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### 3. ENROLLMENT AND ASSIGNMENT

#### A. IEHP Service Area

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

A. This policy applies to all IEHP DualChoice Members.

##### **POLICY:**

A. IEHP provides health care coverage to eligible Members in those areas of San Bernardino and Riverside Counties for which it is licensed as a Health Maintenance Organization (HMO).

##### **PROCEDURES:**

#### A. Geographic Service Area

IEHP is licensed to serve eligible Members in the zip codes within Riverside and San Bernardino Counties listed below:

##### 1. **Riverside County Zip Codes**

91752 Mira Loma	92258 North Palm Springs
92201 Indio	92260 Palm Desert
92202 Indio	92261 Palm Desert
92203 Indio	92262 Palm Desert
92210 Indian Wells	92263 Palm Desert
92211 Palm Desert	92264 Palm Desert
92220 Banning	92270 Rancho Mirage
92223 Beaumont	92274 Thermal
92230 Cabazon	92276 Thousand Palms
92234 Cathedral City	92282 White Water
92235 Cathedral City	92292 Palm Springs
92236 Coachella	92320 Calimesa
92240 Desert Hot Springs	92501 Riverside
92241 Desert Hot Springs	92502 Riverside
92247 La Quinta	92503 Riverside
92248 La Quinta	92504 Riverside
92253 La Quinta	92505 Riverside
92254 Mecca	92506 Riverside
92255 Palm Desert	92507 Riverside

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### 3. ENROLLMENT AND ASSIGNMENT

#### A. IEHP Service Area

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92508 Riverside	92562 Murrieta
92509 Riverside	92563 Murrieta
92513 Riverside	92564 Murrieta
92514 Riverside	92567 Nuevo
92515 Riverside	92570 Perris
92516 Riverside	92571 Perris
92517 Riverside	92572 Perris
92518 Riverside	92581 San Jacinto
92519 Riverside	92582 San Jacinto
92521 Riverside	92583 San Jacinto
92522 Riverside	92584 Menifee
92530 Lake Elsinore	92585 Sun City
92531 Lake Elsinore	92586 Sun City
92532 Lake Elsinore	92587 Sun City
92536 Aguanga	92589 Temecula
92539 Anza	92590 Temecula
92543 Hemet	92591 Temecula
92544 Hemet	92592 Temecula
92545 Hemet	92593 Temecula
92546 Hemet	92595 Wildomar
92548 Homeland	92596 Winchester
92549 Idyllwild	92599 Perris
92551 Moreno Valley	92860 Norco
92552 Moreno Valley	92877 Corona
92553 Moreno Valley	92878 Corona
92554 Moreno Valley	92879 Corona
92555 Moreno Valley	92880 Corona
92556 Moreno Valley	92881 Corona
92557 Moreno Valley	92882 Corona
92561 Mountain Center	92883 Corona

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### 3. ENROLLMENT AND ASSIGNMENT

#### A. IEHP Service Area

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##### 2. San Bernardino County Zip Codes

91701 Rancho Cucamonga	92305 Angelus Oaks
91708 Chino	92307 Apple Valley
91709 Chino Hills	92308 Apple Valley
91710 Chino	92309 Baker
91729 Rancho Cucamonga	92310 Fort Irwin
91730 Rancho Cucamonga	92311 Barstow
91737 Rancho Cucamonga	92312 Barstow
91739 Rancho Cucamonga	92313 Grand Terrace
91743 Guasti	92314 Big Bear City
91758 Ontario	92315 Big Bear City
91759 Mt. Baldy	92316 Bloomington
91761 Ontario	92317 Blue Jay
91762 Ontario	92318 Bryn Mawr
91763 Montclair	92321 Cedar Glen
91764 Ontario	92322 Cedarpines Park
91766 Chino	92324 Colton
91784 Upland	92325 Crestline
91785 Upland	92326 Crest Park
91786 Upland	92327 Daggett
91798 Ontario	92329 Phelan
92252 Joshua Tree	92331 Fontana
92256 Morongo Valley	92333 Fawnskin
92268 Pioneertown	92334 Fontana
92277 Twentynine Palms	92335 Fontana
92278 Twentynine Palms	92336 Fontana
92284 Yucca Valley	92337 Fontana
92285 Landers	92338 Ludlow
92286 Yucca Valley	92339 Forest Falls
92301 Adelanto	92340 Hesperia
92304 Amboy	92341 Green Valley Lake

