
18. PROVIDER NETWORK

A. Primary Care Physician (PCP) 1. Identification Numbers

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. PCPs may have a maximum of two unique IEHP Provider Identification Numbers, except in rural areas where PCP coverage is limited due to geographic location at the discretion of IEHP.

PROCEDURE:

- A. A PCP is allowed a maximum of two unique Provider Identification Numbers under the following circumstances:
1. The PCP has two offices within IEHP's service area and spends a minimum of 20 hours per week at each site.
 2. The PCP has one office but admits and/or has an admitter to two IEHP contracted Hospitals that are both located within the PCP's geography, as deemed by IEHP.
 3. The above is allowed as long as the PCP is contracted with an IPA that meets the criteria specified in Policies 18F, "Specialty Panel" and 18H, "Hospital Affiliations."
- B. Given the above criteria, a PCP may join a maximum of two different IPAs, and/or may admit Members to a maximum of two IEHP contracted Hospitals to comply with the two Provider Identification Numbers rule, with the exception of PCPs with rural clinics which are allowed three Provider Identification Numbers as long as they fit the criteria outlined in Policy 6D, "Rural Clinics."
- C. IEHP will allow PCPs to have two IPA affiliations at one site linked to one hospital as long as that IPA meets the criteria specified in Policies 18F, "Specialty Panel" and 18H, "Hospital Affiliations."
- D. IEHP verifies IPA and Hospital affiliation privileges and geographic distribution as stated in Policy 5D, "Hospital Privileges."

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18. PROVIDER NETWORK

A. Primary Care Physician (PCP) 2. Enrollment Limits

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. State regulations or IEHP requirements ensure that its contracted network satisfies the following full-time equivalent (FTE) practitioner to Member ratios:
1. Primary Care Physicians (PCP)
 - a. FP, GP, IM 1 : 2,000
 - b. Pediatricians 1 : 2,500
 2. Physician Extenders 1 : 1,000
- B. State regulations also require that FTE physician supervisor to non-physician medical practitioners (Physician Extenders) ratios do not exceed the following:
1. Nurse Practitioners (NP) 1 : 4
 2. Certified Nurse Midwives (CNM) 1 : 3
 3. Physician Assistants (PA) 1 : 4
 4. Maximum of four Non-Physician Medical Practitioners in any combination that does not include more than three midwives.
- C. IEHP has adopted the above FTE ratios for all practitioners serving all Members.
- D. PCPs are defined as general practice, family practice, internal medicine, pediatrics or OB/GYN physicians.
- E. Non-physician medical practitioners, also known as physician extenders, are defined as NPs, CNMs and PAs.
- F. IEHP ensures the participation of a broad range of safety net and traditional-providers, within its service areas by maintaining contracts with and active outreach to these providers.
- G. IEHP will include any safety net or traditional provider that meets credentialing and/or quality standards, and is willing to provide services under the same terms and conditions that the plan requires for similar providers.
- H. PCPs have an enrollment limit of 2,000 Members with the exception of Pediatricians who are allowed 2,500 Members. PCPs with physician extenders may be assigned a maximum of 5,000 Members in accordance with the above standards. All PCPs must be

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A. Primary Care Physician (PCP) 2. Enrollment Limits

willing to accept a minimum potential enrollment of 500 Members, unless otherwise approved.

- I. PCPs should be located within 10 miles or 30 minutes drive time of a Member's residence, when applicable. The proximity standard must be met whether using private, public bus, hospital, van, dial-a-ride, or Metrolink transportation. IEHP may approve exceptions to this standard in certain circumstances, including but not limited to PCPs located in areas that are underserved or where no medical delivery system exists.

PROCEDURE:

- A. Each PCP is listed in the IEHP data system as having an enrollment limit of 2,000 Members with the exception of Pediatricians allowed 2,500 Members. If a PCP has two IEHP Provider Identification Numbers, each Provider Identification Number is assigned an enrollment limit of 1,000 Members respectively, and 1,250 Members for Pediatricians respectively.
- B. For each physician extender supervised by a PCP at the same location, the number of potential assigned Members can be increased by 1,000 Members per physician extender, up to a maximum of 5,000 potential Members in total.
- C. IEHP must receive a copy of the physician extender's license and a copy of the Supervisory certificate and Delegation of Services Agreement between the physician and physician extender, if applicable, in order to increase the PCP's enrollment limit.
- D. PCPs must meet all applicable statutory and regulatory requirements for the supervision of physician extenders.
- E. Only one PCP can be designated the supervising physician for a physician extender.
- F. As stated in Policy 9A, "Access Standards," a PCP must be physically on-site a minimum of 20 hours per week for each approved PCP site.
- G. Providers are required to offer the same hours of operation for appointments or walk in to all patients, including Medi-Cal beneficiaries, regardless of line of business.
- H. All participating PCPs must be willing to accept a minimum of 500 Members in all lines of business, unless otherwise approved. PCPs reaching the minimum limit may elect to not participate in the auto assignment process and Member choice process by contacting IEHP.
- I. PCPs are listed in the IEHP Provider Directory and receive Members through auto assignment and Member Choice, unless otherwise requested.
 1. PCPs requesting age restrictions outside of those listed in Policy 5A, "IEHP Practitioner Guidelines," do not receive Members through auto assignment.

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A. Primary Care Physician (PCP) 2. Enrollment Limits

- J. A PCP can limit the growth of his/her IEHP enrollment by requesting to NOT be listed in the IEHP Provider Directory and to NOT be included in the auto assignment process for defaulted Members upon reaching the minimum requirement of 500 Members, unless otherwise approved.
- K. Once the PCP's enrollment limit is met, the PCP is closed to new Member enrollment until the PCP's Membership drops below the maximum level.
- L. At least annually, IEHP assesses its network capacity as it pertains to the standards stated herein. IEHP takes corrective action as necessary with Providers to ensure its network continuously satisfies IEHP and legislative requirements.
- M. If IEHP is notified or otherwise becomes aware that a safety net or traditional provider is within its service area but not currently contracted, IEHP staff actively outreaches to that provider to obtain a contract. If the provider meets credentialing and/or quality standards, and is willing to participate under the terms and conditions for similar providers, IEHP will contract with that provider.

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18. PROVIDER NETWORK

B. Provider Directory

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

- A. IEHP publishes a Provider Directory on a semi-annual basis.
- B. Each Provider Directory contains information on PCPs, OB/GYNs and Vision Providers who have been credentialed and are contracted with IEHP directly or through a subcontracted agreement with network IPAs.
- C. Each PCP is listed individually in the Provider Directory to help facilitate the selection process by the Member.
- D. Based on IEHP PCP/IPA affiliations, a PCP can be listed twice in the Provider Directory, with the exceptions of those practitioners who also service IEHP rural areas.
- E. A PCP with two IPA/Hospital affiliations, credentialed and board certified in two IEHP approved specialties, can be listed a maximum of four times in the Provider Directory.
- F. A listing of all contracted IPAs, Hospitals, OB/GYN Providers, Vision Providers, Urgent Care Centers and Pharmacies are included in the Provider Directory.
- G. IEHP also maintains a Web-based Provider Directory to provide Members with the most updated IEHP provider network including PCPs, OB/GYNs, Hospitals, Urgent Care Centers and Pharmacies.

PROCEDURE:

- A. IEHP publishes and distributes the Provider Directory on a semi-annual basis to provide existing and potential Members with current information and changes in IEHP's network.
- B. Members, potential Members or other requestors can receive the IEHP Provider Directory through the following:
 - 1. Medi-Cal Members receive a Provider Directory in the State Medi-Cal pre-enrollment packet from Health Care options.
 - 2. IEHP mails a copy of the Provider Directory directly to new Members upon enrollment with IEHP.
 - 3. IEHP mails copies of the Provider Directory directly to IPAs and Hospitals.
 - 4. Members, potential Members, or other requestors may call IEHP Member Services Department directly at (800) 440-4347 to receive a copy within 10 days.
 - 5. Members can also access the Web-based Provider Network Directory online at www.iehp.org.

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B. Provider Directory

- C. The IEHP Provider Directory contains information regarding IEHP’s network practitioners, the following elements which are subject to change based on Program requirements, including but not limited to:
1. Name;
 2. Street Address, City and Zip Code;
 3. Phone Number;
 4. Affiliated Hospital;
 5. Affiliated IPA/Clinic;
 6. City or Region;
 7. Specialty;
 8. IEHP Assigned Number;
 9. National Provider Identifier (NPI);
 10. Languages spoken at practitioner site (other than English);
 11. Business Hours and Days of operations;
 12. Bus Route Information;
 13. Access for Members with disabilities;
 14. Providers who are open “after hours” are ‘bolded’; and
 15. Footnote for any practitioner temporarily not accepting new Members or non-standard age ranges.
- D. The Provider Directory also includes instructions for Members on how to use the Directory for selecting a practitioner.
- E. IEHP maintains 100% verification of the elements listed above by faxing verification requests and calling each practitioner that doesn’t respond to the written request.
- F. Due to population mix in Riverside and San Bernardino Counties, IEHP evaluates the Spanish speaking capability of practitioner’s and their staff who have indicated they have capabilities to speak Spanish, at the time of entry into the network and annually through language competency audits, before this designation is listed in the Provider Directory as outlined in Policies 15C1 “Cultural and Linguistic Services - Foreign Language Capabilities”, and 15C2 “Cultural and Linguistic Services – Spanish Language Competency Audits” for more information. DHCS currently has designated Spanish as the only threshold language in Riverside and San Bernardino Counties.
- G. During the production of a new Provider Directory, IEHP posts a report on the secure provider website of the most current listing of contracted and credentialed PCPs and

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B. Provider Directory

OB/GYNs, including their Hospital affiliation. All IPAs must examine these lists carefully in order to ensure the validity and integrity of the information provided.

- H. Any errors in the information listed should be reported to IEHP Provider Services within five days of receipt in order to update the Directory.
- I. PCPs listed in the IEHP database with a status of “closed” (not accepting enrollment), are not included in any updates to the IEHP Provider Directory.

