IE♥HP

SNF Training Guide

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Quick Reference Guide

Main Number: (909) 890-2000

Provider Relations Team: (909) 890-2054 or (866) 222-IEHP (4347)

Provider Relations Team Fax: (909) 890-5652

Eligibility:

IEHP's Secure Provider Portal: www.iehp.org

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.

After Hours Phone Numbers:

Coverage Determinations: (888) 860-1297   after 8 p.m. (Medicare only)

Expedited Appeals: (866) 233-4347   after 8 p.m. (Medicare only)

IEHP's UM Staff and Physicians: Monday – Friday   8:00 a.m. - 5:00 p.m.
(Provider inquiries regarding
authorization request, status and
clinical decision and process)

IEHP Web Site: www.iehp.org

Provider Relations Team Email: ProviderServices@iehp.org

Closed For:

New Year Day	Labor Day
Martin Luther King, Jr. Day	Thanksgiving Day
Presidents' Day	Day after Thanksgiving Day
Memorial Day	Christmas Eve
Independence Day	Christmas Day
Day after Independence Day*	

* IEHP will designate an "Alternative Holiday" each year.

IEHP Affiliated IPAs' General Information, Contracted Labs, Claims, and UM List

IPA CODE	IPA NAME	CONTRACTED LAB	ADDRESSES	PHONE	FAX
All Lines of Business					
JJJ	IEHP Direct	LabCorp[2]	Main: P.O. Box 1800 Rancho Cucamonga, CA 91729 Claims: P.O. Box 4349 Rancho Cucamonga, CA 91729- 4349 Disputes: P.O.Box 4319 Rancho Cucamonda, CA 91729- 4349	Provider Relations: (909) 890-2054 Claims: (909) 890-2000 UM: (866) 725-4347	Provider Relations: (909) 296-3550 UM: (909) 890-5751
Medi-Cal					
00A	Alpha Care Medical Group	LabCorp	Main: 1668 S. Garfield Ave., 2nd Floor Alhambra, CA 91801 Claims: AlphaCare Medical Group 1680 S. Garfield Ave., #200 Alhambra, CA 91801	Main: (844) 426-2264 or (626) 282-3743 Claims: (844) 426-2264 x3 or (626) 282-3743 x3 UM: (844) 426-2264 x1 or (626) 282-3743 x1	Main: (626) 943-6146 or (626) 817-9207 Claims: (626) 943-6310 Outpatient UM: (626) 521-6140 Inpatient UM: (626) 943-6321
00B	Dignity Health Medical Group - IE	Quest	Main: 1980 Orange Tree Ln., Ste 200 Redlands, CA 92374 Claims: P.O. Box 10369 San Bernardino, CA 92423	Main: (909) 335-7171 Claims: (800) 339-2964 UM: (800) 339-2964	Main: (909) 335-7140 Claims: (909) 748-7873 UM: (909) 335-7147 UM STAT Referral Line: (909) 335-7159
00E	LaSalle Medical Associates	LabCorp	Main: 1855 W. Redlands Blvd., 2nd flr Redlands, CA 92374 Claims: 1680 S. Garfield Ave., Suite 205 Alhambra, CA 91801	Main: (888) 554-4562 Claims: (888) 554-4562 UM: (888) 554-4562	Main: (626) 943-6369 Claims: (626) 943-6310 UM Routine: (626) 943-6395 UM Urgent: (626) 943-6397
00F	Inland Faculty Medical Group	LabCorp	Main: 1860 Colorado Blvd., Ste 200 Los Angeles, CA 90041 Claims: P.O. Box 869002 Plano, TX 75086	Main: (800) 371-7547 Claims: (800) 371-7547 UM: (800) 371-7547	Claims: (844) 355-4099 UM: (844) 302-2537
00N	Physicians Health Network	BioLab	Main: P.O. Box 11429 San Bernardino, CA 92423-1429 Claims: P.O. Box 11429 San Bernardino, CA 92423-1429	Main: (909) 300-5030 Claims: (909) 300-5032 UM: (909) 300-5032	Main: (909) 332-5555 Claims: (951) 689-6644 UM: (951) 689-6644
01P	Allied Pacific IPA	Quest	Main: 1668 S. Garfield Ave. 2nd Floor Alhambra, CA 91801 Claims: 9700 Flair Drive El Monte, CA 91731	Main: (626) 282-0288 Claims: (626) 282-0288 UM: (626) 282-0288	Claims: (626) 401-1675 UM: (626) 943-6367 UM STAT: (626) 943-6387
00X	Kaiser – Fontana/Riverside	Kaiser	Main: 393 E. Walnut St. 5th Floor Pasadena, CA 91189 Claims: P.O. Box 7004 Downey, CA 90242-7004	Main: (800) 464-4000 Claims: (800) 390-3510 UM: (800) 464-4000	Main: (626) 405-2527 Claims: (626) 405-2527 UM: (626) 405-2527
01T	Horizon Valley Medical Group	Foundation Lab	Main: 18564 US Highway 18., Ste 105 Apple Valley, CA 92307 Claims: P.O. Box 2659 Apple Valley, CA 92307-0050	Main: (760) 813-6948 Claims: (760) 813-6948 Ext: 2 UM: (760) 813-6948 Ext: 3	Main: (760) 242-0487 Claims: (760) 242-5477 UM: (760) 242-1848
IEHP DualChoice					
01S*	PrimeCare Medical Network	Quest	Main: 3990 Concours St., Suite 500 Ontario, CA 91764 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (909) 605-8000 Claims: (909) 605-8000 Ext: 63007 UM: (909) 605-8000	Claims: (909) 481-9031 UM: (866) 571-3719
02S*	PrimeCare of Sun City	Quest	Main: 41391 Kalmia St., Ste 310 Murrieta, CA 92562 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (951) 461-0762 Claims: (909) 605-8000 Ext: 63007 UM: (951) 461-0762	Main: (951) 698-5194 Claims: (909) 481-9031 UM: (951) 698-5194
03S*	PrimeCare of Chino Valley	Quest	Main: 15315 Fairfield Ranch Rd., Ste 275 Chino Hills, CA 91709 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (909) 465-1397 Claims: (909) 605-8000 Ext: 63007 UM: (909) 465-1397	Main: (909) 465-6629 Claims: (909) 481-9031 UM: (909) 465-6629
04S*	PrimeCare of Corona	Quest	Main: 2275 Sampson Ave., Ste 111 Corona, CA 92879 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (951) 371-8440 Claims: (909) 605-8000 Ext: 63007 UM: (951) 371-8440	Main: (951) 371-3910 Claims: (909) 481-9031 UM: (951) 371-3910
06S*	PrimeCare of Inland Valley	Quest	Main: 9130 Anaheim Place, Ste 130 Rancho Cucamonga, CA 91730 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (909) 466-8000 Claims: (909) 605-8000 Ext: 63007 UM: (909) 466-8000	Main: (909) 484-6825 Claims: (909) 481-9031 UM: (909) 484-6825