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### 3. ENROLLMENT AND ASSIGNMENT

#### A. IEHP Service Area

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92342 Helendale	92392 Victorville
92344 Hesperia	92393 Victorville
92345 Hesperia	92394 Victorville
92346 Highland	92395 Victorville
92347 Hinkley	92397 Wrightwood
92350 Loma Linda	92398 Yermo
92352 Lake Arrowhead	92399 Yucaipa
92354 Loma Linda	92401 San Bernardino
92356 Lucerne Valley	92402 San Bernardino
92357 Loma Linda	92403 San Bernardino
92358 Lytle Creek	92404 San Bernardino
92359 Mentone	92405 San Bernardino
92365 Newberry Springs	92406 San Bernardino
92368 Oro Grande	92407 San Bernardino
92369 Patton	92408 San Bernardino
92371 Phelan	92410 San Bernardino
92372 Pinon Hills	92411 San Bernardino
92373 Redlands	92412 San Bernardino
92374 Redlands	92413 San Bernardino
92375 Redlands	92414 San Bernardino
92376 Rialto	92415 San Bernardino
92377 Rialto	92418 San Bernardino
92378 Rimforest	92420 San Bernardino
92382 Running Springs	92423 San Bernardino
92385 Skyforest	92424 San Bernardino
92386 Sugarloaf	92427 San Bernardino
92391 Twin Peaks	

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### 3. ENROLLMENT AND ASSIGNMENT

#### A. IEHP Service Area

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#### B. Exclusions

The following listed zip codes are comprised of remote rural and/or mountainous areas where IEHP is not licensed to provide health care service(s) in these areas.

##### 1. Riverside County Excluded Zip Codes

92225 Blythe  
92226 Blythe  
92239 Desert Center/Eagle Mountain

##### 2. San Bernardino County Excluded Zip Codes

92242 Big River/Earp	92364 Nipton/Baker
92267 Parker Dam	92366 Mountain Pass
92280 Vidal/Blythe	93558 Red Mountain
92323 Cima	93562 Trona/Argus
92332 Essex	93592 Trona
92363 Needles	

C. To be eligible to enroll in IEHP Programs, Members must reside within the covered zip codes for Riverside or San Bernardino Counties.

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### 3. ENROLLMENT AND ASSIGNMENT

#### B Primary Care Provider Assignment

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

A. This policy applies to all IEHP DualChoice Members.

##### **POLICY:**

- A. Upon their enrollment, IEHP DualChoice Members will have the opportunity to select any Primary Care Provider (PCP), who has a panel that is open to Member assignment and contracted with IEHP DualChoice.
1. If the Member does not select a PCP, they will be auto assigned a PCP or to a Safety-Net Clinic, as applicable. Members may also be assigned to a clinic that is approved by IEHP for clinic enrollment, if the clinic meets IEHP designated criteria.
  2. In rural areas where PCP coverage is limited, Members may be assigned to a Nurse Practitioner (NP). NPs in a rural area are approved to act as a PCP.<sup>1</sup>
  3. Seniors and Persons with Disabilities (SPD) Members may select a Specialist as their PCP if the Specialist agrees to abide by PCP requirements.<sup>2</sup>
  4. Members may be allowed to remain with their out-of-network PCP under certain circumstances. See Policy 12A5, “Care Management Requirements – Continuity of Care.”

##### **PROCEDURES:**

- A. IEHP processes eligibility and enrollment data received from the Centers for Medicare and Medicaid Services (CMS) and assigns a PCP, Safety-Net Clinic, or clinics approved by IEHP as applicable, to each Member based on the following:
1. Enrollment Application – If a Member does not make a PCP or Medical Group selection during the enrollment process, but the Member was previously associated with IEHP and assigned to a currently active IEHP Medicare-contracted PCP, IEHP will keep the assignment.
  2. Member Choice/IEHP Contact – IEHP assigns Members to those PCPs, Safety-Net Clinics, or clinics approved by IEHP as applicable, that they have requested through contact with an IEHP representative.
  3. Auto-Assignment - Members who have not been assigned to a PCP through either of the above processes are assigned to a PCP, Safety-Net Clinic, or clinics approved by IEHP as applicable, using the IEHP Auto Assignment Process. The Auto Assignment process is a computer-generated program that assigns Members to PCPs, Safety-Net Clinic, or clinics approved by IEHP as applicable, by identifying the best match between a PCP and Member in terms of access and quality.”