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C. PCP and Vision Provider Network Changes

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. PCPs changing their IPA and/or hospital affiliation must provide 60 days advance written notice to IEHP and their IPAs.
- B. Vision Providers must provide 60 days advance written notice to IEHP of any changes in their clinic operation.
- C. PCPs who are relocating must provide 60 days advance written notice to IEHP and their IPA.
- D. IPAs are required to submit coverage plans 60 days in advance of the effective date whenever they are notified that a subcontracted PCP is relocating or terminating their IPA affiliation.
- E. Although IEHP allows changes in Hospital and IPA affiliations, PCPs should review their current contractual clauses regarding contract termination with their IPA before terminating the agreement.

PROCEDURE:

PCP Change in Affiliations

- A. PCPs and their IPAs must send written notification informing IEHP of a change in IPA affiliation 60 days prior to the effective date of the change.
- B. PCPs and IPAs must send written notification informing IEHP of a change in Hospital affiliation 60 days prior to the effective date of change.
- C. IPAs have 60 days from the effective date of a PCP's IPA affiliation change to submit the initial credentialing packet to IEHP. Failure to do so will result in freezing of PCP to new membership assignment or possible termination.
- D. For IPA changes, IEHP verifies that the new IPA has an approved specialty network in accordance with Policy 18F, "Specialty Panel;" if the hospital changes the PCP has privileges or admitting arrangements in place at the new Hospital; and complete credentialing information as delineated in Section 5, "Credentialing and Recredentialing" and a signature page of the agreement between the PCP and IPA has been submitted to IEHP by the new IPA. Once all information is verified, the PCP is assigned a new Provider Identification Number.

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C. PCP and Vision Provider Network Changes

- E. Members are transferred from the old Provider Identification Number to the new Provider Identification Number on the first day of the month when the change is deemed effective by IEHP.
 - 1. An IPA change becomes effective on the first of the month following 60 days from the date notification is received by IEHP.
 - 2. A Hospital change becomes effective on the first of the month following 60 days from the date notification is received by IEHP.
- F. If the PCP practiced in a hospital-based clinic, county clinic, teaching clinic, Federally Qualified Health Center (FQHC), or other site determined to function as a clinic by IEHP, the Member is re-assigned to another IEHP PCP at that site.
- G. Once all information is verified, IEHP sends a letter to the PCP, old IPA, new IPA, old Hospital and new Hospital, if applicable, informing the PCP of his/her new Provider Identification number, effective date of the change, and status of his/her membership (see Attachment 18-3 in Section 18, “Attachments”).
- H. The above procedures for Member assignment may be modified due to circumstances that, in the judgement of the IEHP Chief Medical Officer or Chief Network Officer, are in the best interest of the Member.

PCP Changes in Office Location

- A. IPAs and PCPs must provide written notification to IEHP that a PCP is relocating to another office within IEHP’s geographic service area 60 days prior to the relocation.
- B. If a 60-day advance notice is not provided, the IPA is required to submit a written coverage plan to IEHP Provider Services, along with written notification that the PCP is relocating. The coverage plan must indicate all of the components required by Policy 18I, “Leave of Absence.”
- C. IEHP reviews submitted coverage plans and either approves, denies, or asks for additional information within five working days of receipt of the information from the IPA.
- D. If a 60-day advance notice is not received, the PCP is frozen to auto-assignment, not Member choice enrollment for a period of 60 days from the date IEHP received notification from the IPA.
- E. When geographically appropriate, Members remain with the PCP unless the PCP moves to a different geographic area, defined as 10 miles, from the PCP’s old location.
- F. If a PCP moves to a different geographic area, IEHP reassigns Members to a new PCP that has the capacity and can accommodate the affected Member. IEHP cannot guarantee that a Member remains part of the IPA’s network.

18. PROVIDER NETWORK

C. PCP and Vision Provider Network Changes

- G. The above procedure for Member assignment may be modified due to circumstances that in the judgment of the IEHP Chief Medical Officer or the Chief Network Officer are not in the best interest of the Member.

Vision Provider Change in Office Location

- A. Vision Providers must submit written notification to IEHP that they are relocating to another office within IEHP's geographic service area 60 days prior to the relocation.
- B. If a 60-day advance notice is not received, the Vision Provider is closed to IEHP Members for a period of 60 days from the date IEHP received notification from the Vision Provider, as applicable.

Vision Provider Termination

- A. Vision Providers or Associate Providers no longer interested in participation in the IEHP network must submit a 60-day written notice of intent to terminate in accordance with contractual requirements.

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18. PROVIDER NETWORK

D. IPA Reported PCP Changes

1. PCP Termination

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. All IPAs must provide IEHP with a 60-day advance written notice of any significant changes in the IPA's network, including the termination of a PCP.
- B. IEHP retains the right to obligate the IPA to provide medical services for existing Members for the entire 60-day period.
- C. IEHP notifies affected Members 30 days prior to the effective date of termination of a PCP.
- D. IEHP monitors IPA compliance with policy on an annual basis.

PROCEDURE:

- A. IEHP requires an advance 60-days written notification from the IPA that a PCP is **terminating** as an IEHP network PCP whether voluntary or involuntary. The notice must include a coverage plan where applicable, and supporting documentation/letter from PCP as to reason for termination.
1. Upon receipt of the 60-day advance notification, IEHP works with the IPA to develop a coverage plan in order to determine Member transfers.
 2. IEHP reviews submitted coverage plans and either approves, denies, or requests additional information within five working days of the receipt of information from the IPA.
 3. If the same PCP status (i.e., age limitations, geographic location, etc.) as that of the original PCP cannot be achieved or an acceptable coverage plan is not received 30 days prior to the effective date of termination of a PCP, IEHP reassigns these Members to a new PCP within IEHP's geographic service area who has the capacity and can accommodate the affected Members. IEHP does not guarantee that Members remain part of the IPA's network.
 4. Once all information is verified and an appropriate PCP is established for Member transfer, IEHP sends a letter to the Member notifying him/her of the impending termination and of the new PCP assignment. The letter informs Members of their right to select their own PCP (see Attachments 18-5 and 18-6 in Section 18, "Attachments"). Notification to the Members occurs 30 days prior to the effective date of the impending termination.

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D. IPA Reported PCP Changes

1. PCP Termination

5. Notification of the change is also sent to the IPA and PCP confirming the termination date and transfer of Members (see Attachment 18-4 in Section 18, "Attachments").
- B. In situations where less than 60 days advance notice is received, but an approved coverage plan is accepted, IEHP makes a good faith effort to allow the Member up to 30 days to make an alternate PCP change.
1. The IPA may provide coverage by a PCP not credentialed for participation in the IEHP network as stated in Policy 18I, "Leave of Absence."
 2. If the PCPs status (i.e., age limitations, geographic location, etc.) cannot be achieved, IEHP reassigns these Members to a new PCP within IEHP's geographical service area that has the capacity and can accommodate the affected Members. IEHP does not guarantee that Members remain part of the IPA's network.
 3. Upon verification of all information, and an appropriate PCP is selected for Member transfer, IEHP sends a letter to the Member notifying him/her of the impending termination and of the new PCP assignment. The letter informs the Member of his/her right to select another PCP (see Attachments 18-5 and 18-6 in Section 18, "Attachments"). Notification to the Member occurs 30 days prior to the effective date of the impending termination.
 4. Once IEHP establishes an effective date for the PCP termination and Member transfer, IEHP sends the IPA and PCP a written notification regarding the effective date of the termination and transfer of Members who have not selected a PCP (see Attachment 18-4a in Section 18, "Attachments").
- C. IEHP monitors IPAs compliance with the written notification required as part of the IPA Performance Evaluation Tool as stated in Policy 23A "IPA Performance Evaluation."

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D. IPA Reported PCP Changes

2. Specialty Practitioner Termination

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. All IPAs must provide IEHP with a 60-day advance written notice of any significant changes in the IPA's network, including the termination of a specialty practitioner.
- B. IEHP requires IPAs to notify Members in writing 30 days prior to the effective date of a specialist's termination, or determination by the IPA to terminate a specialist.
- C. IEHP retains the right to obligate the IPA to continue care uninterrupted with the same specialist for existing Members:
1. Who are undergoing treatment for an acute condition or serious chronic condition through the current period of active treatment or for up to 90 days, whichever is shorter. Existing care may continue beyond the 90 days if necessary for a safe transfer to another practitioner.
 2. Who are currently undergoing treatment for a high-risk pregnancy or a pregnancy that has reached the second or third trimester pregnancy until postpartum services related to the delivery are completed. Care may be extended beyond postpartum care if necessary for a safe transfer to another practitioner.
- D. IPAs are not required to continue care with practitioners terminated for quality issues, fraudulent behavior or criminal activity.
- E. IEHP monitors IPA compliance with all notification requirements on a quarterly and annual basis.

PROCEDURE:

- A. IPAs must provide IEHP with a 60-day advance written notice of the termination of a specialty practitioner from the IEHP network. IPAs are responsible for identifying Members currently under the care of a terminating specialist, and providing ongoing care as noted below.
1. The written notification from the IPA to IEHP must include a list of all the Members who have seen the specialist two or more times in the preceding 12 month period, are currently under on-going care, or have an open referral, as well as a copy of the notification letter sent to Members as stated below.
- B. IPAs must send written notification to Members 30 days prior to the effective date of the specialist's termination or a determination by the IPA to terminate the specialty

18. PROVIDER NETWORK

D. IPA Reported PCP Changes

2. Specialty Practitioner Termination

practitioner's affiliation with the IPA or IEHP (see Attachment 18-7a and 18-7b in Section 18, "Attachments"). As applicable, the notice to Members must include the right of the Member to continue care under the specialist as outlined in Policy 17D, "Continuity of Care." The written notification from the IPA must be sent to all Members that:

1. Have seen the specialist two or more times within the preceding 12 month period, or
 2. Are currently under on-going care, or
 3. Have an open referral.
- C. After receiving written notification from the IPA, the specialty practitioner is terminated in IEHP's system with the effective date of the termination.
- D. IEHP reserves the right to make final decisions regarding continuity of care for all Members.
- E. Members have the right to review IEHP final decisions, as well as obtain copies of this policy. Members desiring review of a decision, or wanting a copy of this policy, should contact IEHP at (800) 440-4347.
- F. IEHP monitors IPA compliance with notification requirements on a quarterly and annual basis, as part of its oversight of the IPA's specialty network, as outlined in Policy 18F, "Specialty Panel," and Policy 5C, "IEHP Quality Oversight of Participating Practitioners."
- G. IEHP monitors IPA compliance with notification requirement on an annual basis, as part of the IPA performances evaluation tool, as stated in Policy 23A, "IPA Performance Evaluation."