Last Updated: October 25, 2019

IEHP Affiliated IPAs' General Information, Contracted Labs, Claims, and UM List

(Continue)

IPA CODE	IPA NAME	CONTRACTED LAB	ADDRESSES	PHONE	FAX
07S*	PrimeCare of San Bernardino	Quest	Main: 1467 Ford St., Ste 103 Redlands, CA 92373 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (909) 798-7766 Claims: (909) 605-8000 Ext: 63007 UM: (909) 798-7766	Main: (909) 792-8627 Claims: (909) 481-9031 UM: (909) 792-8627
08S*	PrimeCare of Moreno Valley	Quest	Main: 1467 Ford St., Ste 103 Redlands, CA 92373 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (909) 798-7766 Claims: (909) 605-8000 Ext: 63007 UM: (909) 798-7766	Main: (909) 792-8627 Claims: (909) 481-9031 UM: (909) 792-8627
09S*	PrimeCare of Riverside	Quest	Main: 2275 Sampson Ave., Ste 111 Corona, CA 92879 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (951) 371-8440 Claims: (909) 605-8000 Ext: 63007 UM: (951) 371-8440	Main: (951) 371-3910 Claims: (909) 481-9031 UM: (951) 371-3910
10S*	PrimeCare of Hemet Valley	Quest	Main: 41391 Kalmia St., Ste 310 Murrieta, CA 92562 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (951) 461-0762 Claims: (909) 605-8000 Ext: 63007 UM: (951) 461-0762	Main: (951) 698-5194 Claims: (909) 481-9031 UM: (951) 698-5194
11S*	Valley Physicians Network	Quest	Main: 24630 Washington Ave., Ste 203 Murrieta, CA 92562 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (951) 704-1900 Claims: (909) 605-8000 Ext: 63007 UM: (951) 704-1900	Main: (877) 397-7682 Claims: (909) 481-9031 UM: (877) 397-7682
12S*	PrimeCare of Citrus Valley	Quest	Main: 9130 Anaheim Place, Ste 130 Rancho Cucamonga, CA 91730 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (909) 466-8000 Claims: (909) 605-8000 Ext: 63007 UM: (909) 466-8000	Main: (909) 484-6825 Claims: (909) 481-9031 UM: (909) 484-6825
13S*	PrimeCare of Redlands	Quest	Main: 1520 Barton Rd. Redlands, CA 92373 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (909) 798-7766 Claims: (909) 605-8000 Ext: 63007 UM: (909) 798-7766	Main: (909) 792-8627 Claims: (909) 481-9031 UM: (909) 792-8627
14S*	PrimeCare of Temecula	Quest	Main: 41391 Kalmia St., Ste 310 Murrieta, CA 92562 Claims: P.O. Box 6903 Rancho Cucamonga, CA 91729	Main: (951) 461-0762 Claims: (909) 605-8000 Ext: 63007 UM: (951) 461-0762	Main: (951) 698-5194 Claims: (909) 481-9031 UM: (951) 698-5194
01Y*	Choice Physicians Network CPN/HVMG	Foundation Lab	Main: 18564 US Highway 18, Suite 105 Apple Valley, CA 92307 Claims: 18564 US Highway 18, Suite 105 Apple Valley, CA 92307	Main: (760) 242-7777 Claims: (760) 242-7777 UM: (760) 813-6951	Main: (760) 242-0487 Claims: (760) 242-5477 UM: (760) 813-6947
02R	Riverside Medical Clinic	LabCorp	Main: 3660 Arlington Ave. Riverside, CA 92506 Claim: 3660 Arlington Ave. Riverside, CA 92506	Main: (951) 683-6370 Claims: (951) 782-3060 UM: (951) 782-3076	Claims: (951) 274-0321 UM: (951) 248-6761
01U*	EPIC Health Plan	Quest	Main: 1615 Orange Tree Lane Redlands, CA 92374 Claims: 1615 Orange Tree Lane Redlands, CA 92374	Main: (909) 799-1818 Claims: (855) 374-2571 UM: (909) 335-4103 Ext: 3295	Main: (909) 786-0816 Claims: (909) 786-0789 UM: (909) 793-0241
02U*	Beaver Medical Group	Quest	Main: 1615 Orange Tree Lane Redlands, CA 92374 Claims: P.O. Box 10757 San Bernardino, CA 92423	Main: (909) 799-1818 Claims: (855) 374-2571 UM: (866) 230-2835 Ext: 3295	Main: (909) 786-0816 Claims: (909) 786-0789 UM: (909) 583-2601
03U*	Redlands - Yucaipa Medical Group	Quest	Main: 1615 Orange Tree Lane Redlands, CA 92374 Claims: P.O. Box 12029 San Bernardino, CA 92423	Main: (909) 799-1818 Claims: (855) 374-2571 UM: (909) 335-4103 Ext: 3295	Main: (909) 786-0816 Claims: (909) 786-0789 UM: (909) 793-0241
04U*	TriValley Medical Group	Quest	Main: 1615 Orange Tree Lane Redlands, CA 92374 Claims: P.O. Box 11819 San Bernardino, CA 92423	Main: (909) 799-1818 Claims: (855) 374-2571 UM: (909) 335-4103 Ext: 3295	Main: (909) 786-0816 Claims: (909) 786-0789 UM: (909) 793-0241
05U*	Pinnacle Medical Group	Quest	Main: 1615 Orange Tree Lane Redlands, CA 92374 Claims: P.O. Box 12089 San Bernardino, CA 92423	Main: (909) 799-1818 Claims: (855) 374-2571 UM: (909) 335-4103 Ext: 3295	Main: (909) 786-0816 Claims: (909) 786-0789 UM: (909) 793-0241
06U*	Alliance Desert Physicians, Inc	Quest	Main: 1615 Orange Tree Lane Redlands, CA 92374 Claims: P.O. Box 10757 San Bernardino, CA 92423	Main: (909) 799-1818 Claims: (855) 374-2571 UM: (909) 335-4103 Ext: 3295	Main: (909) 786-0816 Claims: (909) 786-0789 UM: (909) 793-0241
07U*	Chaffey Medical Group	Quest	Main: 1615 Orange Tree Lane Redlands, CA 92374 Claims: P.O. Box 11819 San Bernardino, CA 92423	Main: (909) 799-1818 Claims: (855) 374-2571 UM: (909) 335-4103 Ext: 3295	Main: (909) 786-0816 Claims: (909) 786-0789 UM: (909) 793-0241