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<sup>1</sup> Title 42 Code of Federal Regulations (CFR) § 491

<sup>2</sup> California Welfare and Institutions Code (Welf. & Inst. Code), § 14182 (b)(11)

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### 3. ENROLLMENT AND ASSIGNMENT

#### B Primary Care Provider Assignment

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- a. Residence/geography;
  - b. Age;
  - c. Gender;
  - d. Language;
  - e. Enrollment limits; and
  - f. Quality rating.
4. Manual Assignment - Eligibility representative selects a Provider for Members using internal system Provider search. This Provider search locates a Provider for the Member based upon the Members' geographical location as well as age and gender.
- C. IEHP Medi-Cal Members who currently have an assigned PCP at a Federally Qualified Health Center (FQHC), Tribal Federally Qualified Health Center (TFQHC), Rural Health Clinic (RHC) or Indian Health Facilities (IHF) will be assigned directly to the clinic, not to an individual PCP performing services on behalf of the FQHC, TFQHC, RHC or IHF.
- D. For clinics, who are not designated as FQHCs, TFQHCs, RHCs or IHFs, to receive assignment, the clinic must have all PCPs at the clinic practicing under the same tax identification number; all PCPs at the clinic using the same Electronic Health Record (EHR) system; remain open to all new Member assignment and cannot limit panel assignment. Clinics must also adhere to IEHP Policy 18C - PCP, Specialist, Vision and Behavioral Health Provider Network Changes, specifically notifying IEHP timely of all PCP updates including but not limited to demographic changes, terminations and relocations of practice.
- E. Members may request to change PCPs or to a Safety-Net Clinic, or clinic approved by IEHP for assignment as applicable, each month either by:
1. Calling IEHP Member Services Department at (888) 273-IEHP (4347); or
  2. Visiting the Member portal on IEHP's website at [www.iehp.org](http://www.iehp.org).
- See Section 17, "Member Transfers and Disenrollment" for more information.

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### 3. ENROLLMENT AND ASSIGNMENT

#### C. Member Identification Cards

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

A. This policy applies to all IEHP DualChoice Members.

##### **POLICY:**

A. All Members will be mailed an IEHP Identification (ID) Card and Evidence of Coverage (EOC) document, no later than the Member's effective date of coverage.

##### **PROCEDURES:**

###### A. IEHP ID Card:

1. The ID Card contains the Primary Care Provider (PCP) name or Clinic, if applicable, PCP office telephone number, IPA (Medical Group) assigned to the Member, IEHP Member Services telephone number, and 24-Hour Nurse Advice Line telephone number (See Attachment, "IEHP ID Card – DualChoice" in Section 3).
2. If IEHP is unable to mail the ID Card prior to the effective date, it will be mailed within ten (10) calendar days of receiving the confirmation of enrollment from the Centers for Medicare and Medicaid Services (CMS).<sup>1,2</sup>
3. Temporary IEHP ID Card:
  - a. A temporary IEHP ID Card is available for Providers to print through the IEHP website at [www.iehp.org](http://www.iehp.org).
  - b. Members can access the temporary ID card via the secure Member Portal at [www.iehp.org](http://www.iehp.org). If the Member presents the temporary ID card via a mobile device such as a tablet or phone, IEHP requests that this be acknowledged as valid in compliance with the specifications listed below.
  - c. Temporary ID Cards are printed with an expiration date of the last day of the current month.
  - d. The IEHP ID Card does not guarantee eligibility; therefore, it is important that Providers verify eligibility as outlined in Policy MA\_4A, "Eligibility Verification."

###### B. Evidence of Coverage:

1. IEHP is required to provide the Member with a welcome letter and an Evidence of Coverage (EOC)/ Member Handbook within ten (10) calendar days of the confirmed enrollment from CMS. The Provider should verify the eligibility as outlined in Policy 4B2, "Eligibility Verification Methods – Eligibility Verification Options."

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<sup>1</sup> Medicare Communication and Marketing Guidelines (MCMG)

<sup>2</sup> Medicare-Medicaid Plan Enrollment and Disenrollment Guidance, Section 30.5.2



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### 3. ENROLLMENT AND ASSIGNMENT

#### C. Member Identification Cards

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##### C. Medicare Card:

1. In addition to the IEHP ID Card, Medicare Members continue to receive their Medicare Card issued by the Social Security Administration. The Medicare Card only contains beneficiary identification information and does not guarantee eligibility.