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18. PROVIDER NETWORK

E. Management Services Organization (MSO) Changes

APPLIES TO:

- A. This policy applies for all IPAs that serve IEHP Medi-Cal Providers.

POLICY:

- A. IEHP evaluates all MSO's that are contracted with IPAs to ensure that they can meet IEHP operational requirements and standards.
- B. Any IPA wishing to contract with a new MSO must provide adequate notice to IEHP so that a pre-contractual audit can be performed to ensure that the MSO can meet IEHP operational requirements and standards.
- C. Prior to being included in IEHP's Provider network, the IPA or MSO must meet IEHP's contractual, financial, administrative and quality standards.
- D. IEHP performs an on-site audit of the IPA or MSO to review information provided in the Precontractual response.
- E. In the event that an IPA wishes to change MSOs the IPA must provide IEHP a 90-day advance written notice of the change.
- F. The new MSO must submit a revised Precontractual outlining all functions they are performing on behalf of the IPA.
- G. If the MSO does not meet IEHP standards, the IPA is not allowed to transition to the new MSO. For new IPAs, failure to have an MSO or in house staff and procedure that meet minimum standards will result in all contracting efforts being halted.

PROCEDURES

- A. In the event an IPA decides to change its MSO or to bring MSO functions under the umbrella of the IPA, the IPA must:
1. Provide IEHP with a 90-day advance written notice if the MSO is not currently affiliated with IEHP; or
 2. Provide IEHP with a 60-day advance written notice if the MSO is already affiliated with IEHP;
 3. Provide IEHP with a copy of the signed MSO agreement; and
 4. Submit the applicable, revised sections of the Precontractual for services that the new MSO is responsible for performing on behalf of the IPA.
- B. IEHP requires any new MSO to have:
1. Been in business for at least two years;
 2. Managed a minimum of two fully capitated HMO contracts for two years;

18. PROVIDER NETWORK

E. Management Services Organization (MSO) Changes

3. A local satellite office or be available to travel to the two counties, when necessary;
 4. Capitation payments sent directly to the IPA;
 5. Performed management services that meet or exceed the performance of the previous MSO, if applicable, as measured by the outcome of the Medical and Administrative Management Audits as appropriate.
- C. Prior to the effective date of change in management, IEHP performs an on-site audit of the new MSO.
- D. If the IPA/MSO is unable to pass the IEHP audit, the IPA/MSO is required to contract with an existing IEHP MSO or maintain their current relationship to continue participation in the IEHP network.
- E. Failure by the IPA to comply with the above notification requirements may result in the IPA being frozen to new enrollment and network expansion, may incur financial penalties or may be terminated from the IEHP network.
- F. IEHP does not approve of new MSO's that have significant ownership or officer overlap with the IPA owners or officers.

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18. PROVIDER NETWORK

F. Specialty Panel

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. State Regulators mandate the types of specialists required in IEHP’s network (see Attachment 18-8 in Section 18, “Attachments” for required specialties).
- B. A specialist is defined as a physician who is board certified or has training that meets ABMS requirements in the specialty of medical care provided.
- C. IEHP requires IPAs to submit a complete listing of their specialty network including specialists, contracted hospitalists, admitters, extenders and ancillary providers to identify the IPA’s current provider network.
- D. IEHP monitors the specialty network including specialists, hospitalists, admitters, extenders and ancillaries, for each affiliated Hospitals on a semi-annual basis.
- E. Prior to establishing a “link” to a network hospital and prior to receiving enrollment in a given geographic area:
1. All IPAs must have a complete specialty network of physicians including hospitalists or admitters and ancillary providers, contracted and credentialed, that have privileges at IEHP contracted hospitals.
 2. IEHP requires IPAs to have all mandated DHCS specialists under contract within 15 miles or 30 minutes of a Member’s residence, via public or private transportation.
- F. IEHP has identified its high-volume specialists as OB/GYNs, orthopedic and general surgeons based on demographics and number of encounters. To ensure that Members have adequate access to such high-volume specialists, IEHP maintains the following minimum ratios of high-volume specialty practitioners to Members:
- | | |
|------------------|-----------|
| OB/GYNs | 1: 4,200 |
| Orthopedics | 1: 20,000 |
| General Surgeons | 1: 15,000 |
- G. To ensure that Members have adequate access to behavioral health practitioners IEHP maintains the following minimum ratios of behavioral health practitioners to Members:
- | | |
|---------------------------------|--------|
| Behavioral Health Practitioners | 1: 500 |
|---------------------------------|--------|

18. PROVIDER NETWORK

F. Specialty Panel

PROCEDURE:

- A. In order for an IPA to establish a link (affiliation) at an IEHP contracted Hospital, the IPA must have the following core specialty network of physicians, contracted and credentialed, in place that have admitting privileges at the designated Hospital:
1. Cardiology;
 2. Gastroenterology;
 3. General Surgery;
 4. Neurology;
 5. OB/GYN;
 6. Orthopedics; and
 7. Otolaryngology.
- B. Prior to receiving enrollment and activation at this established link the IPA must ensure that the following specialty network of physicians are contracted and credentialed within the local geographic service area of the linked Hospital (see attachment 18-10 in Section 18, "Attachments" for geography coverage):
1. Allergy;
 2. Dermatology;
 3. Endocrinology;
 4. Infectious Disease;
 5. Nephrology;
 6. Neurosurgery (if the Hospital provides this service);
 7. Oncology/Hematology;
 8. Ophthalmology;
 9. Physical Medicine;
 10. Podiatry;
 11. Pulmonary Medicine;
 12. Rheumatology; and
 13. Urology.
- C. If the network hospitals within the affiliated Hospital's local geography do not offer these services, the IPA is not required to have the corresponding specialty in place as outlined

18. PROVIDER NETWORK

F. Specialty Panel

above, but must make regionally appropriate arrangements with other Hospitals in the IEHP network.

- D. In the event that a Member is at the linked Hospital and requires a consult from a specialty physician that the IPA does not have under contract at that Hospital, the IPA must arrange and pay the specialist for the consulting services rendered at the rate required by the specialist.
- E. Specialists are required to offer the same hours of operation for appointments or walk in to all patients, including Medi-Cal beneficiaries, regardless of line of business.
- F. In the event that a Member must be transferred to another hospital due to a lack of a contracted specialist that is available at the hospital, the IPA will be financially responsible for the transfer transportation costs.
- G. In certain instances when services required are unavailable within the IEHP network, the IPA must arrange for the provision of specialty services from Providers outside the contracted network to ensure uninterrupted care to Members and timely access as outlined in Policy 9A, "Access Standards." IPA must initiate and execute a Letter of Agreement (LOA) for services rendered outside the network. IPA must ensure that the cost to the Member should be no greater than it would be if the services were provided in-network.
- H. IEHP shall provide for the completion of covered services by a terminated or out-of-network provider at the request of Member in accordance with the continuity of care requirements in Health and Safety Code Section 1373.96.
- I. For newly enrolled SPD beneficiaries who request continued access, IEHP shall provide continued access for up to 12 months to an out-of-network provider with whom they have ongoing relationship provided there are no quality of care issues with the provider and the provider will accept IEHP or Medi-Cal FFS rates, whichever is higher in accordance with W & I Code 14182(b)(13) and (14). An ongoing relationship shall be determined by IEHP's identifying a link between a newly enrolled beneficiary and an out-of-network provider using FFS utilization data provided by DHCS.
- J. On a semi-annual basis, IEHP posts the IPA's specialty network roster on its secure provider website including adult/pediatric hospitalists, adult/pediatric admitters, extenders, and ancillary providers submitted previously by the IPA to IEHP that identifies the IPA's current provider network that includes:
 - 1. Practitioner name;
 - 2. Address;
 - 3. Phone number;
 - 4. License number;
 - 5. Specialty type;

18. PROVIDER NETWORK

F. Specialty Panel

6. Hospital affiliations;
 7. IPA credentialing committee dates;
 8. For obstetricians only, the hospitals they deliver; and
 9. IPAs are required to verify and update the above information. Specific reporting requirements are delineated in Policy 5C, "IEHP Quality Oversight of Participating Practitioners."
- K. IPAs are required to update all information located on the secure provider website, within 30 days of the information being made available online.
- L. Failure of the IPA to complete the required updates in a timely manner including written termination notifications of specialist as stated in Policy 18D2, "Specialty Practitioner Termination," may result in freezing the IPA for a period up to 60 days.
- M. IEHP reviews the information provided by the IPA and tracks the specialty network including adult/pediatric hospitalists, adult/pediatric admitters, extenders, and ancillary providers of each IPA geographically to identify any "holes," missing required specialist(s) or lacking hospital or geographic coverage.
- N. Upon identification of such deficiencies, IEHP has 30 days to respond to the IPA outlining the deficiencies and specifying the timeframe to cure those deficiencies.
- L. Depending on the impact to either the Member or Hospital, IEHP may immediately freeze the affected IPA/Hospital link or the IPA from receiving any new enrollment until such deficiencies are corrected.
- M. If the IPA is unable to correct the deficiencies within the allotted timeframe, IEHP may transfer the existing enrollment from the affected IPA to other IPAs that have adequate specialty networks and terminate linkage.
- N. No enrollment is given to any new PCP until the IPA's specialty network at the affiliated hospital has been approved by IEHP.

