
4. ELIGIBILITY AND VERIFICATION

A. Eligibility Verification

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids 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 ID card does 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.
 - 1. For Healthy Families Members, data file transfers are received from Maximus on a daily basis.
 - 2. For Healthy Kids Members, data file transfers are received from the IEHP Enrollment Unit on a daily basis and uploaded weekly.
- 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 @ www.iehp.org. Refer to Policy 4B3, “Web-based Eligibility Verification.”
 - 4. TransUnion Healthcare Refer to Policy 4B4, “Other” for more information.
- E. 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

4. ELIGIBILITY AND VERIFICATION

A. Eligibility Verification

3. Birth date
 4. Gender (female or male)
 5. Member Address
 6. Member Phone Number
 7. Language Preference
 8. Status (currently eligible, newly eligible)
 9. Effective date of terminations or transfers
 10. Co-payment Information
 11. Aid Code
 12. County Code
 13. Plan or Program (Healthy Families, Healthy Kids, IHSS, etc.)
 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 drivers license or state identification with both a picture and signatures.

INLAND EMPIRE HEALTH PLAN		
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4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

1. Eligibility Files

APPLIES TO:

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

POLICY:

- A. IEHP processes eligibility data, including assigning a PCP and Hospital 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 on the IEHP File Transfer Protocol (FTP) server (see Attachment 4-1 in Section 4, “Attachments”).
- D. It is the responsibility of each Provider to retrieve the eligibility files within three days of file transmission and update their eligibility system.
- E. IEHP requires the Provider to distribute eligibility lists or have the eligibility lists available online to each of its contracted PCPs by the 5th and 15th of each month for the current month’s enrollment.
- 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, 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, and the IVR. See Policy 4B4, “Other Eligibility Verification Methods”.
- C. The eligibility file contains important information about the Member including:

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

1. Eligibility Files

- Eligibility status
- Assigned PCP
- Assigned Hospital
- Effective date
- Termination date (if applicable)
- Address
- Phone
- Language preference
- Birth date
- Gender
- Aid Code
- County Code
- Co-payment information
- Capitation Rate
- Race/Ethnicity

(For more detailed information see Attachment 4-2 in Section 4, “Attachments,” or refer to the Provider Eligibility and Encounter File Format Requirements Manual.)

- D. Because Member eligibility changes frequently, IEHP provides periodic file updates. These file updates contain only changes within the Provider’s network, **including** any updated information and *new Healthy Families and/or Healthy Kids Members*, received since the last file update.
- E. Providers must distribute eligibility lists, or have the eligibility lists available online to their contracted PCPs by the 5th and 15th of each month for the current month’s enrollment.
- F. Member Rosters are available on the IEHP website at www.IEHP.org

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4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Interactive Voice Response (IVR)

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids 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	19961105666101
▪ Member social security number	123121234
▪ 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 verify eligibility for.
- 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.
- F. Once the above have been entered, information and benefits about a Member available through the IVR include:

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Interactive Voice Response (IVR)

- Name
- Birth date
- Gender
- Plan or Program (Medi-Cal, Healthy Families, Healthy Kids, Open Access, Medicare DualChoice (HMO SNP).
- 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

G. The IVR provides co-payment information for Healthy Families, and Healthy Kids Members.

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

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids 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.
- 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 4-6 in Section 4, "Attachments").
- D. Providers must meet the following system requirements in order to have access to the IEHP's 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.

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

3. Online Eligibility Verification System

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

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

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids 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:
 - 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 Healthy Families 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 and/or Healthy Families 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 identifies the individual as a Healthy Families Member, please call IEHP's IVR to determine the effective date of eligibility and whether or not the individual is an IEHP Member.