##### D. Medi-Cal BIC Card:

1. In addition to the IEHP ID Card, IEHP DualChoice Members will continue to receive a Benefit Identification Card (BIC) from the State. The BIC only contains beneficiary identification information and does not guarantee eligibility (See Attachment, “BIC Card” in Section 3).

- E. Providers are encouraged to verify Member’s identification through a secondary means, preferably with both a picture and signature. This may include but not be limited to driver’s license, state, consular, or municipal identification.

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### 3. ENROLLMENT AND ASSIGNMENT

#### D. Eligible Members

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**APPLIES TO:**

A. This policy applies to all IEHP DualChoice Members.

**POLICY:**

A. The Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) determine Member eligibility based on select criteria.

B. DHCS determines Medi-Cal Aid Codes for IEHP DualChoice Members.

**PROCEDURES:**

A. IEHP currently serves Aid Categories and Aid Codes under its IEHP DualChoice contract with the State under the Two Plan Model. Please refer to the DHCS website for the most current Aid Code Chart: <http://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx> > Resources & Information > Aid Code Chart (PDF).

B. Recipients have both Medicare Part A and Part B.

C. Under IEHP DualChoice, Medi-Cal beneficiaries may be eligible for Long-Term Services and Supports (LTSS) benefits. Please see Section 12, “Coordination of Care” for benefit and program eligibility information.

D. Recipients assigned an Aid Code or Aid Category not listed on the DHCS Aid Code Chart under the Two-Plan Model remain under the State’s fee-for-service system and cannot select IEHP as their health plan.

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### 3. ENROLLMENT AND ASSIGNMENT

#### E. Post Enrollment Kit

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

A. This policy applies to all IEHP DualChoice Members.

##### **POLICY:**

A. All IEHP DualChoice Members receive a Post Enrollment Kit (i.e., Welcome Kit).

##### **PROCEDURES:**

- A. Post-Enrollment Member materials include all notification forms and letters, as well as, sections of newsletters that are used to enroll, disenroll, and communicate with Members on many different membership operational policies, rules and procedures. Post Enrollment Member materials include, but are not limited to:<sup>1,2</sup>
1. Mailing Envelope;
  2. Welcome Letter;
  3. Health Risk Assessment (HRA) Letter;
  4. Member Handbook;
  5. Formulary and Provider Directory Access Letter: Centers for Medicare and Medicaid Services (CMS) approved notice of online availability of Formulary and Provider Directory instead of providing a hard copy;
  6. Getting Needed Care Magnet;
  7. Privacy Notice;
  8. IEHP DualChoice Phone Number Magnet;
  9. Non-Discrimination Taglines;
  10. Others such as: Health Education materials, Medication Therapy Management Program (MTMP) materials, mail service forms for Part D drugs, etc.; and
  11. I.D. Card (Mailed Separately).
- B. If an enrollee requests any of these documents in hardcopy, the Plan/Part D sponsor will mail the hard copy within three (3) business days of the request.<sup>3</sup>
- C. Enrollees who choose to enroll into IEHP DualChoice will be sent the materials listed above no later than ten (10) calendar days from receipt of CMS confirmation of enrollment or by the last day of the month prior to the effective date, whichever occurs later.<sup>4,5</sup>

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<sup>1</sup> Medicare Communications and Marketing Guidelines (MCMG)

<sup>2</sup> Title 42 Code of Federal Regulations (CFR) § 422.2267- 423.2267

<sup>3</sup> 42 CFR § 422.2267 (d) (2)

<sup>4</sup> Medicare-Medicaid Plan Enrollment and Disenrollment Guidance, Section 30.5.2

<sup>5</sup> Title 42 Code of Federal Regulations (CFR) § 423.2267 (e)(1)

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### 3. ENROLLMENT AND ASSIGNMENT

#### E. Post Enrollment Kit

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- D. For late month enrollment transactions (those for which CMS confirmation of enrollment is received less than ten (10) calendar days before the end of the month prior to the effective date), these materials below must be sent no later than ten (10) calendar days from receipt of CMS confirmation of enrollment. We will refer to the date of the Transaction Reply Report (TRR) that has the notification to identify the start of the ten (10) calendar day timeframe.
1. Member Handbook;
  2. Formulary and Provider Directory Access Letter; and
  3. IEHP Member Identification Card.
- E. All appropriate disclaimers must be on all materials listed above.
- F. All materials that are included in the Post-Enrollment Kit must be approved by CMS and the State prior to distribution.<sup>6</sup>
- G. All materials will be translated into the Plan's threshold languages.
- H. All materials will be made available, upon request, in alternate formats including, but not limited to, large print, Braille, and Audio.

