
24. QUICK REFERENCE

A. Quick Reference Guide

IEHP Quick Reference Guide

IEHP:

Main Number: (909) 890-2000
Main Fax Number: (909) 890-2002
Provider Services Support Team: (909) 890-2054
Provider Relations Fax: (909) 890-5652

Eligibility:

IVR Number: (888) 440-4340
(24 hrs./ 7 days)
Local IVR Number: (909) 890-3800
(24 hrs./ 7 days)
Provider Eligibility Line: (866) 222-IEHP (4347)

Member Services:

IEHP Member Services Support: (800) 440-IEHP (4347)
Enrollment Assistance: (866) 294-IEHP (4347)
TTY Member Services: (800) 718-IEHP (4347) or
(909) 890-0731
TTY Enrollment Assistance: (800) 720-IEHP (4347) or
(909) 890-1623
After Hours Nurse Advice Line: (888) 244-IEHP (4347)

Hours of Operation: Monday – Friday 8:00 a.m. - 5:00 p.m.

IEHP Web Site: www.iehp.org

Closed For:

<i>New Years Day</i>	<i>Thanksgiving Day</i>
<i>Martin Luther King, Jr. Day</i>	<i>Day After Thanksgiving</i>
<i>Presidents' Day</i>	<i>Christmas Eve</i>
<i>Memorial Day</i>	<i>Christmas Day</i>
<i>Independence Day</i>	<i>*New Years' Eve</i>
<i>Labor Day</i>	

**IEHP will designate an “alternative holiday” each year.*

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<i>TERM</i>	<i>DEFINITION</i>
AAP	American Academy of Pediatrics; national entity that issues guidelines on preventive services and other care guidelines for children; DHCS contract mandates that the preventive guidelines be followed by IEHP network PCPs.
ABMS	American Board of Medical Specialties; delineates board certification standards; used for credentialing purposes.
ABPS	American Board of Podiatric Specialties; issues board certification to qualifying practitioners; used for credentialing purposes.
ACIP	Advisory Committee on Immunization Practice; national entity that issues guidelines on immunizations; DHCS contract mandates that these guidelines be followed by IEHP network PCPs.
ADHC	Adult Day Health Care Center; a DHCS licensed community based day care program providing a variety of health, therapeutic and social services to those at risk of being placed in a nursing home.
Advance Directive	A written legal document that allows a person or someone designated to speak on another's behalf to make health care decisions when that person is unable to do so; sometimes known as a "living will" or "durable power of attorney for healthcare."
AEVS	Automated Eligibility and Verification System; DHCS phone system to verify eligibility for Medi-Cal recipients.
Agreement	Same as contract; signed document between IEHP and Providers outlining responsibilities of both parties, may be capitated or per diem.
AOA	American Osteopathic Association; an organization that licenses osteopathic physicians; it also accredits hospitals; used for credentialing and oversight purposes.
Appointment Waiting Time	Means the time from the initial request for health care services by an enrollee or the enrollee's treating provider to the earliest date offered for the appointment for services inclusive of time for obtaining authorization from the plan or completing any other condition or requirement of the plan or its contracting providers.
ASC	Ambulatory Surgical Centers; also known as free-standing surgi-centers or outpatient surgery centers; a facility not under the license of a hospital; devoted primarily to the provision of surgical treatment to patients not requiring hospitalization; these facilities generally do not provide accommodation of treatment of patients for periods of 24 hours or longer.
Bed Day	Same as Hospital Day; any period up to 24 hours, commencing at 12:00AM during which a Member receives inpatient hospital services.
Behavioral Health	Includes all mental health (psychiatric, psychological and behavioral disorders) and substance abuse disorders.
Benefit Year	The benefit year for Healthy Families and Healthy Kids Members is July 1 st through June 30 th annually.
Bi-annual	As used by IEHP; means twice yearly; synonymous with semi-annual.