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

4. Other

- d. AEVS can be accessed by calling (800) 456-2387 or logging onto the AEVS website at www.medi-cal.ca.gov/eligibility/login.asp.
- e. 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 Attachment 4-4 in Section 4, "Attachments," for a quick reference guide to AEVS Key Codes.
- f. To obtain a PIN number or to get assistance in using AEVS, please call the EDS Provider Support Center at (800) 541-5555.
- g. For assistance in accessing the AEVS website, please refer to Attachment 4-5 in Section 4, "Attachments."
- h. 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

APPLIES TO:

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

POLICY:

- A. Healthy Families and Healthy Kids Members are currently required to pay a \$5.00 to \$10.00 co-payment as provided by Healthy Families for certain services that are not considered “preventive” services.
- B. Healthy Families Members under the age of two are exempt from co-payments. Their IEHP ID cards display a \$0 dollar amount in the co-payment field.
- C. Healthy Families Members who are certified as American Indian or Alaskan Natives are currently exempt from co-payments. Their IEHP ID cards display a \$0 dollar amount in the co-payment field.
- D. Healthy Families Members who are also covered under Medi-Cal are exempt from co-payments during the time they have dual coverage. Their IEHP ID cards display a \$0 dollar amount in the co-payment field.
- E. Healthy Families and Healthy Kids Members have a \$250 combined medical and pharmacy annual out-of-pocket maximum per family per benefit year (July to June).
- F. If a Healthy Families Member pays more than \$25 in office visit co-payments in any 30-day period, the practitioner must offer the Member an extended payment plan as required by MRMIB.
- G. It is the Members’ responsibility to keep track of their co-payments paid and to submit their receipts to IEHP.
- H. Members who demonstrate that their co-payment out-of-pocket maximum has been met will receive a new IEHP ID card with the co-payment amount listed as \$0.
- I. If a Member is unable to pay their co-payment at the time of service, the practitioner may bill the Member for the co-payment. Practitioners must not waive co-payments.

PROCEDURE:

- A. IEHP Members are issued an IEHP ID card that identifies the co-payment.
1. Healthy Families ID cards
 - ID cards titled “Healthy Families”
 - It includes **\$5 or \$10** in the “Co-pays” section at the bottom of the card
 2. Healthy Kids ID cards
 - ID card is titled “Healthy Kids Health Access”

4. ELIGIBILITY AND VERIFICATION

C. Member Co-payments

- It includes **\$5** in the “Co-pays” section at the bottom of the card including vision services
 - \$0 co-payment for all office visits for children under 24 months of age
- B. 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.
- C. Co-payments apply to the following types of services (these are examples of benefits for Commercial plan members):
- Office Visits (for Members 2 years of age and older)
 - Urgent Care Visits
 - Emergency Room Visits
 - Second Medical Opinions
 - Outpatient Physical/Occupational/Speech Therapy Visits
 - Prescription Drugs (excluding contraceptive supplies, Prenatal Vitamins and Diabetic Supplies)
 - Outpatient Mental Health/Alcohol/Drug Abuse Visits
- D. Co-payments do not apply to the following types of services:
For Healthy Families and Healthy Kids Programs:
- Preventive Services, such as:
 - Periodic Health Exams (including Well Child)
 - Scheduled Immunizations
 - Family Planning
 - Prenatal Care
 - Vision / Hearing tests or screenings (Exception: Healthy Kids have a \$5-dollar Copay for Vision tests)
 - Sexually transmitted disease testing
 - Health Education
 - Office Visits (for Member under 2 years of age)
 - Diagnostic Services (lab and x-ray)
 - DME and Supplies

4. ELIGIBILITY AND VERIFICATION

C. Member Co-payments

- Inpatient Services
 - Home Health Care Visits
- E. A receipt should be given to the Member when a co-payment is collected.
- F. Members who present an IEHP ID card with co-payment amount listed as \$0 should not be charged a co-payment.
1. Practitioners must confirm whether or not co-payments are required when verifying eligibility.
 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.
 3. If a practitioner needs to collect \$25 or more in office visit co-payments from the Member in any 30-day period, the practitioner must offer an extended payment plan with the Member (this applies to the Healthy Families program).
- G. If a Member is unable to pay their co-payment at the time of service, the practitioner is encouraged to work with the Member by agreeing to bill the Member for the co-payment. The practitioner cannot waive the co-payment.
- H. For Healthy Kids - For Vision Benefits Only
1. In the event that services are not covered under the IEHP Plan or are denied by IEHP as not being Medically Necessary, for example non-covered cosmetic contact lenses or non-Medi-Cal benefit frames, the Provider must not charge the Member unless the Provider has obtained a written waiver from the Member. The waiver must be obtained in advance of rendering services and must specify those non-covered services or services IEHP has denied as not being Medically Necessary and must clearly state that the Member is responsible for payment of those services.
 2. The form must be signed by both the Member and the Provider and be retained as part of the Member's optometric record for a period of seven years. In these cases, Providers cannot bill IEHP or Medi-Cal for the contact lens materials and fitting services or for frames purchase.
- I. Discrepancies regarding whether or not a co-payment is due should be directed to IEHP Member Services (800) 440-4347 while the Member is present.