Last Updated: October 25, 2019

IEHP Affiliated IPAs' General Information, Contracted Labs, Claims, and UM List

(Continue)

IPA CODE	IPA NAME	CONTRACTED LAB	ADDRESSES	PHONE	FAX
08U*	FENIX Medical Group	Quest	Main: 1615 Orange Tree Lane Redlands, CA 92374 Claims: P.O. Box 11819 San Bernardino, CA 92423	Main: (909) 799-1818 Claims: (855) 374-2571 UM: (909) 335-4103 Ext: 3295	Main: (909) 786-0816 Claims: (909) 786-0789 UM: (909) 793-0241
01H*	Heritage Provider Network	LabCorp	Main: 8510 Balboa Blvd., Ste 275 Northridge, CA 91325 Claims: 8510 Balboa Blvd., Ste 275 Northridge, CA 91325	Main: (818) 654-3461 Claims: (818) 654-3455 UM: (909) 335-4103 Ext: 3295	Claims: (661) 846-4715 UM: (714) 908-5606
02H*	Regal Medical Group	Quest¹	Main: 621 E Carnegie Dr., Ste 140 San Bernardino, CA 92408 Claims: P.O. Box 371330 Reseda, CA 91337	Main: (818) 654-3400 Claims: (866) 654-3471 Ext:6014 UM: (909) 380-7141	Claims: (818) 654-3418 UM: (909) 890-9356
03H*	Desert Oasis HealthCare	LabCorp	Main: 275 N El Cielo Rd. Palm Springs, CA 92262 Claims: 275 N El Cielo Palm Springs, CA 92262	Main: (760) 320-8814 Claims: (760) 323-2614 UM: (760) 969-6588	Claims: (760) 318-8357 UM: (760) 320-4037
04H*	Heritage Victor Valley Medical Group	LabCorp	Main: 12370 Hesperia Rd. Victorville, CA 92395 Claims: P.O. Box 7014 Lancaster, CA 93539	Main: (760) 245-4747 Claims: (800) 266-4364 UM: (760) 245-4747	Claims: (661) 726-3867 UM: (760) 245-5103
01W*	Dignity Health Physician Network - IE	Quest	Main: 1980 Orange Tree Ln., Ste 200 Redlands, CA 92374 Claims: Dignity Health Physician Network - IE P.O. Box 10007 San Bernardino, CA 92324	Main: (909) 335-7171 Claims: (800) 339-2964	Main: (909) 335-7140 UM: (909) 335-7147
			Facility Charges: IEHP P.O. Box 4349 Rancho Cucamonga, CA 91729- 4349	Claims: (916) 851-2857	

* Global Contract
¹ For Providers in Temecula the assigned lab is LabCorp.
² Exceptions Apply

All About IEHP

- IEHP is a public, non-profit Joint Powers Agency (JPA) created by San Bernardino and Riverside Counties.

- IEHP is a NCQA accredited Health Plan.

- IEHP provides health care coverage to eligible Members in areas of San Bernardino and Riverside Counties for which it is licensed as a HMO.
    - ✓ Medi-Cal (including Open Access)
    - ✓ IEHP DualChoice

- Potential Members should be directed to contact IEHP at (800) 440-IEHP (4347).

- *For Provider Relations questions, call IEHP Provider Relations Team at (909) 890-2054*

- *For Provider Contracting questions call Samantha Huang at (909) 386-6440*

IEHP Sample ID Cards

Medi-Cal

IE♥HP.
A Public Entity

Name/Nombre: John Q Sample
ID#: 201800000000000
Doctor: JOHN DOE   PCP Eff Date: 06/01/2018
Doctor Phone: (909)999-9999   10000000
Medical Group: IEHP Direct
Hospital: IE General Hospital
Plan Website: www.iehp.org

Copays: Rx: $0   MD: $0   RxBin: 600428
        ER: $0   HOSP: $0   RxPCN:02550000

In case of an Emergency, call "911" or go to the nearest Hospital Emergency Room (ER).

Member Services: 1-800-440-IEHP (4347)
or TTY 1-800-718-4347, 8am-5pm PST, Monday-Friday.

24-Hour Nurse Advice Line: 1-888-244-IEHP (4347)
or TTY 1-866-577-8355.

En caso de emergencia, llame al "911" o acuda a la Sala de Emergencias más cercana.

Servicios para Miembro: 1-800-440-IEHP (4347)
o TTY 1-800-718-4347, 8am-5pm PST, lunes-viernes.

Línea de Consejos de Enfermería las 24 Horas:
1-888-244-IEHP (4347) or TTY 1-866-577-8355.

Open Access

IE♥HP.
A Public Entity

Name/Nombre: [redacted]
ID#: [redacted]
Doctor: OPEN ACCESS
Doctor Phone: (800)440-4347

Hospital: OPEN ACCESS
Plan Website: www.iehp.org
Copays: Rx: $0   MD: $0   RxBin: [redacted]
        ER: $0   HOSP: $0   RxPCN: [redacted]

In case of an Emergency, call "911" or go to the nearest Hospital Emergency Room (ER).

Member Services: 1-800-440-IEHP (4347)
or TTY 1-800-718-4347, 8am-5pm PST, Monday-Friday.