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<i>TERM</i>	<i>DEFINITION</i>
BIC Card	Benefit Identification Card; issued to Medi-Cal recipients by DHCS; used to identify beneficiaries as Medi-Cal Members; does not guarantee eligibility.
CAP	Corrective Action Plan; written plan by a Provider to remedy deficiencies.
Capitation	Monthly payment to Providers for pre-defined services; usually associated with HMOs and is paid regardless of services actually rendered; IEHP's capitation is a flat rate per member per month, based on the Aid code of the Member.
CBO	Community Based Organization; an entity providing resources and information on various programs, e.g., Catholic Services.
CCS	California Children Services; State program that is locally administered which provides diagnostic services, medical treatment and case management services for eligible children.
CDS	Controlled Dangerous Substance; similar to DEA certification; an authorization issued to physicians writing prescriptions for controlled substances; used for credentialing purposes.
CHDP Program	Child Health and Disability Prevention Program; State program which issues guidelines on pediatric preventive services; IEHP uses guidelines for its Well Child Program per State requirements.
CIN	Client Index Number; a nine digit alphanumeric number assigned to Medi-Cal Members by DHCS, Healthy Families by MRMIB and Healthy Kids by IEHP for Member identification.
CM	Case Management; a process whereby covered persons with specific health care needs are identified and a plan which efficiently utilizes health care resources is formulated and implemented to achieve the optimum patient outcome in the most cost-effective manner.
CMS	Centers for Medicare and Medicaid Services; federal regulatory body overseeing Medicare and Medicaid programs, of which California's Medi-Cal program is part; one of the regulatory bodies overseeing IEHP's operations.
COB	Coordination of Benefits; a process followed when a Member has duplicate coverage where by the total cost of care for the Member either paid or reimbursed does not exceed 100%.
CPSP	Comprehensive Perinatal Services Program; a Medi-Cal program that provides a model of enhanced obstetric services for eligible low-income, pregnant and postpartum women.
Credentialing Subcommittee	One of seven committees established by IEHP that reviews and approves practitioner's qualifications and credentials to participate in IEHP's network. It is a subcommittee of the QM Committee.
CVO	Credentialing Verification Organization; an entity that performs pre-determined credentialing processes, such as primary source verifications.

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<i>TERM</i>	<i>DEFINITION</i>
Days	Unless otherwise stated, days always means calendar days; usually shown in lower case.
DDS	Department of Developmental Services; administers and oversees various State waiver programs which provide in-home and community-based care. Such programs are provided in lieu of institutionalization to Members with developmental disabilities, the aged, or those Members who are physically disabled or have AIDS.
DEA	Drug Enforcement Agency; federal agency that oversees the distribution and use of controlled substances; issues certificates to prescribing physicians allowing dispensing of controlled substances; used for credentialing purposes.
DHCS	Department of Health Care Services formerly DHS; State agency responsible for oversight of the Two-Plan Model Managed Care Program and IEHP's operations.
DMHC	Department of Managed Health Care; effective 7/1/00, formerly the Department of Corporations (DOC); one of the State regulatory bodies which oversees IEHP operations; regulates Knox-Keene Health Care Service Plans, which allows IEHP to operate as an HMO.
DPSS	Department of Public Social Services; State agency responsible for the administration of health and welfare benefits, including eligibility for Medi-Cal.
ED	Emergency Department.
EDS	Electronic Data Systems; entity used by MRMIB to handle enrollment of Healthy Families Members and to transmit Healthy Families and Medi-Cal eligibility data to IEHP.
EFT	Electronic Funds Transfer; the mechanism by which capitation payments are made electronically to Providers by IEHP.
Encounter	Each visit a Member makes to a practitioner or Provider.
Encounter Data	Mandatory encounter data reported to IEHP by its Providers; includes detailed information on services provided to each Member in each month.
EPSDT	Early and Periodic Screening, Diagnosis and Treatment Supplemental Services; medically necessary services that may or may not be covered by Medi-Cal; available to Members 21 years of age or younger.
FAME	Fiscal Intermediary Access to Medical Eligibility; a monthly and daily electronic transmission from DHCS, which contains eligibility and demographic data on IEHP Medi-Cal Members.
FFS	Fee-For-Service; a method of claims payment whereby the amount of reimbursement is determined by the type of service rendered by the provider of service; the amount of reimbursement is based on a set fee schedule that varies according to the type of services rendered.