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4. ELIGIBILITY AND VERIFICATION

Attachments

<u>ATTACHMENT</u>	<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
4-1	Eligibility Data File Transmission Schedule	4B1
4-2	Eligibility Data File Format	4B1
4-3	IVR Alpha Characters	4B2
4-4	AEVS Alpha Codes	4B4
4-5	AEVS Website Access Process	4B4
4-6	Online Eligibility Verification System Training – Training Manual	4B3



INLAND EMPIRE HEALTH PLAN

ELIGIBILITY PROCESSING PROCEDURES

Eligibility Data File Transmission Schedule

The following schedule outlines when eligibility files are available to providers for review. Eligibility files must be picked up within three days of file transmission.

Calendar Month	MONTHLY Eligibility File (full file)	FIRST WEEKLY Eligibility File (updates only)	SECOND WEEKLY Eligibility File (updates only)	THIRD WEEKLY Eligibility File (updates only)
Jan 2012	01/01/2012	01/10/2012	01/17/2012	01/25/2012
Feb 2012	TBD	TBD	TBD	TBD
Mar 2012	TBD	TBD	TBD	TBD
Apr 2012	TBD	TBD	TBD	TBD
May 2012	TBD	TBD	TBD	TBD
Jun 2012	TBD	TBD	TBD	TBD
Jul 2012	TBD	TBD	TBD	TBD
Aug 2012	TBD	TBD	TBD	TBD
Sep 2012	TBD	TBD	TBD	TBD
Oct 2012	TBD	TBD	TBD	TBD
Nov 2012	TBD	TBD	TBD	TBD
Dec 2012	TBD	TBD	TBD	TBD
Jan 2013	TBD	TBD	TBD	TBD

ELIGIBILITY Data File Format

#	DATA ELEMENT	T Y P E	P O S	B Y T E S	FORMAT	DESCRIPTION
1	PCP Code	A	1	7	AXX9999	IEHP assigned PCP code. A=IPA, XX=Hospital, 9999=PCP code
2	PCP Name	A	8	30	X(30)	Provider Name
3	Current Eligibility Status Code	A	38	1	X	Represents status of eligibility (see note # 3)
4	Effective Date	N	39	8	CCYYMMDD	The effective date the Member was with this PCP (see note # 4)
5	Termination Date	N	47	8	CCYYMMDD	The date the Member was terminated from this PCP (see note # 5)
6	Aid Category	A	55	10	X(10)	The aid category for this Member (see note # 6)
7	Subscriber ID #	A	65	14	CCYYMMX(8)	The IEHP assigned # for the Member (see note # 7)
8	Member ID #	A	79	14	CCAAX(10) or X(9) Or HKX(9)	Either a Medicaid # or CIN #, Healthy Kid#, or blank for Non-State programs (see note # 8)
9	Prior Member ID #	A	93	14	CCAAX(10) or X(9) Or HKX(9)	Either a Medicaid # or CIN #, Healthy Kid#, or blank for Non-State programs (see note # 9)
10	Last Name	A	107	15	X(15)	Member Last Name
11	First Name	A	122	10	X(10)	Member First Name
12	Middle Initial	A	132	1	X	Member Middle Initial
13	Sex	A	133	1	X	M= Male or F= Female
14	Date of Birth	N	134	8	CCYYMMDD	Member date of birth
15	C/O Address	A	142	26	X(26)	Member C/O address
16	Street Address	A	168	26	X(26)	Member Street address
17	City/State	A	194	26	X(26)	Member City and State
18	Zip Code	A	220	5	X(5)	Member Zip Code
19	Phone Number	N	225	10	X(10)	Identifies Member 10 character phone number. Example 9094302752
20	Social Security Number	A	235	9	X(9) or HKX(7)	This field consists of one of the following: SSN#, PSEUDO# or CIN#(see note # 20)
21	Previous Social Security Number	A	244	9	X(9) or HKX(7)	This field consists of the previous SSN# as identified above or blank (see note # 20)