24-Hour Nurse Advice Line: 1-888-244-IEHP (4347)
or TTY 1-866-577-8355.

En caso de emergencia, llame al "911" o acuda a la Sala de Emergencias más cercana.

Servicios para Miembro: 1-800-440-IEHP (4347)
o TTY 1-800-718-4347, 8am-5pm PST, lunes-viernes.

Línea de Consejos de Enfermería las 24 Horas:
1-888-244-IEHP (4347) or TTY 1-866-577-8355.

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan)

IE♥HP.
DualChoice

IEHP DualChoice
Cal MediConnect Plan

MedicareRx
Prescription Drug Coverage

Member Name:
Member ID: [redacted]
Health Plan (80840): 9151014609
PCP Eff Date: 04/17/2017
PCP Name: [redacted]
Medical Group: [redacted]

RxBIN: 012353
RxPCN: 04110000

Dental Benefits
Group ID: 18160-00003

CMS Contract: H5355   Plan Benefit Package: 001

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 cubre 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) or TTY 1-800-718-4347, de 8am-8pm PST (Hora del Pacífico), los 7 días de la semana, incluidos días festivos.
Nurse Advice Line/Línea de Consejos de Enfermería: 1-888-244-IEHP (4347) or TTY 1-866-577-8355.
Dental Service: 1-855-242-1036 or TTY call California Relay Service at 711.

PCP Phone: (123) 123-4567

Website: www.iehp.org

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

Medi-Cal/Medicare

IE♥HP.
A Public Entity

MEDI-CAL / MEDICARE
MEDICARE PRIMARY

Name/Nombre: [redacted]
ID#: [redacted]
Doctor: SEE YOUR MEDICARE DOCTOR
Doctor Phone: (800)440-4347

Hospital: As Directed By Doctor
Plan Website: www.iehp.org
Copays: Rx: $0   MD: $0   RxBin: [redacted]
        ER: $0   HOSP: $0   RxPCN: [redacted]

In case of an Emergency, call "911" or go to the nearest Hospital Emergency Room (ER).

Member Services: 1-800-440-IEHP (4347)
or TTY 1-800-718-4347, 8am-5pm PST, Monday-Friday.

24-Hour Nurse Advice Line: 1-888-244-IEHP (4347)
or TTY 1-866-577-8355.

En caso de emergencia, llame al "911" o acuda a la Sala de Emergencias más cercana.

Servicios para Miembro: 1-800-440-IEHP (4347)
o TTY 1-800-718-4347, 8am-5pm PST, lunes-viernes.

Línea de Consejos de Enfermería las 24 Horas:
1-888-244-IEHP (4347) or TTY 1-866-577-8355.

Long Term Care (LTC)

IE♥HP.
A Public Entity

Name/Nombre: [redacted]
ID#: [redacted]
Doctor: IEHP Facility Provider
Doctor Phone: [redacted]

Hospital: IEHP Network Hospital
Plan Website: www.iehp.org
Copays: Rx: $0   MD: $0   RxBin: [redacted]
        ER: $0   HOSP: $0   RxPCN: [redacted]

In case of an Emergency, call "911" or go to the nearest Hospital Emergency Room (ER).

Member Services: 1-800-440-IEHP (4347)
or TTY 1-800-718-4347, 8am-5pm PST, Monday-Friday.

24-Hour Nurse Advice Line: 1-888-244-IEHP (4347)
or TTY 1-866-577-8355.

En caso de emergencia, llame al "911" o acuda a la Sala de Emergencias más cercana.

Servicios para Miembro: 1-800-440-IEHP (4347)
o TTY 1-800-718-4347, 8am-5pm PST, lunes-viernes.

Línea de Consejos de Enfermería las 24 Horas:
1-888-244-IEHP (4347) or TTY 1-866-577-8355.

Medicare Part A Primary

IE♥HP.
A Public Entity

MEDI-CAL / MEDICARE
MEDICARE PART A PRIMARY

Name/Nombre: [redacted]
ID#: [redacted]
Doctor: SEE IEHP MEDI-CAL DOCTOR
Doctor Phone: (800)440-4347 OR www.iehp.org

Hospital: As Directed By Doctor
Plan Website: www.iehp.org
Copays: Rx: $0   MD: $0   RxBin: [redacted]
        ER: $0   HOSP: $0   RxPCN: [redacted]

In case of an Emergency, call "911" or go to the nearest Hospital Emergency Room (ER).

Member Services: 1-800-440-IEHP (4347)
or TTY 1-800-718-4347, 8am-5pm PST, Monday-Friday.

24-Hour Nurse Advice Line: 1-888-244-IEHP (4347)
or TTY 1-866-577-8355.

En caso de emergencia, llame al "911" o acuda a la Sala de Emergencias más cercana.

Servicios para Miembro: 1-800-440-IEHP (4347)
o TTY 1-800-718-4347, 8am-5pm PST, lunes-viernes.

Línea de Consejos de Enfermería las 24 Horas:
1-888-244-IEHP (4347) or TTY 1-866-577-8355.

Provider Communication Resources

Don't miss out on the latest news! IEHP communicates with our providers through various means, including our newsletters, website and blast fax notices. Please read these communications carefully as we provide timely information about updates to our programs and policies, incentive opportunities, new features on our website and much more.

Provider Newsletter

(The Heartbeat)

Provider Staff Newsletter

(Scrub Talk)

Blast Fax

IEHP Website at www.iehp.org

Or call IEHP Provider Relations Team at (909) 890-2054

Member Eligibility

Provider must verify eligibility on the Date of Service (DOS) prior to rendering service to an IEHP Member.

For eligibility verification:

Go online to the IEHP website at: http://www.iehp.org

To login to IEHP's Secure Provider Portal, follow the steps below:

1. From your internet browser, go to http://www.iehp.org. This will bring up IEHP's home page.

2. Click **For Providers** on the top of the IEHP home page.

3. From the **Providers** page, click the **Secure Site Login** link.

4. Once you have successfully logged in, click the "Eligibility" button on the toolbar located on the left hand side of the page.

5. If you receive an error message, please check your Login ID and Password for accuracy. If you continue to receive an error message, please call your Provider Relations Team at **(909) 890-2054** for assistance.