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<i>TERM</i>	<i>DEFINITION</i>
FPC	Fraud Prevention Committee; IEHP's administrative committee that oversees all activities of its FPP.
FPP	Fraud Prevention Program; Developed to train IEHP staff and Providers to identify, deter, prevent and report suspected fraudulent activities.
FTP	File Transfer Protocol; method used to obtain and transmit Member eligibility and encounter data from/to IEHP.
HCBS	Home and Community Based Services Waiver Program; DDS program providing in-home care to Members with developmental disabilities.
HF	Healthy Families Program; Low-cost health, dental, and vision coverage to uninsured children in working families, until the age of 19.
HK	Healthy Kids Program; Low-cost health, dental, and vision coverage to low-income uninsured children until the age of 19, who do not qualify for no-cost Medi-Cal or the Healthy Families Program.
HEBA	Health Education Behavioral Assessment; a tool used to assess Member's behavioral health awareness and educational needs as part of PCP's health assessment for Members.
HEDIS	Health Plan Employer Data and Information Set; a core set of performance measures to assist employers and other health purchasers in understanding the value of health care purchases and evaluating health plan performance.
HCO	Health Care Options, a unit of DHCS; handles both enrollment and disenrollment of Medi-Cal recipients; sometimes used interchangeably with Maximus.
HHA	Home Health Agency; entities that provide a wide range of health and social services delivered at home to persons recovering from an illness or injury, or persons with disabilities or chronic illness.
HMO	Health Maintenance Organization; provides health care services to enrolled Members for a fixed sum of money, paid in advance for a specified period of time; usually associated with managed care.
Hospital Day	Same as bed day.
ICP	Individualized Care Plan; treatment and intervention program for pregnant Members developed by OB; required by IEHP.
IEHP Identification Card	Issued by IEHP to Members; identifies PCP and Hospital affiliations; used for identifying beneficiaries as IEHP Members; does not guarantee eligibility.

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<i>TERM</i>	<i>DEFINITION</i>
IEHP Medicare DualChoice (HMO SNP)	IEHP's health care coverage for beneficiaries who have full-scope, zero share of cost Medicare, and full-scope Medi-Cal. IEHP Medicare DualChoice (HMO SNP) connects Medicare, Medi-Cal and pharmacy benefits into one simple plan.
IHA	Initial Health Assessment; a targeted exam, which assesses medical history and current medical condition of newly enrolled Members.
IMR	Independent Medical Review; a process ran by DMHC, which provides an avenue for Members to request that doctors and other healthcare professionals outside IEHP, make an independent decision about the Member's healthcare; when a Member has been denied healthcare services on the basis that the services are not medically necessary and IEHP has concurred with the decision after the Member has completed the IEHP's grievance process. DMHC is the final arbiter regarding coverage decisions review through the IMR process.
Incentive Pool	IEHP program designed to help appropriately control inpatient length of stays; funded for Mandatory Medi-Cal Members only.
IPA	Independent Physician Association; network of licensed Providers practicing in their own offices, participating in managed care plan; type of Providers under IEHP's program.
IRC	Inland Regional Center; agency responsible for providing intervention services through the Early Start Program for children at risk or identified as having developmental disabilities.
IVR	Interactive Voice Response; IEHP's telephone-accessible Member eligibility verification system.
The Joint Commission	The Joint Commission formerly Joint Commission for the Accreditation of Healthcare Organization (JCAHO); a not-for-profit organization that accredits hospitals, outpatient facilities and other institutions.
JOMs	Joint Operation Meetings; periodic meetings between IEHP and IPAs/Hospitals to address issues, delivery of care and general administration of plan.
JPA Governing Board	Joint Powers Agency Governing Board, also known as IEHP Governing Board; IEHP's oversight board consisting of appointed members from San Bernardino and Riverside Counties' Board of Supervisors and other appointed members that directs and approves all phases of IEHP operations.
LEA	Local Education Agency; school district agencies that provide certain services for Medi-Cal Members.
LHD	Local Health Department (Riverside/San Bernardino Counties); provides specific preventive and public health services, including immunizations, which Members can access directly.