ELIGIBILITY Data File Format

						#21)
22	Language Code - Spoken	A	253	1	X	Identifies spoken language of Member (see note # 22)
23	Race Code	A	254	1	X	Identifies race of Member (see note # 23)
24	Copay	A	255	1	X	Identifies if copay exists. Y = Yes or N = No (see note # 24)
25	Pregnancy Due Date	N	256	8	CCYYMMDD	Provided by HCO/Maximus for State programs if available
26	Medicare Number	A	264	12	X(12)	Health Insurance Number (HIC) – used for billing Medicare (See note # 26)
27	PHP Status Code	A	276	2	X(2)	Provided by DHS, MRMIB or non-State program's (See note # 27)
28	Previous PCP code	A	278	7	AXX9999	IEHP assigned PCP code. A=IPA, XX=Hospital, 9999=PCP code (See note # 28)
29	Aid Code	A	285	2	X(2)	Identifies Member's aid code. (See note # 29)
30	Capitation Rate	N	287	7	X(7)	Member capitation rate based on Member Aid Code Category (See note#6)
31	Part D				X	Identifies if Member is active with Medi-Medi Part D (see note # 31)
32	Language Code - Written				X	Identifies written language of Member (see note # 32)
33	Ethnicity Code				X(2)	Identifies ethnicity of Member (see note # 33)
34	FILLER				X(7)	Spaces from position 298 through 305
TOTAL RECORD SIZE			305			

**ELIGIBILITY
Data File Format**

Attachment 4-2
Eligibility Data Format

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

NOTES:

Data Element

Element: 3

Note # 3: CURRENT ELIGIBILITY STATUS CODE

This code can be an A, C, T, or N:

A = Active (on weekly and monthly files) identifies existing Members or Members who were part of your organization last month.

C = Change (on both weekly and monthly updates) identifies Members who have demographic changes or have changed PCPs, but remain assigned to your organization.

T = Termed (on both weekly and monthly updates) identifies Members who are no longer assigned to your organization.

N = New (on both weekly and monthly updates) identifies Members who are newly assigned to your organization.

NOTE: Members who are not included in the IEHP monthly eligibility file who are active in the health plan's membership database are not eligible for the new month.

Element: 4

Note # 4: EFFECTIVE DATE

The date the Member was eligible with the indicated PCP. Healthy Families and Healthy Kids Members may be newly activated for any day of the month.

For Medi-Cal members only - If the Member is on a Hold status, the Effective Date field shows the 1st of the new month being reported, (i.e., MM/01/YY) with no date in the Termination Date field.

Element: 5

Note # 5: TERMINATION DATE

The date the Member's eligibility was terminated with the indicated PCP.

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

Element: 6
Note # 6: AID CATEGORY
 For State programs:

<u>MEDI-CAL</u>	<u>HEALTHY FAMILIES</u>	<u>HEALTHY KIDS</u>	<u>IEHP DUALCHOICE</u>
RIVERSIDE	RIVERSIDE	RIVERSIDE	RIVERSIDE
RVC-FAMILY	RVC-HFP	RVC-HKI	RVC-SNPMD**
RVC-ADULT	RVC-HFI	RVC-HKC	RVC-SNPMD**
RVC-AGED			
RVC-DISABLED	SAN BERNARDINO	SAN BERNARDINO	SAN BERNARDINO
RVC- NONCVR (*)	SBC-HFP	SBC-HKI	SBC-SNPMD**
	SBC-HFI	SBC-HKC	SBC-SNPMD**
SAN BERNARDINO			
SBC-FAMILY			
SBC-ADULT			
SBC-AGED			
SBC-DISABLED			
SBC- NONCVR (*)			

(*) The “XXX-NONCVR” category includes aid codes that are not covered by IEHP; therefore, Members with aid codes within this category are not eligible for services.