Member Eligibility (Continued)

1. Type in the Member's SSN, CIN, IEHP ID or Last Name all on the same screen.

2. You may enter additional eligibility searches by clicking on the "**+**" icon. (Able to search for more than 10 entries at one time)

3. Click "Search" to view search results.

Member Eligibility (Continued)

Search Results

Verification Number: 932217 on 08/02/2018 at 9:31 AM

Q IEHPID » [REDACTED] DOS: 08/02/2018

💟 Medical History Record

Member		IEHP ID		● Status	ELIGIBLE on 08/02/2018
CIN		Gender	Male	DOB	08/08/2000
Aid Code	P5	County	San Bernardino (36)	Plan	Medi-Cal
Co-Pay	$0.00	Medi-Cal Eff. Date	02/01/2017		

PCP	Kaiser Permanente	NPI		PCP Phone	(800) 464-4000
Eff. Date with PCP Thru	12/01/2017	Lab	Kaiser		
IPA	Kaiser - Fontana & Riverside	Hospital	KAISER FOUNDATION HOSPITALS FONTANA		

Q IEHPID » [REDACTED] DOS: 08/02/2018

💟 Medical History Record

Member	Parker, Miriam	IEHP ID		● Status	ELIGIBLE on 08/02/2018
CIN		Gender	Female	DOB	01/12/1960
Aid Code	60	County	San Bernardino (36)	Plan	MediCare
Co-Pay	$0.00	Medicare	Cal MediConnect	Medi-Cal Eff. Date	02/01/2017
Medicare HIC#					

PCP	William Tsai	NPI		PCP Phone	(909) 985-8838
Eff. Date with PCP Thru	01/01/2018	Lab	LabCorp		
IPA	IEHP Direct	Hospital	POMONA VALLEY HOSPITAL MEDICAL CENTER		

Q IEHPID » [REDACTED] DOS: 08/02/2018

🔔 Alerts   Landmark Participant

💟 Medical History Record

Member		IEHP ID		● Status	ELIGIBLE on 08/02/2018
CIN		Gender	Male	DOB	01/11/1960
Aid Code	6H	County	Riverside (33)	Plan	MediCare
Co-Pay	$0.00	Medicare	Cal MediConnect	Medi-Cal Eff. Date	05/01/2017
Medicare HIC#					

PCP	Debra D Craig	NPI		PCP Phone	(909) 580-1543
Eff. Date with PCP Thru	01/01/2018	Lab	ARMC Lab		
IPA	IEHP Direct	Hospital	ARROWHEAD REGIONAL MEDICAL CENTER		

Callout labels:

- Eligibility Verification #
- Print ID Card
- Care Plans & Health Risk Assessments (HRA)
- Urgent Care List
- Medical History Record — *See next page for more detail info*
- NEMT PCS Form
- Member ACG Risk Profile
- Member's Health Alerts

Member Medical History Record

From the Eligibility page, click on "**Medical History Record**", it takes you to the Member Medical History Record page as shown below.

> Click this icon to go back to previous Eligibility page.

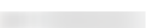> Click this icon to print Member's Medical History Record or save a PDF copy.
>
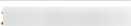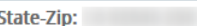> Be sure to keep a copy in Member's chart for future reference.

◄ Back

Medical History Record

IEHP Eligibility Provided On: 09/21/2016 9:35AM Verification Number: ▓▓▓

🖨

Name: ▓▓▓	IEHP ID: ▓▓▓	DOB: ▓▓▓
Gender: Female	Status: Member Eligible on 09/21/2016	Assigned PCP: Irma Lopez
Aid Code/County MD / Riverside (33)	PCP ID: ▓▓▓	PCP Phone: (951) 652-0090
Plan/Co-Pay: MediCare / $0.00	Eff. Date with PCP: 01/01/2016	Lab: LabCorp
	Thru:	
IPA: Inland Empire Health Plan	Hospital: MEDICARE NETWORK ACCESS	

⌄ Member Contact Information

Address: ▓▓▓	City: ▓▓▓	State-Zip: ▓▓▓
Home Phone: ▓▓▓	Work Phone: ▓▓▓	Email: Not Available
Preferred Written Language: Spanish	Preferred Spoken Language: Spanish	

⌄ Reminders/Alerts

Reminders/Alerts

Last DualChoice Visit on: 01/11/2016

Known Health Conditions:

⌄ Hospital Visits (Past 12 months)

No Records

⌄ Immunizations As Reported To IEHP

No Records

⌄ Medical Visits (Past 12 months)

Date	Primary ICD	ICD Description
07/18/2016	H35.30	Unspecified macular degeneration
03/18/2016	E78.2	Mixed hyperlipidemia
03/03/2016	R04.0	Epistaxis
03/03/2016	R04.0	Epistaxis
03/03/2016	R04.0	Epistaxis
03/03/2016	R04.0	Epistaxis
01/28/2016	Z12.31	Encounter for

Billing Information

1. From the eligibility screen, you may also click on the Assigned IPA.
2. It will take you to the **Billing Information** page as shown below. The page will display the billing addresses for Professional and Facility charges.

Q IEHPID » 20120400028701   DOS: 11/09/2016   ➕ 💙 🪪

💗 Medical History Record

Member	IEHP ID	● Status **ELIGIBLE** on 11/09/2016
CIN	Gender	DOB
Aid Code 6E	County Riverside (33)	Plan Medi-Cal
Co-Pay $0.00		

PCP Iehp Facility Provider	PCP ID 000000055555	PCP Phone (800) 440-4347
Eff. Date with PCP 11/01/2016 Thru	Lab LabCorp	
IPA Inland Empire Health Plan	Hospital IEHP Network Hospital	

Billing Information

Facility Charges – Billing Address

Timeframe: 3/1/2001 -
Address: IEHP - Barstow Community Hospital
P.O. Box 4349
Rancho Cucamonga CA 91729-4349
Phone: (909) 890-2000 Ext. 1914

Professional Fees – Billing Address

Timeframe: 9/1/1996 -
Address: Vantage Medical Group
2115 Compton Ave, Suite 301 Dept 100
Corona CA 92881
Phone: (951) 280-7700

Please Note:
These are general billing guidelines. For billing questions on specific services, please contact one of the providers listed above.