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<i>TERM</i>	<i>DEFINITION</i>
LI Plan	Local Initiative Plan; Public/Private partnership plan of California's Two-Plan Model Managed Care Program designed to provide a publicly and privately funded managed care health plan to Medi-Cal recipients; in San Bernardino/Riverside Counties this plan is IEHP.
LTC	Long Term Care; a term used for day-in, day-out assistance required for a serious illness or disability that lasts a long time and in which a person is unable to care for him/herself; it frequently refers to custodial or nursing home care.
Mainstream Plan	Commercial line of California's Two-Plan Model Managed Care Program designed to provide a prepaid managed care health plan to Medi-Cal recipients; in San Bernardino/Riverside Counties, this plan is Molina.
Managed Care	A coordinated approach to providing quality health care at a lower cost; usually associated with HMOs.
MBHO	Managed Behavioral Healthcare Organization; A health plan, insurance company, self-funded plan, or Health Maintenance Organization (HMO) that offers managed care products for behavioral health while setting up and administering behavioral health provider networks.
MBOC	Medical Board of California; the State agency that issues licenses to practitioners, including MDs and PAs.
MCO	Managed Care Organization; a term used in the industry, particularly by NCQA, for health plans that participate in managed care; also known as an HMO.
Medi-Cal	No-cost health care coverage for low-income working families with children, low-income seniors, and people with disabilities.
Medicare Advantage Prescription Drug Plan HMO Special Needs Plan (SNP)	Health Plan coverage that includes a specific set of health benefits offered at a uniform premium and uniform level of cost sharing to all Medicare beneficiaries residing in the service area (or segment of the service area) of the MA plan. An MA plan that provides qualified prescription drug coverage under Part D of the Social Security Act. Beneficiaries are eligible to join if they are entitled to Medicare Part A and enrolled in Medicare Part B and are enrolled in Medi-Cal.
Member(s)	Any recipient enrolled in IEHP's plan.
MRMIB	Managed Risk Medical Insurance Board; State agency responsible for administration of the Healthy Families Program.
MSO	Management Services Organization; provides practice management services to IPAs and/or Hospitals.
MSR	Member Services Representative; IEHP employee responsible for handling Member calls.

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<i>TERM</i>	<i>DEFINITION</i>
MSSP	Multipurpose Senior Services Waiver Program; a State program providing in-home care to Members as an alternative to institutionalization.
NCQA	National Committee for Quality Assurance; a private, not-for-profit organization that assesses and reports on the quality of managed care plans. NCQA provides information that enables purchasers and consumers of managed health care to distinguish among plans based on quality, thereby allowing them to make more informed health care purchasing decisions.
Non-Physician Practitioner	Licensed providers of service that render limited medical services within their scope of license. Includes nurse practitioners (NP); physician assistants (PAs) and certified nurse midwives (CNMs).
Non-State Program	Any program where IEHP contracts with an employer group to render medical services for its employees.
NPDB	National Practitioner Data Bank; Department of Health and Human Services (DHHS) agency that collects and disseminates information on adverse licensure actions, clinical privilege actions and professional membership actions taken against physicians and dentists; used for credentialing purposes.
Nurse Advice Line	An after hours triage service provided to Members to help them with decisions regarding appropriate levels of medical care.
Organizational Provider	Any facility or entity providing inpatient, outpatient or home care services to Members; includes at a minimum, hospitals, ASCS, SNFs, HHAs, family planning clinics.
P3	Pre-Existing Pregnancy Program; formally known as Third Trimester Pregnancy Program (TTPP); an IEHP Program that compensates Providers for the financial impact of providing services to a pregnant Member assigned to a Provider late in the pregnancy.
P&T Subcommittee	Pharmacy and Therapeutic Subcommittee; one of seven committees established by IEHP to oversee the quality of care provided to Members; P&T Subcommittee is a subcommittee of the QM Committee and is responsible for the overall formulary, related prescribing and usage patterns and activities.
PAC	Provider Advisory Council; one of seven committees developed by IEHP to oversee the quality of care provided to Members; the PAC addresses issues concerning the IEHP network.
PCP	Primary Care Physician; provides coordinated treatment of assigned Members; generally serves as the Member's "gatekeeper" for managed care plans. The term PCP includes both PCPs and PCP - OB/GYNs. In rural areas, where PCP coverage is limited, Members may be assigned to a Nurse Practitioner at the discretion of IEHP.