(**) XXX-SNPMD = IEHP for Medi-Cal and Medicare DualChoice (HMO SNP) XXX-SNPMD = IEHP Medicare Only

Element: 7
Note # 7: SUBSCRIBER ID #

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

The Subscriber ID # is the IEHP assigned number for each Member. An example of a Subscriber ID # is 199609000001. An example of a Medicare Member Subscriber ID # is 199609000000. Medi-Cal Members that became IEHP eligible in 9/96 have a Subscriber ID# that matches their original Medi-Cal #

Element:

8

Note #8:

MEMBER ID #

Medi-Cal Members: The Member ID # is a 14 digit Medi-Cal # in the format of CC = County Code, AA = Aid Code, X = “9” + SSN or X = Case #, Family Budget Unit, and Person #.

Healthy Family Members: The Member ID # is a 9 digit alphanumeric Client Index Number (CIN #).

For Healthy Kids, the Member ID# is a 9-digit number in the format HK##### (IEHP ID number). First two digits begin with “HK”.

For Medicare DualChoice members, the Member ID # is a 14 digit Medicare # in the format of CC = County Code, AA = Aid Code, X = “9”+SSN or X = Case#, Family Budget Unite, and Person #.

Element:

9

Note # 9:

PRIOR MEMBER ID #

Medi-Cal Members: The Member ID # is a 14 digit Medi-Cal # in the format of CC = County Code, AA = Aid Code, X = “9” + SSN or X = Case #, Family Budget Unit, and Person #.

Healthy Families Members: The Member ID # is a 9 digit alphanumeric Client Index Number (CIN #).

For Healthy Kids, the Member ID# is a 9-digit number in the format HK##### (IEHP ID number). First two digits begin with “HK”.

For Medicare DualChoice members, the Member ID # is a 14 digit Medicare # in the format of CC = County Code, AA = Aid Code, X = “9”+SSN or X = Case#, Family Budget Unite, and Person #.

Element:

20

Note # 20:

SOCIAL SECURITY NUMBER

A nine-digit number that is the primary and unique Member identifier.

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

For Medi-Cal Members, this field consists of one of two numbers:

SSN- Member SSN or

PSEUDO- This number appears in this field if no SSN is available as provided by FAME. First digit begins with the number “8 or 9” and ends with a letter.

For Healthy Families Members, this field consists of one of the following:

SSN – Member SSN or

PSEUDO- This number appears in this field if no SSN is available as provided by FAME. First digit begins with the number “8 or 9” and ends with a letter or

CIN – Member Client Index Number if no SSN is available.

For Healthy Kid members, this field consists of the following:

IEHP ID NUMBER – IEHP Member ID Number if no SSN is available. SSN is not a required Healthy Kid field. First two digits begin with “HK”.

For Medicare DualChoice members, this field consists of the following:

SSN – Member SSN or 999-99-9999 if SSN is not available.

Element: 21

Note # 21: PREVIOUS SECURITY NUMBER

Previous SSN - Member previous SSN if available

Blank – SSN is not a required Healthy Families and Healthy Kid field.

Element: 22

Note # 22: LANGUAGE CODE – SPOKEN

0 - American Sign Language	C - Other Chinese Languages	M – Polish
1 – Spanish	D – Cambodian	N – Russian
2 – Cantonese	E – Armenian	O - Default to 0 (zero)
3 – Japanese	F – Ilacano	P – Portuguese
4 – Korean	G – Mien	Q – Italian
5 – Tagalog	H – Hmong	R – Arabic
6 - Other non-English	I – Lao	S – Samoan

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

7 – English	J – Turkish	T – Thai
8 - No valid data reported	K – Hebrew	U – Farsi
9 – No valid data reported	L – French	V – Vietnamese
A - Other Sign Language		
B – Mandarin		

Language code - Spoken is not a required Healthy Families Field and may be blank.

Spoken Language will only be provided for the Healthy Families and Healthy Kids Program.

Also of note, if only one of the languages is provided (Spoken or Written) the other language field will be defaulted with the provided language.