INLAND EMPIRE HEALTH PLAN		
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Chief Title: Chief Executive Officer	Revised date:	January 1, 2012

18. PROVIDER NETWORK

G. Provider Resources

APPLIES TO:

A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. IEHP provides various informational resources to Providers to assist them in carrying out their contractual obligations. Among those resources are the following:
1. Joint Operations Meeting (JOMs)
 2. Triage Nurse Team
 3. IEHP Provider Relations Team
 4. Provider Services Representatives
 5. IEHP University
 6. Provider Newsletter (The Heartbeat)
 7. Provider Staff Newsletter (Scrub Talk)
 8. Special Provider Notices
 9. IEHP Website - www.iehp.org
 10. Other resources as made available
- B. IEHP expects IPAs to communicate IEHP's policies and procedures to contracted PCPs and specialists. In most cases, IEHP sends correspondence directly to IPAs, relying on them to disseminate the information to its practitioners in a timely manner.
- C. Some situations require that IEHP directly notify PCPs or specialists. In such situations, IEHP uses its best efforts to provide IPAs with a copy of the correspondence five days prior to mailing to practitioners, when applicable.
- D. Additionally, IEHP communicates directly to practitioners on information or program updates through newsletters, physician surveys, blast fax, fliers and other programs where IEHP works directly with practitioners. Such communications are mailed directly to participating practitioners, IPAs, and Hospitals concurrently. Prior notification is not provided by IEHP in these cases.
- E. It is crucial to the success of each Provider to develop relationships and communication between its practitioners, ancillary providers, and contracted partners.

18. PROVIDER NETWORK

G. Provider Resources

PROCEDURE:

A. Joint Operations Meetings (JOMs)

1. JOMs create a forum to discuss issues and ideas concerning care for Members, and to allow IEHP a method of monitoring plan administration responsibilities delegated to the Providers.
2. IEHP attempts to meet with each IPA annually.
3. Periodically, JOMs focusing on IPA/Hospital coordination and communication are held (when necessary or as requested with each IPA/Hospital relationship).
4. In addition, IEHP may also hold JOMs individually with contracted Hospitals.
5. All JOMs are held within IEHP's geographical service area regardless of MSO location.

B. Triage Nurse Team:

1. IEHP has a triage unit known as the Triage Nurse Team (TNT) that serves as an informational resource for IEHP Member Services Representatives, practitioners (both participating and nonparticipating), contracted IPAs, and Hospitals.
2. The TNT is comprised of Triage Nurses and Coordinators.
3. Member, Provider and practitioner issues, excluding Member eligibility, should be directed to the TNT. These issues may include:
 - a. Access issues
 - b. Case management
 - c. Discharge planning
 - d. Coordination of care
 - e. Medical care standards
 - f. Waiver programs

C. IEHP Provider Relations Team

1. The IEHP Provider Relations Team serves as an information resource for IEHP Member Services Representatives, practitioners (both participating and nonparticipating), contracted IPAs, Hospitals and ancillary Providers.
2. The IEHP Provider Relations Team is comprised of Provider Services Representatives and Provider Call Center Representatives.
3. Provider and practitioner issues, including Member eligibility, should be directed to the IEHP Provider Relations Team. These issues may include:
 - a. Access issues

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G. Provider Resources

- b. Pay for Performance (P4P)
- c. Reconciliation of capitation to eligibility
- d. Benefits
- e. Credentialing Issues
- f. Provider Network Issues
- g. Encounter Data
- h. Claims
- i. Prior Authorizations
- j. Vision Issues
- k. Vision Authorizations
- l. Request for in-service training
- m. Behavioral Health
- n. Website Issues

D. Provider Services Representatives:

1. IEHP Provider Services Representatives are trained in accordance with regulations set forth by the State Programs Regulations.
2. IEHP Provider Services Representatives provide detailed information about IEHP benefits, IEHP programs, and managed care concepts to IEHP practitioners and serve as the focal point for Provider office staff to obtain information about IEHP programs, DHCS, and other regulatory issues, as applicable.
3. For the purposes of semi-annual visits the Provider Services Representatives are assigned geographic areas to visit IEHP practitioners. Provider Services Representatives are assigned by IPA or geographically for directly contracted Providers.
4. Practitioners and their staff are encouraged to ask questions of the IEHP Provider Services Representatives, especially to help the staff understand complex State regulations concerning Medi-Cal Program beneficiaries.

E. IEHP University:

1. On an annual basis, IEHP conducts a one day training seminar (“IEHP University”) for IPA and Hospital key staff.
2. IEHP offers various IEHP plan administration “courses” for the IPA and Hospital key staff to choose from.
3. Each IPA and Hospital is required to send a minimum of three key staff members to each IEHP University.

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G. Provider Resources

F. Provider Newsletter (The Heartbeat)

1. The Heartbeat is a newsletter that is distributed by mail to all IEHP Providers and practitioners on a bi-annual basis.
2. The Provider Newsletter informs Providers and practitioners of any policy, benefit, service, program or regulatory changes.
3. The Provider Newsletter also informs Providers and practitioners of featured health education programs available to Members, results of quality studies or other quality of care related information.

G. Provider Staff Newsletter (Scrub Talk)

1. Scrub Talk is a newsletter distributed by mail to all IEHP Practitioner staff on a bi-annual basis.
2. The purpose of the Scrub Talk Newsletter is to establish an important link with office staff to foster network cohesiveness and stability.
3. Scrub Talk features articles and helpful tips to assist Practitioner staff with information or services that are available to them.
4. Scrub Talk features “Stress Buster’s” ideas to help Practitioner staff to be more productive in the performance of their daily duties.

H. Special Provider Notices

1. Regulatory changes made by DHCS, DHMC, or CMS are communicated to our providers.
2. The Provider Services Department determines the need for such special notices.

I. IEHP Website – www.iehp.org

1. IEHP’s website is a valuable business tool created to provide our Providers with 24 hours, seven days a week access to IEHP resources.
2. IEHP’s website has an enhanced security system that provides additional levels of security to Providers. These features ensure HIPAA privacy, security compliance and can limit employee access to claims, clinical, P4P and other reimbursement information.
3. Providers are encouraged to use the IEHP website in an effort to go 100% paperless.
4. IEHP strives to provide our Provider Network with all the tools necessary to deliver the highest quality of care. These include:
 - a. Non Secure Site
 - 1) Behavioral Health
 - Quick Reference Guide

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G. Provider Resources

- FAQs
- Updates
- 2) Newsletters
- 3) Doctor Search
- 4) Pharmaceutical Services
 - Formulary
 - PER Form
 - Clinical Practice Guidelines
 - Prior authorization Drug Treatment Criteria
 - Drug Recalls alert
 - Physician and Pharmacy Provider Communication
- 5) Vision Providers
 - Forms
 - Updates
- 6) Information Resources
 - Fraud Prevention
 - California Children Services (CCS)
 - Credentialing Information
 - Medi-Cal Rates/Codes
 - Handbooks/Manuals
 - Help for Teens
- 7) Join our Provider Team
 - Ancillary
 - DME
 - PCP/Specialists
 - IPA
- 8) Contracted Urgent Care Facilities
- 9) IEHP University
- 10) Forms

18. PROVIDER NETWORK

G. Provider Resources

- 11) Pay for Performance (P4P) Program
 - Overview
 - P4P Correspondences
 - P4P Forms
 - P4P Schedules
- b. Secure Site Login
 - 1) Provider Alerts
 - Nurse Advise Line
 - Behavioral Health Specialist
 - Hospital/ER Services
 - Care Plans
 - DualChoice Annual Visit
 - Diabetes Clinic
 - 2) Eligibility and Rosters
 - Medical Record History
 - Printable ID Card
 - Preventive Care Rosters
 - 3) Encounter
 - 4) Pay for Performance (P4P)
 - P4P Entry
 - P4P Status
 - Preventive Care Reports
 - 5) Claims Status
 - 6) Authorization Status
 - 7) Behavioral Health
 - Claims Submission
 - Authorization Forms
 - Coordination of Care

18. PROVIDER NETWORK

G. Provider Resources

- Authorization Status
- Member History
- 8) Health Education
 - Referral
 - Referral Status
 - Asthma and Diabetes Roster and Care Management Reports
- 9) Capitation Reports
- 10) Remittance Advice
 - Claims RA
 - P4P RA
- 11) Vision
 - Claims Entry
 - Claims Status
 - VER Submission
 - VER Status
 - Diabetes Care
- 12) Pharmacy
 - PER Submission
 - PER Status
 - Formulary

INLAND EMPIRE HEALTH PLAN		
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18. PROVIDER NETWORK

H. Hospital Affiliations

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. IEHP requires all IPAs to have a minimum of five individual PCPs under contract who admit their Members or have admitting arrangements to an IEHP contracted Hospital.
- B. To ensure that a contracted Hospital is fully participating in the IEHP network, the minimum of five PCPs must, as a group, be capable of providing care to Members of all ages and genders.
- C. IEHP may choose to approve an IPA to have less than the minimum five individual PCP requirements due to geographic needs of Members and/or to avoid the potential monopolistic situation with its IPA and/or to ensure the opportunity for substantial participation of traditional Medi-Cal providers in the health care delivery system.
- D. An IPA, through its PCPs and complete specialty network, is not eligible to receive enrollment at a specific Hospital until the IPA has at least five PCPs who, as a group, are capable of providing care to Members of all ages and genders. The PCPs must be contracted and credentialed by the IPA who admits to the contracted Hospital, as delineated in Policy 18F, “Specialty Panel.”

PROCEDURE:

- A. IPAs must submit complete PCP credentialing information to IEHP for those PCPs meeting the requirements of A above, as specified in Section 5, “Credentialing and Recredentialing.”
- B. Upon receipt of the credentialing information, IEHP reviews each packet in accordance with Section 5, “Credentialing and Recredentialing” and verifies that the IPA has:
 - 1. A minimum of five PCPs who, as a group, are capable of providing care to Members of all ages and genders, who admit to the designated Hospital, and
 - 2. A complete specialty network under contract to see Members at the designated Hospital.
- C. If the IPA does not have the required five PCPs who meet the above criteria, IEHP contacts the IPA with the following options:
 - 1. Designate another IEHP approved Hospital affiliation for the PCP in the interim until the IPA has the required five PCPs contracted at the designated Hospital.
 - 2. Have IEHP pend the PCP until the IPA has the required five PCPs contracted at the designated Hospital.