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<i>TERM</i>	<i>DEFINITION</i>
Peer Review Subcommittee	Peer Review Subcommittee; one of seven committees established by IEHP to provide peer review and other quality related review of practitioners; Peer Review Subcommittee is a subcommittee of the QM Committee and addresses Member or Provider grievances, appeals and practitioner-related quality issues.
PER	Pharmacy Exception Request forms; used to request authorization for use of non-formulary drugs.
Per Diem	Payment to Hospitals contracting with IEHP under a “Per Diem Agreement”; a rate paid per day for services rendered regardless of actual charges.
PET	Performance Evaluation Tool; a tool used by IEHP during contract renewal to evaluate the overall performance and compliance of IPAs against IEHP requirements; outcome determines contract renewal period, type of contract, or non-renewal, if applicable.
PIA	Prison Industry Authority; a system of employment for inmates in California’s prisons; used by the State and IEHP for making prescription lenses.
P4P	Pay For Performance formerly Physician Incentive Program (PIP); new incentive program introduced in 2000 that provides PCPs with additional compensation directly from IEHP for specific services rendered to Members. Replaces former Immunization Program.
PMPM	Per Member Per Month; refers to a method of calculation reimbursement or expense, such as stop loss, based on each Member for one month.
PPPC	Public Policy Participation Committee; one of seven committees developed by IEHP to oversee the quality of care provided to Members; PPPC is a Member based Committee responsible for addressing IEHP structural or operational issues that can potentially impact delivery of care.
Practitioner	A physician, non-physician medical practitioner, or other provider of service.
Practitioner Profile	A form required by IEHP for submitting credentialed practitioners to IEHP for inclusion in the IEHP network; includes key practitioner demographic information and qualifications.
Preventive Care	Means health care provided for prevention and early detection of disease, illness, injury or other health condition and, in the case of a full service plan includes but is not limited to all of the basic health care services required by subsection (b)(5) of Section 1345 of the Act, and Section 1300.67 (f) of Title 28.
Provider	With an uppercase “P”; entity directly contracted with IEHP, i.e., IPA or Hospital; with a lowercase “p”; provider of service or entity providing services to IEHP Members.
Provider Team	Provider Team; triage unit established by IEHP to resolve Provider and Member issues concerning delivery of care to Members and to address Provider’s questions.

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<i>TERM</i>	<i>DEFINITION</i>
PSR	Provider Services Representative; IEHP employee responsible for resolving Provider issues.
QM	Quality Management; the continuous monitoring of all aspects of health care being administered to IEHP Members.
QM Committee	Quality Management Committee; one of seven committees developed by IEHP to oversee the quality of care provided to Members; the QM Committee monitors and addresses all aspects of health care provided to Members.
QPN	Quality Program Nurse; IEHP employee responsible for monitoring quality management at PCP offices, IPAs and Hospitals.
Semi-Annually	Twice yearly; used interchangeably with bi-annual.
SNF	Skilled Nursing Facility; a facility, either freestanding or part of a hospital, that accepts patients in need of rehabilitation and medical care that is of lesser intensity than that received in a hospital.
State Program	Any program administered and/or funded by any federal, state or local county agency that does not involve an employer group; specifically, Medi-Cal, Healthy Families, Healthy Kids or Open Access Program Members.
Stop-Loss	Insurance coverage provided by a third party that pays in event of unexpected financial loss.
TTY	Teletypewriter Device for the Hearing Impaired; formally known as Telephone Teletypewriter (TTY); an interpretive tool used to allow hearing impaired Members to access services or care by telephone.
TPA	Third Party Administrator; an administrative organization other than the health plan; Provider or provider of service that collects premiums, pays claims and/or provides administrative services.
TPL	Third Party Liability; another party that has the obligation to cover all or any portion of the medical expense incurred by a Member at the time such services was delivered; usually involving tort liability of another insurance-based entity such as workers' compensation or automobile insurance.
Triage or Screening	Means the assessment of an enrollee's health concerns and symptoms via communication, with a physician, registered nurse, or other qualified health professional acting within his or her scope of practice and who is trained to screen or triage an enrollee who may need care, for the purpose of determining the urgency of the enrollee's need for care.
Triage or Screening Waiting Time	Means the time waiting to speak by telephone with a physician, registered nurse, or other qualified health professional acting within his or her scope of practice and who is trained to screen or triage an enrollee who may need care.

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<i>TERM</i>	<i>DEFINITION</i>
Two-Plan Model Managed Care Program	Developed by DHCS to transfer delivery of Medi-Cal medical care to capitated managed care programs; thirteen counties participate in the program, which consists of a commercial (mainstream) plan and a county public/private partnership (local initiative) plan.
UM	Utilization Management; delegated to IPA; performs oversight of authorization processes and review of Member usage of services for continuous quality improvement.
UM Subcommittee	Utilization Management Subcommittee; One of seven committees established by IEHP to oversee the quality of care provided to Member; it is a subcommittee of the QM Committee and continuously monitors all aspects of UM administered to IEHP Members, including medical criteria used in the evaluation of appropriate health care services provided to Members.
Urgent Care	Means health care for a condition which requires prompt attention, consistent with subsection (h)(2) of Section 1367.01 of the Act.
Utilization	The frequency with which a service is used.
VFC	Vaccines for Children Program; a federally funded state program providing PCPs with free vaccines for administration to eligible children.
WIC	Supplemental Food Program for Women, Infants and Children; a state program for eligible Members which provides nutrition assessments, education, counseling, coupons for food supplements and links to community resources.

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