Element: 23

Note # 23: RACE CODE

1 - White	A – Amerasian	T – Laotian
2 - Hispanic	C – Chinese	U – <i>Unknown</i>
3 - Black	H – Cambodian	V – Vietnamese
4 - Other Asian or Pacific Islander	J – Japanese	X – <i>Multiple Race</i>
5 - Alaskan Native or American Indian	K – Korean	Z – Other
6 - Not a Valid value	M – Samoan	
7 - Filipino	N – Asian Indian	
8 - No Valid Data Reported (MEDS generated)	P – Hawaiian	
9 – Not Reported	R – Guamanian	

Race code is not a required Healthy Families Field and may be blank.

Race codes only apply for the Healthy Families and Healthy Kids Program.

Element: 24

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

Note # 24: COPAY

COPAY is presented as a Y or N. Y = Copay due from Member. N = No copay due from Member.

Medi-Cal Members do not have copays.

Healthy Families copays become an N for a Member when Members have met their annual \$250 copay maximum OR if the member is a certified American Indian/ Native Alaskan (AIAN) recipient OR if the member has additional coverage through Medi-Cal.

Healthy Kids copays become an N for a member when Members have met their annual \$250 copay maximum.

Element: 26

Note # 26: MEDICARE NUMBER

Medi-Cal Members who are eligible for Medicare Part A and/or Part B for the current month have the Medicare number displayed in this field as reported by DHCS.

Element: 27

Note # 27: PHP STATUS CODE

MEDI-CAL Status Codes

01 - Active Enrollment

S1 - Active Enrollment – Activated from hold Retroactive

51 - Active Enrollment – Activated from hold

05 - Enrollment Held – Due to Medi-Cal hold

55 - Enrollment Held – Uncertified Share of Cost

59 - Enrollment Held – Due to change in recipient's status other than Medi-Cal hold.

00 - Voluntary Disenrollment

10 – Voluntary Disenrollment

40 - Voluntary Disenrollment – Occurred before enrollment became effective

S0 - Voluntary Disenrollment – Retroactive

09 - Mandatory Disenrollment

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

19 - Mandatory Disenrollment
49 – Mandatory Disenrollment - Occurred before enrollment became effective
S9 - Mandatory Disenrollment – Retroactive
P4 - Pending Enrollment
HEALTHY FAMILIES and HEALTHY KIDS
28 - Active - Initial Enrollment
20 - Active - Change or Reinstatement
22 – Active – Change Dental/Vision Plan
43 – Active – Address change
XT – Active – Change Dental/Vision Plan
03 - Cancellation/ Termination due to death
07 - Cancellation/ Termination of benefits
14 - Voluntary Disenrollment

MEDICARE DUALCHOICE (HMO SNP) Status Codes

01 – Active Enrollment
61 – Active Enrollment – Enrollment Verified by CMS
05 – Enrollment Held – Pending Enrollment Verification
00 – Voluntary Disenrollment
09 – Mandatory Disenrollment

Element: 28

Note # 28: PREVIOUS PCP CODE

This is populated if the eligibility status code is a C which indicates the previous provider if in the same IPA.

Element: 29

Note # 29: AID CODE

Medi-Cal – The following aid codes are covered aid codes by IEHP

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

Family	Disabled	Aged	Adult
0A	3U	0N	10
01	3W	0M	14
02	30	0P	16
03	32	0R	1E
04	33	0T	1H
06	34	0U	18
08	35	2E	
	38	2H	
3A3C	39	20	
3E	4A	24	
3G	4F	26	
3H	4G	28	
3L	4H		
3M	4K	36	
3N	4L	6A	
3P	4M	6C	
3R	4T	6E	
30	40	6G	
32	42	6H	
33	45	6J	
34	46	6N	
35	47	6P	
38	5K	6R	
39	54	6V	
	59		
	7A	60	
	7J	64	
	7X	66	
	72	68	
	8P		
	8R		

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

82

Healthy Family – The following aid codes are covered by IEHP

HC

HI

H0

HT

Healthy Kids - The following aid codes are covered by IEHP

K1

K2

K3

K4

K5

K6

K7 K8

K9

KA

KB

KC

KD

KZ

Medicare DualChoice (HMO SNP)

MD = IEHP Medicare DualChoice (HMO SNP) and IEHP Medi-Cal

MF = IEHP Medicare DualChoice (HMO SNP) and Full Scope Not with IEHP Medi-Cal

MN = IEHP Medicare DualChoice (HMO SNP) and No Full Scope Medi-Cal

Element: 30

Note # 30: CAPITATION RATE

Member capitation rate is based on Member Aid Code Category as indicated on Note#6. For more details on the capitation rate please refer to your IEHP Capitated Agreement.