18. PROVIDER NETWORK

H. Hospital Affiliations

3. Remove the PCP's application for participation with IEHP.
- D. If Option C1 is chosen, for a new PCP IEHP schedules a facility review and upon receipt of a passing score, the PCP is eligible to receive Member assignment.
- E. If Option C2 is chosen, for a new PCP IEHP holds the pended file for six months. If after six months the IPA has been unable to contract with five PCPs to admit to the designated Hospital, IEHP designates the PCP file as inactive and does not establish a Hospital link.
- F. If an existing PCP terminates affiliation with an IPA or Hospital, resulting in the IPA having less than a group of five PCPs who are capable of providing care to Members of all ages and genders, the IPA must contract and credential another PCP prior to the PCP's termination date in order to maintain compliance with this policy before IEHP initiates termination of the IPA's Hospital affiliation and transfer of Membership.
- G. Existing links (affiliations) prior to August 1, 2007, required a minimum of three individual PCPs capable of providing care to Members of all ages and genders.
- H. In addition, if IEHP does not receive the required 60 day advance notice of the practitioner termination, IEHP may freeze the IPA during this transition period as stated in Policy 18D1, "IPA Reported PCP Changes – PCP Termination."
- I. In the event of the above, IEHP works with those PCPs affected by the termination to help retain the patient/physician relationship.
- J. If the IPA cannot contract and credential another PCP to complete a group of five PCPs who are capable of providing care to Members of all ages and genders, the IPA will be frozen up to a period of 90 days. If the IPA/Hospital link is not compliant within a 90 day timeframe, the IPA/Hospital link maybe terminated.
- K. The above procedure for IPA/Hospital link termination maybe modified due to circumstances that in the judgment of the IEHP Chief Medical Officer or the Director of Provider Services is not in the best interest of the Member.
- L. Effective January 1, 2011, IEHP requires IPAs for proof of a valid hospital contract for outpatient services in order to approve the addition of the new hospital link. Such hospital link will be approved for as long as the hospital contract remains valid.
- M. For established links, in the absence of a contract between an IPA and a hospital, the IPA may be required to use the rates that exist in the contract between the hospital and IEHP. IEHP will periodically update the IPA of any such hospital arrangements.
- N. In certain instances when emergency medical condition arises that requires medical care, to ensure uninterrupted care to Members from a Specialist not currently contracted, IEHP reserves the right to impose payment requirements on the IPA at the IEHP specified rate.

18. PROVIDER NETWORK

H. Hospital Affiliations

- O. On occasional basis, where a health care service was provided by a non-contracted Hospitalist or Specialist at a non-contracted hospital, this unique relationship requires IPAs to pay the Hospitalist or Specialist at the IEHP specified rate.

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18. PROVIDER NETWORK

I. Leave of Absence

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. IPAs must ensure adequate coverage for PCPs on leaves of absence for less than two weeks.
- B. IPAs must submit written coverage plans to IEHP for any PCP that is scheduled to be on a leave of absence greater than two weeks.
- C. PCPs must complete the IEHP PCP leave of absence coverage form and return it to their Provider Services Representative (see Attachment 18-11 in Section 18, “Attachments”).
- D. In general, leaves of absence by PCPs greater than 90 days require transfer of assigned Members to another PCP.
- E. A leave of absence is defined as a complete absence from the PCP practice for medical, personal or other reasons, including vacation.

PROCEDURE:

- A. IPAs must assure an adequate plan of coverage for all PCPs absent from their practice for less than two weeks. Adequate coverage must include:
1. Use of a credentialed IEHP PCP in the appropriate specialty for the practice, either at the PCP site or at another approved IEHP PCP site.
 2. The covering PCP must be available at the original PCP site, or another IEHP approved site, at least 20 hours per week.
 3. If coverage is not provided at the same office, a process for informing Members of the covering PCP’s name, phone number and office address utilizing the assigned PCP’s phone number (e.g., voice message) and site (e.g., signs, notices) must be in place.
- B. PCPs planning a leave of absence greater than two weeks must inform their IPA at least 60 days in advance.
- C. IPAs must submit a written coverage plan to IEHP no less than two weeks prior to the PCP’s leave date for all PCPs whose leave of absence is greater than two weeks. The coverage plan must include at a minimum:
1. Name and location of the credentialed IEHP PCP providing coverage.

18. PROVIDER NETWORK

I. Leave of Absence

2. If the covering PCP is not at the same location as the PCP on leave, the plan for informing Members of the covering PCP's name, phone number and office address.
 3. The timeframe coverage is needed.
 4. Any significant change in schedule or hours of coverage from the original PCP site.
- D. For PCPs on a leave of absence greater than 90 days, the IPA must submit either:
1. A plan for reassigning Members to another credentialed IEHP PCP within appropriate geographic proximity and specialty type of PCP; or
 2. A specific request to keep the assigned Members with the original PCP with supporting documentation as to why this is in the best interest of the Members and including a plan for interim coverage.
- E. If a PCP has an unexpected leave of absence or leaves the practice without providing notice, the IPA may submit a non-IEHP credentialed PCP as part of the coverage plan if the following information for the covering PCP is submitted to IEHP within three working days of the unexpected leave of absence:
1. Copy of provider application
 2. Copy of current DEA
 3. Copy of current malpractice certificate
 4. Copy of current medical license
 5. Copy of supervising PA certificate, if applicable
- F. IPAs must provide IEHP a written Member transfer plan within two weeks when a PCP leaves his/her practice without timely notice.
1. If the IPA plans to have current Members transferred to the covering PCP who is not credentialed for participation in the IEHP network, complete credentialing information must be submitted to IEHP within four weeks of the original event.
- G. IEHP reviews all of the above submitted plans and either approves, denies, or requests additional information within five working days of the receipt of the information from the IPA. If the coverage plan is denied, IEHP may determine reassignment of the Members.
- H. PCPs must complete an IEHP PCP leave of absence coverage form at the time of recredentialing so that IEHP has a record of who will provide services during the PCP's future leave of absence. The PCP must advise the PSR of any changes to this plan if they occur in the interim.

18. PROVIDER NETWORK

I. Leave of Absence

INLAND EMPIRE HEALTH PLAN		
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18. PROVIDER NETWORK

J. IEHP Termination of PCPs, Specialists and Vision Providers

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. IEHP involuntarily terminates PCPs, Specialists and Vision Providers from the IEHP network due to reasons delineated in credentialing and site audit policies.
- B. IEHP notifies Members in writing 30 days prior to the effective date of the determination by IEHP to remove a PCP from participation in the IEHP network.
- C. IEHP requires the IPA to notify Members of a specialist's termination from the IEHP network upon receipt of notice from IEHP of the determination to remove a specialist from participation in the IEHP network. The notification to Members must occur no later than 30 days prior to the effective date of the termination.
- D. IEHP retains the right to obligate the IPA to continue to provide medical services for existing Members in accordance with Policy 17D, "Continuity of Care."

PROCEDURE:

PCP Termination

- A. If IEHP is initiating the termination of the PCP due to site failure, expiration of any credentialing requirements, insufficient access, peer review or quality of care issues or other reasons deemed appropriate by IEHP, and all appeal levels have been exhausted, IEHP notifies the PCP that he/she is being terminated from participation in the IEHP network and the effective date of the termination (see Attachment 18-9, in Section 18, "Attachments"). A copy of the notification to the PCP is sent to the IPA.
- B. IEHP sends affected Members a letter notifying them of the PCP termination no later than 30 days prior to the effective date (see Attachments 18-5 in and 18-6 in Section 18, "Attachments"). The letter provides the Member with the opportunity to contact IEHP to select a new PCP at least 30 days prior to the effective date of termination of the Member's current PCP from the IEHP network.
 - 1. In situations where immediate termination of the PCP is required, IEHP makes a good faith effort to allow Members sufficient notice to select a new PCP, however, in order to ensure that there is no interruption in care for the Member, IEHP may immediately transfer the Member and allow the Member to select a PCP retroactively.
- C. IEHP works with the IPA to determine where to transfer Members who have not selected

18. PROVIDER NETWORK

J. IEHP Termination of PCPs, Specialists and Vision Providers

a PCP within the timeframe specified above. IEHP makes an effort to transfer the existing enrollment of the terminated PCP to other PCPs within the affected IPA's network, the final decision regarding Member transfers rests with IEHP.

- D. If Members cannot be transferred within the IPA network due to age limitations or geographic location, IEHP reassigns these Members to a new PCP within IEHP's geographic service area who has the capacity and can accommodate the affected Members. IEHP does not guarantee that Members remain part of the IPA's network.
- E. Once IEHP establishes an effective date for the PCP termination and Member transfer, IEHP:
 - 1. Sends the IPA written notification regarding the effective date of termination and transfer of Members who have not selected a PCP (see Attachment 18-4 in Section 18, "Attachments").
 - 2. Sends the affected Members a letter notifying them of the change in PCP 30 days in advance of the new effective date. The letter again informs Members of their right to select their own PCP (see Attachments 18-5 and 18-6 in Section 18, "Attachments"). Members may contact IEHP Member Services at (800) 440-4347 to select another PCP.

Specialist Termination

- A. If IEHP is initiating the termination of a specialist due to peer review or quality of care issues and expiration of any credentialing requirements, IEHP notifies the specialist that he/she is being terminated from the IEHP network and the effective date of termination (see Attachment 18-9, in Section 18, "Attachments").
- B. Upon receipt of the termination notice from IEHP, the IPA must notify Members of the termination in accordance with policy 18D2, "IPA Reported PCP Changes: Specialty Practitioner Termination." The notice to Members must be sent no later than 30 days prior to the effective date and must include the option for Members to continue care with their existing provider for up to 90 days in accordance with policy 17D, "Continuity of Care." A sample Member notification is included as Attachment 18-7a and 18-7b in Section 18, "Attachments."