Helpful Hints:
- The assigned IPA is responsible for most outpatient services such as, Professional Fees, Outpatient Diagnostic Testing, Dialysis Technical Component, DME, and Home Health.

- The Health Plan is responsible for services such as, Facility Fees (including Emergency Room and Outpatient Surgery Facilities), Ambulance, Inpatient Chemotherapy, Skilled Nursing Facility, Injectables, and Urgent Care.

- Under the Knox-Keene Act, Health and Safety Code 1379 of the state of California, the patient to whom the services were provided is not liable for any portion of the bill, except non-benefit items or non-covered services.

Claims Submission Process

- When submitting a SNF claim, you must be bill on an 837i EDI claim or a UB-04 claim form (for paper submitters) in order to receive reimbursement.

- Billing must be received by IEHP within the timeframe specified in your contract. If the claim is the responsibility of the IPA, please submit the claim to your IPA within the specified timeframe in your contract. If you have questions about the status of a claim submitted to an IPA, please contact the IPA directly to inquire.

- IEHP requires submission of complete clean claims. Clean claims are those claims and attachments or other documentation that include all reasonably relevant information necessary to determine payor liability. If you submit claims electronically, please ensure your Clearinghouse is aware of these changes. The Clean Claim Tool Guide is posted on IEHP's website at https://ww3.iehp.org/en/providers/forms/claim-forms/.

- If a paper or EDI claim is missing critical billing information, the claim will be rejected and a request for missing or invalid information will be sent to the submitter.

- When billing, make sure to include the ICD codes. Please submit claims to:

    IEHP-Direct Claims
    P.O. Box 4349
    Rancho Cucamonga, CA 91729-4349

Skilled Nursing Facility – Share of Cost

IEHP administers claims from Skilled Nursing (SNF) facilities for eligible members with and without share of cost (SOC) requirements. SNF claims are administered in accordance with Medi-Cal SOC guidelines, however all SNF claims must be billed on an 837i EDI claim or a UB-04 paper claim form. Below are guidelines for submitting a UB-04 claim from a SNF for an IEHP Share of Cost member:

Billing Frequency
SNF's can bill IEHP in either weekly or monthly increments showing that the patient liability has been met. Claims should be submitted in date of service order. Billed services for any claim should not overlap on different calendar months. IEHP will process claims on a first in-first out basis; however it is important to ensure claims are submitted in date of service order.

SOC and Non-Covered Services
The SNF collects a member's SOC on the first day of the month. UB-04 Value Code fields 39a and the corresponding Value Code amount are designated fields to enter SOC information. Additionally, non-covered services should be notated in the Field 80 Remarks section.

Claims Submission Process
(Continued)

In the below example, a member has a $250.00 SOC, of which $50 of non-covered services was spent towards the SOC amount. Value Code 23 is entered in Field 39a and $200.00 of adjusted SOC (dollars and cents) is entered in the Value Code Amount field. *Note, the $50.00 of non-covered services reduced the remaining SOC to $200.00.* Non-covered services totaling $50.00 are noted in the comments section of Field 80 as indicated in the example.

Billing for SOC Amount

Entering Non-Covered Services

Entering Non-Covered Services

Claims Submission Process
(Continued)

Line Item Charges for SNF SOC Claims

Enter "0120" in field 42 and the appropriate service description in field 43. Enter the daily rate in Field 44. Enter the beginning date of service for the weekly period billed in Field 45 and the number of days being billed in Field 46. The total daily rate multiplied by number of days should be entered in Field 47.

In the below example, 7-days of services beginning January 1, 2014 are billed with an expected amount of $1225.00:

42 REV CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0120	Custodial		01/01/14	7	1225 00		

SOC Record Keeping: Record of Non-Covered Services (DHCS 6114)

Expenditures from a member's SOC funds must be recorded on the *Record of Non-Covered Services* (DHCS 6114 form). The following information must be entered:

- Name of company/provider rendering service
- Name of Physician prescribing items or rendering service
- Date on which service is provided
- Description of service provided
- Amount member paid for services

For each month a member spends down their SOC on non-covered services, form DHCS 6114 must be completed and retained for auditing purposes in the member's SNF case file for three years. It is not necessary to send this form to IEHP.

Example 1
SNF SOC Billing & Payment Example – First Interim Claim

Below is the initial interim claim for member Jane Doe, who was admitted January 1, 2014. The following assumptions apply to this example:

- SNF Provider is billing for 7-days of Custodial Care
- SNF Provider has a $175.00 daily payment rate
- Member has a $250.00 share of cost for the month of January 2014
- Member has no non-covered services for the month of January 2014

Claims Submission Process
(Continued)

Payment Calculation

Upon receipt of this claim, IEHP calculates the payment responsibility as follows:

- $175.00 daily rate multiplied by 7 days = $1225.00 allowable amount
- $1225.00 allowable minus $250.00 SOC amount listed in Value code field 39a = **$975.00 payment due to SNF Provider**
- The comment "No non-covered services" is notated in Box 80

It is important to note that all interim claims should be submitted to IEHP as services are rendered. This also applies to situations where the SOC amount equals or is greater than the allowable amount.

Claims Submission Process
(Continued)

Example 1a
SNF SOC Billing & Payment Example – Second Interim Claim

Below is the second interim claim for member Jane Doe who was admitted on January 1, 2014. The following assumptions apply to this example:

- SNF Provider is billing for the second week of Custodial Care totaling 7-days
- SNF Provider has a $175.00 daily payment rate
- Member has met her $250.00 monthly share of cost amount on the first interim claim

Payment Calculation
Upon receipt of this claim, IEHP would calculate the payment responsibility as follows:

- $175.00 daily rate multiplied by 7 days = $1225.00 allowable amount
- $1225.00 allowable minus $0.00 SOC amount listed in Value code field 39a = **$1225.00 payment due to SNF Provider**
- The comment "Share of Cost Met 1/1/14-1/7/14" is notated in Box 80
- Subsequent interim claims for January 2014 services should be billed as incurred

Claims Submission Process
(Continued)

Example 2
SNF SOC Billing & Payment Example – SOC and Non-Covered Services

Below is the first interim claim for member John Doe who was admitted on January 1, 2014. The following assumptions apply to this example:

