
4. Doctor Name – Last Name, First Name of assigned PCP
5. Doctor # - 7 digit – A 01-1000.
 - 1st digit = IPA Affiliation
 - 2nd and 3rd digit = Hospital Affiliation
 - 4th – 7th digits = unique PCP #
6. Hospital – Primary Hospital assigned to Member
7. Phone – PCP’s phone number
8. After Hours – After Hours Nurse Advice Line
9. Co-pay amounts: Healthy Kids Members have a five dollar (\$5.00) co-pay for selected services. Refer to section 4C for more information.

BACK OF CARD

Notice to Members/Aviso a los Miembros:

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

For Member Information:

1-800-440-4347 **10**
(M-F/L-V 8 am to 5 pm PST)
TTY (909) 890-0731

Infomación Para Miembros:

To Emergency Medical Provider: Emergency Service 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/7days per week or visit www.iehp.org.

- 11**
10. 800 Number for IEHP Member Services
11. 24 hour IVR number to verify eligibility



INLAND EMPIRE HEALTH PLAN

IPA NAME	IPA CODE
Alpha Care Medical Group	A
Inland Healthcare Group	B
Vantage Medical Group	C
LaSalle Medical Associates	E
Inland Faculty Medical Group	F
Inland Valleys	I
IEHP Direct	J
McKinley Medical Group	K
Physicians Health Network	N
Physicians Healthways	P
Riverside Family Health Medical Group	Q
Kaiser - Fontana & Riverside	X

HOSPITAL NAME	HOSP CODE
Community Hospital of San Bernardino	02
Corona Regional Medical Center	03
Desert Regional Medical Center	04
Hemet Valley Medical Center	06
John F. Kennedy Memorial Hospital	07
Loma Linda University Medical Center	08
Menifee Valley Medical Center	09
Redlands Community Hospital	11
Riverside County Regional Medical Center	12
Arrowhead Regional Medical Center	14
San Gorgonio Memorial Hospital	15
Rancho Springs Medical Center	16
St. Bernardine Medical Center	17
St. Mary Medical Center	18
Victor Valley Community Hospital	20
Kaiser Fontana/Riverside	22
Pomona Valley Hospital Medical Center	23
Parkview Community Hospital Med. Center	24
Riverside Community Hospital	25
Montclair Hospital Medical Center	26
Barstow Community Hospital	27
Inland Valley Regional Medical Center	28
Mountains Community Hospital	29
Eisenhower Medical Center	31
CHSB (IEHP-Direct)/LasSalle	33
Kaiser Foundation Hospital MVH	39
Network Access as Directed by your Doctor	88