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<sup>6</sup> 42 CFR § 422.2261 – 423.2261

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### 3. ENROLLMENT AND ASSIGNMENT

#### Attachments

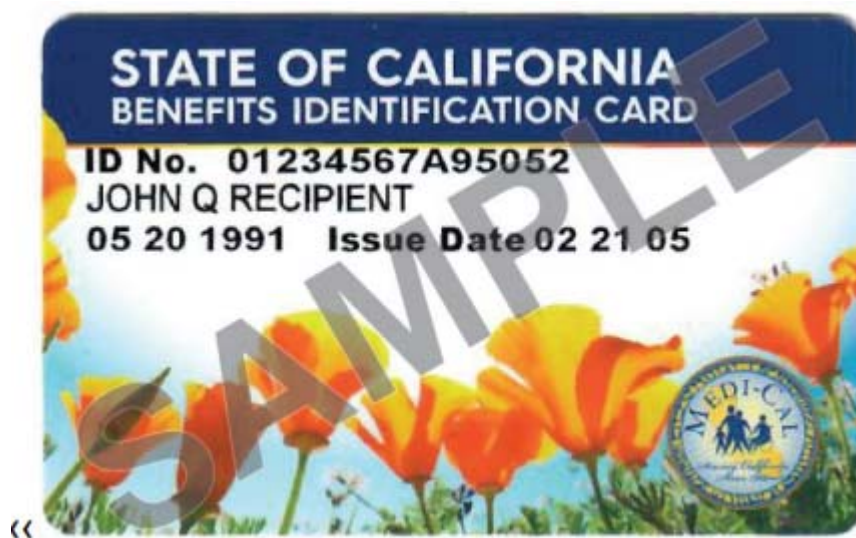
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<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
BIC Card	3C
IEHP ID Card – IEHP DualChoice	3C



**INLAND EMPIRE HEALTH PLAN**

**Plastic Benefits  
Identification Card (BIC)**



**SIGNATURE**

This card is for identification ONLY. It does not guarantee eligibility. Carry this card with you to your medical provider. DO NOT THROW AWAY THIS CARD. Misuse of this card is unlawful.



## MEDICARE HEALTH INSURANCE

Name/Nombre

**JOHN L SMITH**

Medicare Number/Número de Medicare

**1EG4-TE5-MK72**

Entitled to/Con derecho a


**HOSPITAL (PART A)**

**MEDICAL (PART B)**

Coverage starts/Cobertura empieza

**03-01-2016**

**03-01-2016**

  
*DualChoice*

**IEHP DualChoice**  
Cal MediConnect Plan (Medicare-Medicaid Plan)

**Member Name:** Jane Doe


**Member ID:** 20200299999900

**PCP Name:** Joan Provider  
**Medical Group:** A Medical Group

**MedicareRx**  
Prescription Drug Coverage

**RxBIN:** 012353  
**RxPCN:** 04110000  
**RxGRP:** CMCMD

CMS Contract: H5355 Plan Benefit Package: 001



X251650800447

**Notice to Members** In case of an Emergency, go to the nearest Emergency Room (ER).  
Plan covers ER services in U.S. only.

**Aviso para los Miembros** En caso de emergencia, acuda a la Sala de Emergencias más cercana.  
El plan cubra los servicios de Sala de Emergencias solamente en los EE. UU.

**Member Services:** 1-877-273-IEHP (4347) or TTY 1-800-718-4347, 8am-8pm PST, 7 days a week, including holidays.

**Servicios para Miembro:** 1-877-273-IEHP (4347) o TTY 1-800-718-4347, de 8am-8pm PST (Hora del Pacífico), los 7 días de la semana, incluidos días festivos.

**Nurse Advice Línea/Línea de Consejos de Enfermería:** 1-888-244-IEHP (4347) or TTY 1-866-577-8355.

**Denti-Cal:** 1-800-322-6384 or TTY 1-800-735-2922

**PCP Phone:** (909)804-8283

**Website:** www.iehp.org

**Send claims to:** IEHP, P.O. Box 4259, Rancho Cucamonga, CA 91729-4259