- SNF Provider is billing for the first week of Custodial Care totaling 7-days
- SNF Provider has a $175.00 daily payment rate
- Member has a $250.00 beginning monthly share of cost amount
- Member spent $50.00 of non-covered services toward the SOC resulting in a $200.00 adjusted SOC remaining

Payment Calculation
Upon receipt of this claim, IEHP would calculate the payment responsibility as follows:

- $175.00 daily rate multiplied by 7 days = $1225.00 allowable amount
- $1225.00 allowable minus $200.00 SOC amount listed in Value code field 39a = **$1025.00 payment due to SNF Provider**
- The comment "SOC $250.00 – NCS $50.00 = $200 Adjusted SOC and the itemized non-covered services" are notated in Box 80
- Subsequent interim claims for January 2014 services should be billed as incurred

Claims Submission Process
(Continued)

							5a PAT CNTL #				4 TYPE OF BILL
1		2					b MED. REC. #				**212**
							5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH		7	
								1/01/14	**1/07/14**		

8 PATIENT NAME	a		9 PATIENT ADDRESS	a				
b **DOE, JOHN**			b		c	d	e	

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28	29 ACDT STATE	30
		1/01/14					**30**			

31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE SPAN CODE FROM THROUGH	36 OCCURRENCE SPAN CODE FROM THROUGH	37

38		39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
	a	**23** **200.00**		
	b			
	c			
	d			

42 REV CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0120	**CUSTODIAL**	**175.00**	**01/01/14**	**7**	**1225.00**		

PAGE _____ OF _____	CREATION DATE	TOTALS ➤	**1225.00**	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
					1025.00	57 OTHER PRV ID

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
123456789		

66 DX	67	A	B	C	D	E	F	G	H	68
	I	J	K	L	M	N	O	P	Q	

69 ADMIT DX	70 PATIENT REASON DX a b c	71 PPS CODE	72 ECI		75	

74 PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	76 ATTENDING NPI	QUAL
			LAST	FIRST
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE	77 OPERATING NPI	QUAL
			LAST	FIRST

80 REMARKS	81CC a	78 OTHER NPI	QUAL
SOC $250.00 – NCS $50.00=$200 Adjusted SOC	b	LAST	FIRST
SAC ACUTE CARE: $35	c	79 OTHER NPI	QUAL
HEALTH CARE DRUG: $15	d	LAST	FIRST

UB-04 CMS-1450   APPROVED OMB NO.   THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC™

Claims Submission Process
(Continued)

Submit Claims Electronically

Providers now have several options to submit their claims electronically to IEHP via the clearinghouses listed below.   Currently IEHP does not have claims submission available through its website for PCPs:

- Office Ally – You can submit your claims to IEHP by visiting the Office Ally website at www.officeally.com. Or you can contact them directly at 866-575-4120 and speak with their Enrollment Department.
- SSI – www.thessigroup.com or call (800) 881-2739
- MDX – www.mdxpr.com or call (877) 664-6607
- Emdeon (formerly WebMD) – www.ezbis.com or call (800) 445-7816
- Data Systems Group – www.datasystemsgroup.com or call (916) 443-4944
- Capario – www.capario.com or call (800) 792-5256

Claims Status

- Claims status can be viewed online @ www.iehp.org. Go to the Providers section Secure Site Login, enter your provider ID and password. Click on Claims Status.

Claims Appeals (Initial)

- Any provider who has been denied payment for any covered services or believes a claim has been underpaid may appeal to IEHP in writing within 365 days after the last date of action.

- By mail: IEHP-Provider Disputes
P.O. Box 4319
Rancho Cucamonga, CA 91729-4319

- Download a dispute resolution request at www.iehp.org within the claims status paid or go to https://ww3.iehp.org/en/providers/forms/claim-forms/ .

All disputes must include justification and supporting documentation

Claims Submission Process
Appeals Process

Medi-Cal (See Policy MC_20A1)	Medicare (See Policy MA_20A2)
1st Level Dispute/Appeal*: Please include additional supportive information (e.g. Copy of Contract, IPA Denials)	
Submit completed Provider Dispute Resolution (PDR) within three hundred and sixty-five (365) days of the last date of action. • Payors must acknowledge the receipt of all disputes within fifteen (15) working days of written dispute • Payor must resolve disputes and issues a written determination within forty-five (45) working days of receipt • If the Provider is still not satisfied with the outcome of the health plan appeal determination, the Provider may request a second level appeal.	Submit completed Provider Dispute Resolution (PDR) within one hundred twenty (120) calendar days of the last denial notice. • Payors must acknowledge the receipt of all disputes within fifteen (15) working days of written dispute • Payor must resolve disputes and issues a written determination within forty-five (45) working days of receipt • If the Provider is still not satisfied with the outcome of the health plan appeal determination, the Provider may request a second level appeal.
2nd Level Dispute/Appeal*:	
Submit completed PDR within six (6) months of receipt of the written dispute requiring resolution. • Payors must acknowledge the receipt of all disputes within fifteen (15) working days of written dispute • Payor must resolve disputes and issues a written determination within forty-five (45) working days of receipt	
7 Day Letter Request* (IPA Financial Responsibility Only):	
Submit completed PDR within one (1) year and sixty (60) days from Date of Service (DOS). • If Payor fails to respond to an IEHP inquiry, a demand letter will be issues requiring proof of payment within the timeline outlines in 7-Day Non-response Letter. • If evidence is not provided of claim payment, IEHP will pay the claim on the Payor's behalf and deducts the payment from the next capitation payment.	Submit completed PDR within one (1) year and sixty (60) days from Date of Service (DOS). • If Payor fails to respond to an IEHP inquiry, a demand letter will be issues requiring proof of payment within the timeline outlines in 7-Day Non-response Letter. • If evidence is not provided of claim payment, IEHP will pay the claim on the Payor's behalf and deducts the payment from the next capitation payment.