Vision Provider Termination

- A. If IEHP is initiating the termination of the Vision Provider due to site failure, expiration of any credentialing requirements, peer review or quality of care issues or other reasons deemed appropriate by IEHP, and all appeal levels have been exhausted, IEHP notifies the Vision Provider that he/she is being terminated from participation in the IEHP network and the effective date of the termination (see Attachment 18-9, in Section 18, "Attachments").

18. PROVIDER NETWORK

J. IEHP Termination of PCPs, Specialists and Vision Providers

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18. PROVIDER NETWORK

K. Hospital Network Participation Standards

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY:

- A. IEHP is responsible for the initial and ongoing assessment of Hospitals that directly contract with IEHP.
- B. Prior to contracting, IEHP verifies the services available, accreditation status, license, and standing with regulatory bodies in compliance with the most current NCQA standards.
- C. IEHP reconfirms the status of all contracted Hospitals concurrently upon expiration and every contract renewal period, but no less than every three years.
- D. IEHP maintains the appropriate records to document the verification process for contracted Hospitals per the most recent NCQA guidelines and IEHP requirements.

PROCEDURES:

- A. Hospitals must submit evidence of services provided, accreditation status, license status, and regulatory standing at the time the Hospital applies to participate in IEHP's network. Copies of the Hospital's accreditation certificate, license and most recent regulatory audit results satisfy this requirement.
- B. To contract with and remain in the IEHP network, the Hospital must provide:
1. Inpatient Services
 - a. Intensive Care Unit
 - b. Medical Service, Surgical Service or combined Medical/Surgical Service
 - c. Pediatric Service
 - d. Obstetrics/Perinatal Unit (or established arrangements for care approved by the IEHP Chief Medical Officer)
 2. Outpatient Services
 - a. Basic Emergency Department physician on-duty, or
 - b. Standby Emergency Department (applicable only for Hospitals located in remote areas), with IEHP Chief Medical Officer approval.
- C. If Hospital offers Behavioral Health services, the following applies:
1. Inpatient Services
 - a. Inpatient hospitalization in semi-private accommodation, unless a private room is medically necessary

18. PROVIDER NETWORK

K. Hospital Network Participation Standards

- b. Secure inpatient psychiatric unit
 - c. Psychiatric and substance abuse services
 - d. Ancillary services and supplies, including laboratory and x-ray services
 - e. Administration of outpatient prescription drugs (take home medications) in instances where continuation of hospital-based treatment must not be interrupted: three (3) day supply minimum.
 - f. Administration of blood, blood plasma, or its derivatives, including cost of blood, blood plasma, or its derivatives
2. Outpatient Services
- a. Structured outpatient Behavioral Health Program
 - b. Partial hospitalization services
 - c. Others
- D. The Hospital must be accredited by one of the following accrediting agencies:
- 1. The Joint Commission.
 - 2. American Osteopathic Association (AOA)
 - 3. Behavioral Health Facility: Commission of Accreditation of Rehabilitation Facilities (CARF)
- E. If a Hospital is accredited by an agency not listed above, the Hospital and IEHP must agree upon an alternate solution that meets IEHP's requirements, including the requirement to complete a site review of the Hospital, as applicable, in addition to meeting other standards as defined by IEHP.
- F. Non-accredited Hospitals are not allowed to participate in IEHP's network.
- G. As part of the application review process, and again during each contract renewal period but no less than every three years, IEHP verifies that each Hospital has:
- 1. A current and unencumbered license;
 - 2. Current certification from The Joint Commission, AOA, CARF, as applicable, or an alternative accreditation as determined by IEHP;
 - 3. No Medicare/Medicaid sanctions against them.
- H. IEHP expects the Hospital to maintain its accreditation and license status in good standing and/or current at all times during the Hospital's participation in the IEHP network. The Hospital is responsible for providing IEHP with copies of its renewed license and accreditation within 30 days of expiration of the license and accreditation.
- I. Semi-annually, IEHP verifies that the Hospital has no new Medicare/Medicaid sanctions.
- J. Semi-annually, IEHP verifies that each Hospital's license is unencumbered.

18. PROVIDER NETWORK

K. Hospital Network Participation Standards

- K. IEHP reserves the right to perform facility site audits when quality of care issues arise and to deny Hospital's participation in the IEHP network if IEHP requirements are not met.
- L. If during the contract period, IEHP becomes aware of a change in the accreditation, license or certification status, or sanctions or other legal or remedial actions have been taken against any Hospital, IEHP informs the Hospital in writing that it is in violation of its contract with IEHP and begins the cure process.

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18. Provider Network

L. Providers Charging Members

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers.

POLICY

- A. A “Health Care Provider” means any practitioner or professional person, acute care hospital organization, health facility, ancillary provider or other person or institution licensed by the State to deliver or furnish health care services directly to the Member.
- B. IEHP prohibits contracted health care providers from charging and/or collecting payment from a Medi-Cal Member, or other persons on behalf of the Member, for missed appointments.
- C. IEHP prohibits contracted health care providers from charging and/or collecting payment from a Medi-Cal Member, or other persons on behalf of the Member, for filling out forms related to the delivery of medical care.
- D. Under no circumstances can a Health Care Provider deny service to an IEHP Member for non-payment of a missed appointment or lack of payment for co-payments and deductibles, as applicable.
- E. Any contracted healthcare provider who is furnished documentation of a person’s enrollment in the Medi-Cal program, shall not seek reimbursement nor attempt to obtain payment for any covered services provided to the IEHP Member other than the participating health plan.
- F. IEHP Members are not liable for any portion of a bill provided by a health care provider, except non-covered benefits, items, or services.

PROCEDURE

- A. A Provider cannot charge or bill a Medi-Cal Member or IEHP for a covered service, except to:
1. Collect payments due under legal entitlement.
- B. A missed appointment is not a co-payment or a service therefore, Providers cannot charge Medi-Cal Members for missed appointments.
- C. The following procedures will be followed when a Provider attempts to charge a Member for any missed appointment:
1. IEHP will call the provider and educate regarding the inappropriate practice of charging for a missed appointment.

18. Provider Network

L. Providers Charging Members

2. If a provider insists on charging the Members, IEHP will send a letter educating the provider, which includes a reference to Title 22 § 51002 of the California Administrative Code that prohibits providers of service from billing Medi-Cal Members. At IEHP's sole discretion, IEHP can provide the Member with a toll free number to report the provider for Medi-Cal fraud.
 3. If a provider continues the practice of charging for missed appointments, IEHP will request that a DHCS Fraud Investigator contact the provider.
 4. Under no circumstances can a provider deny service to a Member for non-payment of a missed appointment charge.
- D. Provider of Service cannot charge or collect payments at anytime for filling out any of the following forms or required medical documentation:
1. WIC referral forms;
 2. PM160 Well Child Visit form;
 3. Lead Testing questionnaire;
 4. Prescriptions;
 5. Yellow Cards and/or any request for the documentation of a Member's immunization history; -
 6. Other forms related to the delivery of medical care;
 7. Any forms required for a Member to qualify as eligible for Medi-Cal including, but not limited to, Cal Works Forms (CW 61 or an equivalent); and
 8. Any forms to facilitate transportation.
- E. Providers can charge IEHP Members a nominal fee for filling out any of the following forms:
1. History and Physical form that is school specific and the PM 160 will not meet the school requirement;
 2. Sports Physical; and
 3. Disability forms.
- F. A Health Care Provider that is not paid at billed charges may not pursue any balance billing or collection actions against any IEHP Member. Such collections actions may include:
1. Sending or mailing bills to IEHP Member;
 2. Calling any IEHP Member with demands to pay outstanding balance;
 3. Referrals to collection agency.

18. Provider Network

L. Providers Charging Members

- G. If the provider of service continues to charge a Member in violation of this policy after being notified to stop, or sends the Member's account to a collections agency, IEHP reserves the right to inform the DMHC, DHCS or other regulatory agencies of the violation. In addition, the billing of Members is in violation of IEHP policy, and IEHP takes all necessary actions, up to and including termination of the Provider's participation with IEHP to ensure that such actions stop.

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

18. PROVIDER NETWORK

Attachments

<u>ATTACHMENT</u>	<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
18-1	Change in IPA Affiliation Letter	18C
18-2	Change in Hospital Affiliation Letter	18C
18-3	Notification of Change Letter	18C
18-4a	Termination Letter – Compliant	18D1, 18I, 18J
18-4b	Termination Letter – Non-Compliant	18D1, 18I, 18J
18-5	Member PCP Term Notification Letter – English	18D1, 18I, 18J
18-6	Member PCP Term Notification Letter – Spanish	18D1, 18I, 18J
18-7a	Specialist Term Member Notification (English)	18D2, 18J
18-7b	Specialist Term Member Notification (Spanish)	18D2, 18J
18-8	Provider Network Checklist	18F
18-9	Peer Review Termination Letter	18J
18-10	Hospital Geographic Service Areas	18F
18-11	IEHP PCP Leave of Absence Coverage Form	18I



INLAND EMPIRE HEALTH PLAN

[Date]

[DOCTOR NAME]

[ADDRESS]

[CITY, CA ZIP]

RE: Change in IPA Affiliation

Dear Dr. [PCP Name]:

This is to acknowledge receipt of your letter dated [Date of Letter], requesting that your IPA affiliation be changed to [New IPA Name].

In compliance with IEHP Provider Policy and Procedures, provided there are no credentialing or contract issues, this change will be made effective on the 1st of the month following 60 days from notification - [Effective Date]. Please be advised that though this is an IEHP Policy (18C), you may have different commitments under your contractual agreement with [Old IPA Name].

Administrative issues will remain the responsibility of [Old IPA Name] through [End Date]. Your new doctor number will be _____ as of [Month, DD, YYYY]. This number will be used when forwarding correspondence to IEHP.

If you have questions or concerns, please contact me at [PSR Phone Number].