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

Element: 31

Note # 31: PART D

If Member is active with Medi-Medi Part D, it is indicated with a “D”.

Element: 32

Note # 32: LANGUAGE CODE – WRITTEN

0 - American Sign Language	C - Other Chinese Languages	M – Polish
1 – Spanish	D – Cambodian	N – Russian
2 – Cantonese	E – Armenian	O - Default to 0 (zero)
3 – Japanese	F – Ilacano	P – Portuguese
4 – Korean	G – Mien	Q – Italian
5 – Tagalog	H – Hmong	R – Arabic
6 - Other non-English	I – Lao	S – Samoan
7 – English	J – Turkish	T – Thai
8 - No valid data reported	K – Hebrew	U – Farsi
9 – No valid data reported	L – French	V – Vietnamese
A - Other Sign Language		
B – Mandarin		

Language code - Written is not a required Healthy Families Field and may be blank.

Written language will only be provided for the Healthy Families and Healthy Kids Program.

Also of note, if only one of the languages is provided (Spoken or Written) the other language field will be defaulted with the provided language.

Element: 33

Note # 33: ETHNICITY CODE

1 - White	A – Amerasian	K – Korean
2 - Hispanic	AA – African-American	KD – Kurdish

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

3 - Black	AG – Argentinean	LT – Latino
4 - Other Asian or Pacific Islander	AI – American	M – Samoan
5 - Alaskan Native or American Indian	AM – Armenian	MX – Mexican
6 - Not a Valid value	AR – Arab	N – Asian Indian (India)
7 - Filipino	BG – Bangladeshi	NC – Nicaraguan
8 - No Valid Data Reported (MEDS generated)	BZ – Brazilian	OL – Other Latino
9 – Not Reported	C – Chinese	P – Hawaiian
	CL – Chilean	PK – Pakistani
	CO – Colombian	PR – Puerto Rican
	CR – Costa Rican	PU – Peruvian
	CU – Cuban	R – Guamanian
	EE – Eastern European	RS – Russian
	ET – Ethiopian	SA – South American
	EU – Ecuadorian	SL – Sri Lankan
	GT – Guatemalan	SV – Salvadoran
	H – Cambodian (Khmer)	T – Laotian
	HM – Hmong	TA – Thai
	HT – Haitian	TN – Trinidadian
	ID – Indonesian	TW – Taiwanese (Chinese)
	IQ – Iraqi	V – Vietnamese
	IR – Iranian	WE – Western European
	J – Japanese	Z – Other

Ethnicity code is not a required Healthy Families Field and may be blank.

The Ethnicity field is a 2 character field, with 1 and 2 character codes. The 1 character code will be filled from the left.



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
1		2			3		
G 41	H 42	I 43	J 51	K 52	L 53	M 61	N 62
4			5			6	
P 71	R 72	S 73	T 81	U 82	V 83	W 91	X 92
7			8			9	
*		0			#		

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)