Sincerely,

[PSR Name]

Provider Services Representative

cc: [Old IPA Name]
[New IPA Name]
Susie White, Director of Provider Services, IEHP
Esther Iverson, Provider Services Manager, IEHP
[IPA File]
[PCP File]



INLAND EMPIRE HEALTH PLAN

[Date]

[DOCTOR NAME]

[ADDRESS]

[CITY, CA ZIP]

RE: Change in Hospital Affiliation

Dear [PCP Name]:

This letter is to acknowledge receipt of your letter dated [Date] requesting a hospital affiliation change from [Old Hospital Name] to [New Hospital Name].

In compliance with IEHP's Provider Policy and Procedure Manual, your affiliation with [New Hospital Name] and your new Doctor number will be [New Doctor Number] will become effective [Date]. According to IEHP Provider Policy and Procedure Manual, this change is considered compliant.

If you need assistance or clarification, please feel free to contact [Provider Services Representative] at [Phone #].

Sincerely,

[PSR Name]

Provider Services Representative

cc: [Hospital]

[IPA]

Susie White, Director of Provider Services, IEHP

[First Name, Last Name], Provider Services Manager, IEHP

[IPA File]

[PCP File]



[Date]

[DOCTOR NAME]

[ADDRESS]

[CITY, CA ZIP]

RE: Verifying Change in IPA Affiliation and New Doctor Number

Dear [PCP Name]:

This letter is to notify you that all credentialing and contractual issues have been verified and your IPA affiliation change from [Old IPA Name] to [New IPA Name] is effective as of the date of this letter.

Your new doctor number is [Doctor #].

If you have any questions or concerns about your IEHP participation, please check with your IPA, as they are your primary source of information. Additionally, attached is an updated list of important numbers to be used by you and your staff.

Thank you for your continued participation with IEHP.

Sincerely,

[PSR Name]

Provide Services Representative

cc: [Old IPA Name]

[New IPA Name]

[First Name Last Name], Director of Provider Services, IEHP

[First Name Last Name], Provider Services Manager, IEHP



INLAND EMPIRE HEALTH PLAN

[Date]

[IPA NAME]
[ADDRESS]
[CITY, CA ZIP]

RE: [PCP Name & Number] TERMINATION

Dear [IPA Contact Name]:

This letter is to acknowledge receipt of your letter dated [Date] requesting the termination of Dr. [Doctor Name] from the IEHP network. Dr. [Doctor Name] will be terminated as an IEHP PCP within [IPA Name] effective [Date] and [his/her] patients will be reassigned to Dr. [New Doctor Name], effective [Date].

Under IEHP Policy 18D, the IPA is required to give IEHP a 60-day advance written notice. This notification of termination is compliant since a 60-day advance written notice was provided.

If you have any questions or concerns, please call me at [PSR Phone #]

Sincerely,

[PSR Name]
Provider Service Representative

cc: [PCP Name]
[Hospital]
[First Name Last Name], Director of Provider Services, IEHP
[First Name Last Name], Provider Services Manager, IEHP

[Date]

[IPA Contact Name]
[IPA Name]
[ADDRESS]
[City, State Zip]

RE: [PCP NAME & NUMBER] TERMINATION

Dear [IPA Contact Name]:

This letter is to acknowledge receipt of your letter dated [Date] requesting the termination of [PCP Name & Number] as a PCP from [PCP Address]. Dr. [PCP Name] membership will be reassigned to Dr. [New PCP Name & Number] to the same location effective [Date].

Under IEHP Policy 18.D, the IPA is required to give IEHP a 60-day advance written notice. This notification of termination is non compliant due to no 60-day advance written notice was provided.

Because of this requirement IEHP retains the right to obligate the IPA to provide medical services for the PCP's existing patients at the former PCP practice location for up to 60 days. If patient care becomes an issue, efforts will be made to reassign the patients to another PCP; however, there is no guarantee that all patients will remain within your network.

If you have any questions or concerns, please call me at (909) 890-_____.

Sincerely,

PSR Name
Provider Services Representative

cc: PCP Name
[First Name Last Name], Director of Provider Services, IEHP
[First Name Last Name], Provider Services Manager, IEHP
PCP File

«IEHP_ID»
«Greeting01» «MED_NAME»
«ADDRESS_2» «ADDRESS_1»
«City», «State» «ZIP_CODE»

September 6, 2011

Dear «Greeting02»,

«Greeting03» current Primary Care Doctor is Dr. «Oldpcpname» located at «OldPCPAddress», «OldPCPCity». We want to let you know that as of 09/01/03, Dr. «Oldpcpname» will no longer serve IEHP Members.

To make sure there is no interruption in «Greeting03» health care, we have temporarily assigned a new Primary Care Doctor to take care of «Greeting04».

As you know, IEHP Members have a choice of hundreds of doctors listed in the IEHP Provider Directory. If you want to choose another Primary Care Doctor or if you have any questions, please call IEHP Member Services toll-free at 1-800-440-IEHP(4347). If you do NOT choose another Doctor, Dr. «Newpcpname» will become «Greeting03» Primary Care Doctor. Listed below are Dr «Newpcpname»'s office location and the name and address of the hospital «Greeting04» would go to for care.

<u>Dr. «Newpcpname»</u>	<u>«New Hosp»</u>
«New_PCP_Address»	«New_Hosp_Address»
«New_Hosp_City», «New_Hosp_State»	«New_Hosp_City», «New_Hosp_Zip»
«New_PCP_Zip»	
«New_PCP_Phone1»	«New_Hosp_Phone_No»

We will mail you a new IEHP Card. If you do not get the new card, please call IEHP Member Services toll-free at 1-800-440-IEHP (4347).

Be assured, all «Greeting03» benefits will stay the same. Thank you for trusting IEHP to take care of your health care needs.

Sincerely,

Member Services
Inland Empire Health Plan
OPS_01_EA_TRM_«old_pcp»

MORE IMPORTANT INFORMATION about Billings, Authorizations for Services, and your right to Continued Care is printed on the back of this letter. Please be sure to read this information.

¿Prefiere esta información en Español? Llame a Servicios para Miembros de IEHP al 1-800-440-4347.

«IEHP_ID»
«Greeting01» «MED_NAME»
«ADDRESS_2» «ADDRESS_1»
«CITY», «STATE» «ZIP_CODE»

06 de Septiembre de 2011

Estimado «Greeting02»,

El Doctor Principal de «Greeting03» es el Dr. «Oldpcpname» ubicado en «OldPCPAddress», «Oldpcpcity». Queremos dejarle saber que a partir del 09/01/03, el Dr. «Oldpcpname» ya no seguirá atendiendo a Miembros de IEHP.

Para asegurar que no haya interrupción en el cuidado a la salud de «Greeting03», hemos asignado provisionalmente a un nuevo Doctor Principal para que atienda a «Greeting03».

Como usted sabe, los Miembros de IEHP tienen a escoger entre cientos de doctores que se encuentran en el Directorio de Proveedores de IEHP. Si Ud. desea escoger a otro Doctor Principal o si tiene alguna pregunta, por favor comuníquese a los Servicios para Miembros de IEHP al 1-800-440-IEHP(4347). Si usted NO escoge a otro Doctor, el Dr. «NEWPCPNAME» será el Doctor Principal de «Greeting03». Abajo están escritos el domicilio del Dr. «NEWPCPNAME» y el nombre y dirección del hospital donde «Greeting03» irá para atención médica.

<u>Dr. «NEWPCPNAME»</u>	<u>«New Hosp»</u>
«New_PCP_Address»	«New_Hosp_Address»
«New_PCP_City», «New_PCP_State»	«New_Hosp_City», «New_Hosp_State»
«New_PCP_Zip»	«New_Hosp_Zip»
«New_PCP_Phone1»	«New_Hosp_Phone_No»

Le enviaremos por correo su nueva Tarjeta de IEHP. Si no recibe la tarjeta nueva, por favor llame a Servicios para Miembros de IEHP gratis al 1-800-440-IEHP (4347).

Puede estar seguro, que todos los beneficios de «Greeting03» permanecerán iguales. Gracias por su confianza en IEHP para atender sus necesidades del cuidado a la salud.

Sinceramente,

Servicios para Miembros
Inland Empire Health Plan
OPS_01_SA_TRM_ «old_pcp»

MÁS INFORMACIÓN IMPORTANTE acerca de Facturación, Autorizaciones de Servicios, y su derecho de Atención Continua está impresa al reverso de esta carta. Por favor asegúrese de leer esta información.

Prefer this information in English? Call IEHP Member Services at 1-800-440-4347

«Member_Name»
«Address_2» «Address_1»
«City», «state» «zip_code»

Date

Dear [Member Name],

A change in our Provider Network has occurred, which might affect your healthcare. Dr. «Specname», «Specialty, e.g. General Surgeon], located at «Prov_Address1» «PROV_Address2», «Prov_City», will no longer be serving IEHP members effective «MM/DD/YY».

To make sure there is no interruption in your health care, we suggest that you contact your Primary Care Doctor immediately for help in choosing a new «Specialty», if necessary.

If you are currently undergoing treatment, it may be possible for you to continue seeing Dr. «Specname» until your Primary Care Doctor can make other arrangements for a new «Specialty». It is very important that you discuss finding a new «Specialty» with your Primary Care Doctor as soon as possible.

Please don't wait – this change may affect your care; contact your Primary Care Doctor today to arrange for a new specialist.

If you have any questions, about this letter or what you should do, call IEHP Member Services toll free at 1-800-440-IEHP (4347), TTY 1(800) 718-4347.

Be assured, all your benefits will stay the same. Thank you for trusting IEHP to take care of your health care needs.

Sincerely,

Member Services
Inland Empire Health Plan
OPS_25_EA_SPT_«SpecialistID»

MORE IMPORTANT INFORMATION about billings, authorizations for services, and your right to continued care is printed on the back of this letter. Please be sure to read this information.

¿Prefiere esta información en Español? Llame a servicios para Miembros de IEHP al «Member_Services_Phn».