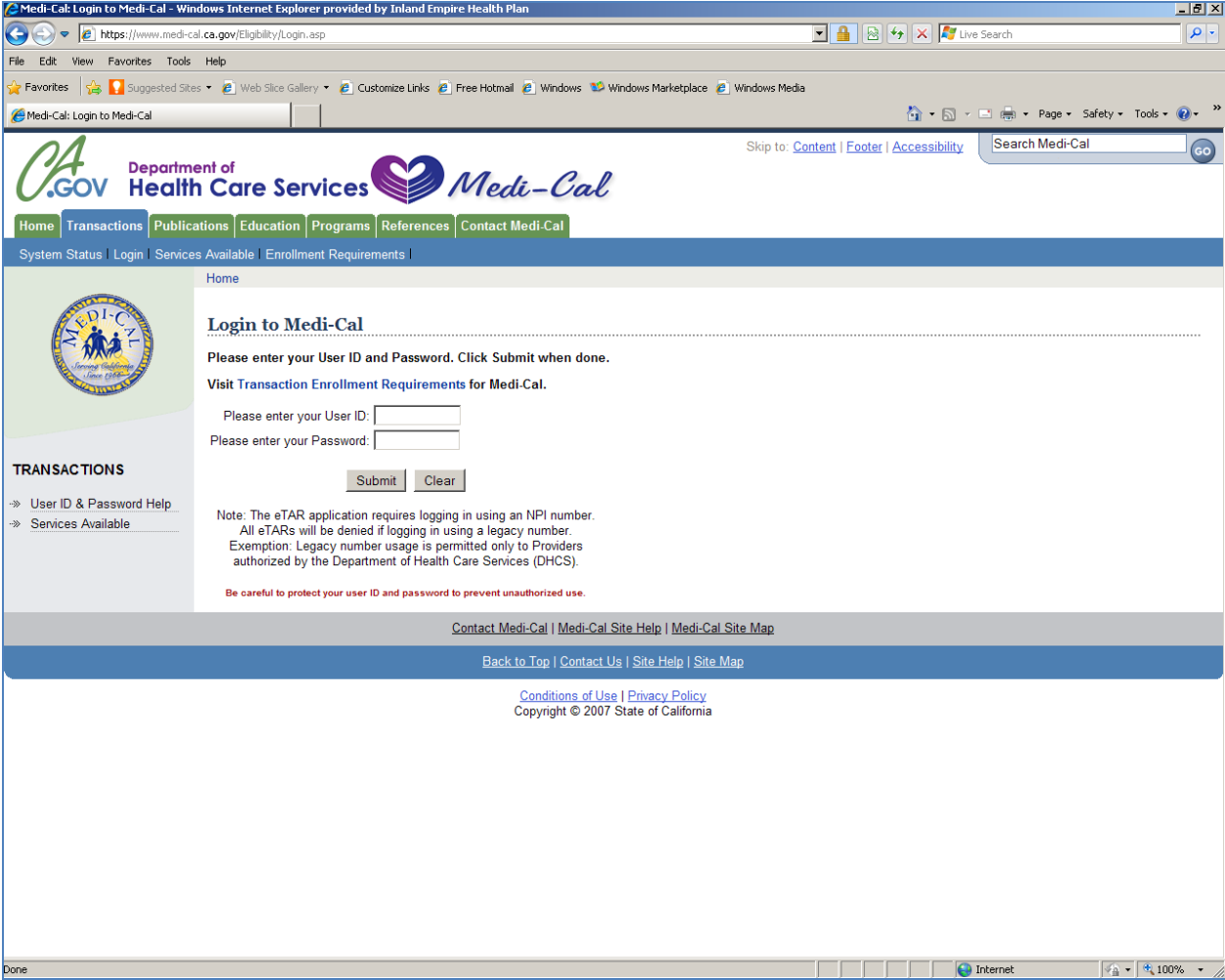
LETTER	2-DIGIT CODE	LETTER	2-DIGIT CODE
A	* 21	N	* 62
B	* 22	O	* 63
C	* 23	P	* 71
D	* 31	Q	* 11
E	* 32	R	* 72
F	* 33	S	* 73
G	* 41	T	* 81
H	* 42	U	* 82
I	* 43	V	* 83
J	* 51	W	* 91
K	* 52	X	* 92
L	* 53	Y	* 93
M	* 61	Z	* 12

Function Keys

Keys	Purpose
[#]	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

CHECKING MEMBER MEDI-CAL ELIGIBILITY VIA THE INTERNET:

Website Location: <https://www.medi-cal.ca.gov/Eligibility/Login.asp>





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)
 - *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



To search by SSN/CIN, 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.

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.

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

Welcome Providers!

IEHP
INLAND EMPIRE HEALTH PLAN
A PUBLIC ENTITY

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.