«iehp_id»
«Greeting01» «Med_Name»
«Address_2» «Address_1»
«City», «state» «zip_code»

06 de Septiembre de 2011

Estimado/a «Greeting02»:

Ha sucedido un cambio en nuestra Red de Proveedores, el cual podría afectar su atención a la salud. El Dr. «Specname», «Pddesc2», ubicado en «Prov_Address1» «Prov_Address2», «Prov_City», ya no prestara su servicio a los miembros de IEHP a partir de «MLEffec».

Para estar seguros de que no haya interrupción en su atención a la salud, le sugerimos que se comunique inmediatamente con su Doctor Principal para que le ayude a escoger a un nuevo «Pddesc2», de ser necesario.

Si usted esta actualmente recibiendo tratamiento, puede ser posible que usted siga yendo a ver al Dr. «Specname» hasta que su Doctor Principal pueda hacer otros arreglos para un nuevo «Pddesc2». Es muy importante que usted hable con su Doctor Principal lo mas pronto posible para encontrar un nuevo «Pddesc2».

Por favor no espere – este cambio puede afectar su atención; comuníquese hoy con su Doctor Principal para organizar una reunión con un nuevo especialista.

Si tiene alguna pregunta, ya sea sobre esta carta o sobre lo que debe hacer, haga una llamada gratuita a los Servicios para Miembros de 1(800) 440-IEHP(4347), «Member_Services_Phn» TTY (909) 890-0731.

Puede estar seguro de que Sus beneficios permanecerán iguales. Gracias por confiar en IEHP para cuidar de sus necesidades de salud.

Sinceramente

Servicios para Miembros
Inland Empire Health Plan
OPS_25_SA_SPT_«SpecialistID»

MAS INFORMACION IMPORTANTE sobre facturación, autorizaciones para servicios, y su derecho de continuidad de atención esta impresa al reverso de esta carta. Por favor asegurese de leer esta información.

Do you prefer this information in English? Call IEHP Member Services at 1(800) 440-4347
«Member_Services_Phn».

PROVIDER NETWORK CHECK LIST

PRIMARY CARE PROVIDERS	# contracted
Family Practice	
General Practice	
Internal Medicine	
Pediatrics	
OB/GYN (PCP)	

SPECIALISTS (mandated)	# contracted
Allergy	
Anesthesiology – Hospital Based	
Cardiology*	
Dermatology	
Endocrinology	
Gastroenterology*	
Infectious Disease	
Neonatology	
Nephrology	
Neurology*	
OB/GYN*	
Oncology/Hematology	
Ophthalmology	
Orthopedics*	
Otolaryngology*	
Pathology – Hospital Based	
Physical Med./Rehab.	
Podiatry	
Pulmonary Medicine	
Radiology, Therapeutic – Hospital Based	
Rheumatology	
Surgery:	
General*/Colon & Rectal	
Cardiac/Cardiovascular	
Hand	
Neuro	
Orthopedic	
Pediatric	
Plastic	
Thoracic	
Vascular	
Urology	
Pediatric Subspecialties	

* In order for an IPA to establish a link (affiliation) at an IEHP contracted Hospital, the IPA must have the following core specialty network of physicians, contracted and credentialed, in place that have admitting privileges at the designated Hospital.

DATE

CERTIFIED MAIL

PHYSICIAN NAME
ADDRESS
CITY, STATE ZIP

RE: IEHP Participation

Dear PHYSICIAN NAME:

On (DATE), the IEHP Peer Review Subcommittee met to review (REASON FOR REVIEW).

Due to evidence documenting (EVIDENCE FOUND), the IEHP Peer Review Subcommittee has made the recommendation to terminate your participation with IEHP effective immediately.

You have the right to appeal this decision and request a first level appeal, which is held before the IEHP Peer Review Subcommittee. If you wish to request an appeal, your written request must be received within thirty (30) days of receipt of this certified letter. In a Level I appeal, you will have the right to be present and participate in the proceedings. If you request an appeal, please provide me with copies of any additional information, which you would like to have presented at the Subcommittee meeting for your appeal. In addition, please let me know if you wish to be present at the meeting.

If your written request for appeal is not received within thirty (30) days of your receipt of this notice, your rights will be considered waived, and any action recommended by the Peer Review Subcommittee will be presented to the Governing Board of IEHP for final action.

A copy of the IEHP Credentialing Process, Initial Determination and Level I Review Policy and Procedures is enclosed for your information and further clarification of your rights in the Level I appeal process.

IEHP will report the final decision of the IEHP Governing Board, to the Medical Board of California and/or the National practitioner Data Bank, as required under California business and professions Codes subsection 805 and 45 of Federal Regulations, Part 60.

PHYSICIAN NAME
DATE
Page 2

Should you wish to discuss this matter further, please feel free to contact me at (909)
(PHONE NUMBER)

Sincerely,

CHIEF MEDICAL OFFICER'S NAME
Chief Medical Officer, IEHP

cc: IPA MEDICAL DIRECTOR'S NAME, IPA NAME

[NAME], Director of Provider Services, IEHP
[NAME], Provider Services Manager, IEHP
Provider Services Representative, IEHP
PCP File

HOSPITAL GEOGRAPHIC SERVICE AREAS

Hospital Name	Service Area
Community Hospital of San Bernardino	S1
St. Bernardine Medical Center	S1
Hemet Valley Medical Center	R3
John F. Kennedy Memorial Hospital	R6, E1,E2
Menifee Valley Medical Center	R5
Moreno Valley Community Hospital	R1
Desert Regional Medical Center	R6,E1,E2
Loma Linda University Medical Center	S1
Arrowhead Regional Medical Center	S1
Parkview Community Hospital Medical Center	R1
Kaiser Fontana	S1
Kaiser Riverside	R1
Corona Regional Medical Center	R4,R5
Riverside County Regional Medical Center	R1
Victor Valley Community Hospital	S3
Riverside Community Hospital	R1
Pomona Valley Hospital Medical Center	S2
Rancho Springs Medical Center	R5
Inland Valley Regional Medical Center	R5
Redlands Community Hospital	S1
San Geronio Memorial Hospital	R2
Montclair Hospital Medical Center	S2
Barstow Community Hospital	E7
Mountains Community Hospital	E3
Eisenhower Medical Center	R6,E1,E2
St Mary Medical Center	S3

HOSPITAL GEOGRAPHIC SERVICE AREAS

R1 Riverside Proper

Mira Loma, Riverside, Nuevo, Perris, Moreno Valley, Glen Avon, Sunny Slope, Rubidoux, Belltown, Pedley, Highgrove, Arnold Heights, Woodcrest, Glen Valley, Mead Valley, Good Hope

R2 The Pass

Banning, Beaumont, Cabazon, Calimesa, Cherry Valley, Eden Hot Springs, San Geronio

R3 Hemet Region

Idyllwild, Hemet, Homeland, Mountain Center, San Jacinto, Winchester, Starchrest, Romoland, Green Acres, Nuevo, Lakeview, Juniper Flats, Gilman Hot Springs, Valle Vista, Pine Cove, Mountain Center

R4 Corona Region

Corona, Norco, El Cerrito, Home Gardens, Rancho California

R5 Temecula Region

Aguanga, Anza, Canyon Lake, Lake Elsinore, Menifee, Murrieta, Sun City, Temecula, Wildomar, Quail Valley, Sedco Hills, El Cariso, Lakelad Village

R6 Low Desert

Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Mecca, North Palm Springs, Palm Desert, Palm Springs, Rancho Mirage, Thermal, Thousand Palms, Whitewater Springs, Sky Valley, Painted Hills, Desert Haven, Bermuda Dunes

S1 San Bernardino Proper

Bloomington, Colton, Fontana, Grand Terrace, Highland, Patton, Rialto, San Bernardino, Bryn Mawr, Crafton, Loma Linda, Crestmore, Muscoy, Verdemon, Mentone Redlands, Yucaipa

S2 West End San Bernardino

Alta Loma, Chino, Chino Hills, Etiwanda, Guasti, Montclair,

Mount Baldy, San Antonio Heights, Ontario, Pomona, Rancho Cucamonga, Upland, Claremont

S3 High Desert

Adelanto, Apple Valley, Hesperia, Lucerne Valley, Oro Grande, Phelan, Pinon Hills, Victorville, Baldy Mesa, Summit

E1 Blythe

Blythe, Ripley, Desert Center, Mesa Verde, Ehrenberg, Eagle Mountain

E2 Yucca/Morongo Valley

Amboy, Cadiz, Landers, Joshua Tree, Morongo Valley, Pioneer Town, Twenty-nine Palms, Yucca Valley, Wonder Valley, Rimrock

E3 Mountains

Angelus Oak, Big Bear City, Big Bear Lake, Blue Jay, Cedar Glen, Cedarpines Park, Crestline, Crest Park, Phelan, Fawnskin, Forest Falls, Green Valley Lake, Lake Arrowhead, Rimforest, Running Springs, Sky Forest, Sugar Loaf, Twin Peaks

E6 Colorado River

Blythe, Big River, Parker Dam

E7 Barstow

Baker, Barstow, Daggett, Fort Irwin, Hinkley, Ludlow, Yermo, Newberry Springs, Desert Center, Lenwood, Helendale



IEHP PCP Leave of Absence Coverage Form

In compliance with IEHP Provider Policy **18.I Leave of Absence**, which requires an adequate coverage plan for all leaves of absence from my practice greater than two (2) weeks,

I, _____, have entered into an Agreement with
(PCP Name)

_____ who will be available to my
(Covering Provider's Name /or Group Name)

IEHP patients for direction of care during my absence.

_____ can be reached at _____,
(Covering Provider's Name/ Group Name) *(Telephone #)*

located at _____
(Address)

In the event I enter into a different Agreement for coverage during a leave of absence, I will provide IEHP sixty (60) days advance written notification who the covering Provider will be during any future leaves of absence.

I understand the information provided above will be utilized by IEHP when directing my IEHP patients during any leave of absences greater than two (2) weeks. If IEHP does not receive notification of coverage for a leave of absence greater than two (2) weeks, my panel may be frozen until a coverage plan is received or pending my return. A leave of absence greater than ninety (90) days could result in a transfer of assigned Members to another PCP.

Physician Name

Date