*   Do Not Include Claim Forms

NOTE: There is NO 3rd Level Dispute/Appeal

Provider Dispute Resolution Request Form

PROVIDER DISPUTE RESOLUTION REQUEST

INSTRUCTIONS

- Please complete the below form. Fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information to support the description of the dispute. Do not include a copy of a claim that was previously processed.
- For routine follow-up status, please call the IEHP Provider Team at (909) 890-2054 or (866) 223-4347 Monday-Friday 8:00 am to 5:00 pm PST or visit our Secure Provider Portal available for contracted providers at www.iehp.org.
- Place this completed form at the top of any attachments related to your dispute and mail to:
  IEHP Claims Appeal Resolution Unit
  P.O. Box 4319
  Rancho Cucamonga, CA 91729-4319

*PROVIDER NAME:	*PROVIDER TAX ID # / Medicare ID #:
PROVIDER ADDRESS:	

PROVIDER TYPE ☐ MD ☐ Mental Health Professional ☐ Mental Health Institutional ☐ Hospital ☐ ASC
☐ SNF ☐ DME ☐ Rehab ☐ Home Health ☐ Ambulance ☐ Other _____
(please specify type of "other")

CLAIM INFORMATION ☐ Single ☐ Multiple "LIKE" Claims (complete attached spreadsheet) *Number of claims:___*

* Patient Name:	Date of Birth:	
* Health Plan ID Number:	Patient Account Number:	Original Claim ID Number: (If multiple claims, use attached spreadsheet)
Service "From/To" Date: (* Required for Claim, Billing, and Reimbursement Of Overpayment Disputes)	Original Claim Amount Billed:	Original Claim Amount Paid:

DISPUTE TYPE
☐ Claim
☐ Appeal of Medical Necessity / Utilization Management Decision
☐ Disputing Request For Reimbursement Of Overpayment

☐ Seeking Resolution Of A Billing Determination
☐ Contract Dispute
☐ Other:

* DESCRIPTION OF DISPUTE:

EXPECTED OUTCOME:

_____	_____	( ) _____
Contact Name (please print)	Title	Phone Number
_____	_____	( ) _____
Signature	Date	Fax Number

[ ] CHECK HERE IF ADDITIONAL
INFORMATION IS ATTACHED
(Please do not staple)

For Health Plan/RBO Use Only
TRACKING NUMBER _____ PROV ID# _____
CONTRACTED _____   NON-CONTRACTED _____

Provider Dispute Resolution Request Form
(continued)

PROVIDER DISPUTE RESOLUTION REQUEST
(*For use with multiple "LIKE" claims*)

Number	* Patient Name		Date of Birth	* Health Plan ID Number	Original Claim ID Number	* Service From/To Date	Original Claim Amount Billed	Original Claim Amount Paid
	Last	First						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Page _____ of _____

[   ] CHECK HERE IF ADDITIONAL
INFORMATION IS ATTACHED
(Please do not staple)

Form Updated: 09/2013

Utilization Management - SNF Referral Standards

For Skilled Level Care:
- The Member must meet the requirements for skilled level care.

- If the Member is transitioning from an acute facility, the facility's case manager/discharge planner must obtain authorization from IEHP's concurrent review nurse, prior to arranging the transfer.

- If the Member is transitioning from their usual setting/community, the Member's PCP must obtain prior authorization from IEHP's Utilization Management Department for Member's assigned to IEHP Direct, or through the Member's assignment IPA.

- If the Member is transitioning from the ER directly to the skilled nursing facility after hours, IEHP will approve the first day at the level assigned the next business day. The facility will be responsible for contacting IEHP the next day.

- Initial review is due within 48 hours after admission to the facility.

- Concurrent review will be performed on-site, telephonically or via fax *weekly*, unless otherwise directed by IEHP or delegated entity's case management. Failure to provide timely reviews may result in denial of services. (***See SNF Initial Review and Follow Up Review Forms***)

- All discharge needs must be coordinated telephonically or via fax to IEHP's case management or the IPA delegated for inpatient utilization. Please do not send request directly to the vendor.

For Custodial Level Care:
- The Member must meet the requirements for custodial level care.

- IEHP will honor all Members with approved TARs from the state until they expire. All new Members will receive authorization from IEHP. Upon Members enrollment into IEHP, the facility must submit the most recent quarterly Minimum Data Set (MDS) and the next quarterly MDS due for residents admitted for less than a year. For resident admitted for more than a year, facility will need to submit the last annual MDS as well as the most recent quarterly MDS due. This will assist IEHP in determining the length of authorization and the frequency the review needs to be submitted to IEHP.

- If the Member is transitioning from a skilled level of care, the SNF case management must obtain authorization from IEHP or the Delegate's case management, prior to transferring to custodial level.

- If the Member is transitioning from their usual setting/community, the Member's PCP must obtain prior authorization. IPAs are responsible to forward all request for custodial level to IEHP's Utilization Management Department upon receipt.

Utilization Management - SNF Referral Standards
(Continued)

- Concurrent review will be performed on-site, telephonically or via fax *monthly or less frequently as* directed by IHEP's Utilization Management. Failure to provide timely reviews may result in denial of services. (***See SNF Initial Review and Follow Up Review Forms***) If the Member is requiring reviews less frequently than monthly, the completed MDS form may also be submitted for review. The MDS may also be used if it is required to be completed within the time limit of the monthly review.

- All discharge needs must be coordinated telephonically or via fax to IEHP's case management or the IPA delegated for inpatient utilization. Please do not send request directly to the vendor.

- 48 prior to a DualChoice Member's discharge or transition to custodial level of care, the Notice of Medicare Non-Coverage (NOMNC) letter must be signed by the Member. Please fax the signed NOMNC to IEHP immediately.

- To obtain authorization for specialty services, a procedure or surgery, the Member's PCP or specialist must obtain prior authorization through IEHP Direct or through the Member's assigned IPA. Please refer to the IPA's form or method of submission, per the IPA's instruction.

   NOTE: Providers are encouraged to <u>avoid</u> using a Member's SSN when submitting reviews.

- If a Member requires a service that is listed on the instructional pages on the front of the referral forms, prior authorization is not required. Simply refer the Member for lab work or a contracted provider that has privileges at the Member's assigned hospital for other services.

- If a Member requires an injectable medication that does not require prior authorization, please refer to the list on the instructional page of the referral form, (see attached). If the injectable is not listed, complete a <u>Pharmacy Exception Request</u> (PER) form. All PERs must be faxed to **(909) 890-2058** for processing.

- Providers are encouraged to <u>avoid</u> using a Member's SSN when submitting Treatment Authorization Requests or Referrals.

   NOTE: All referrals marked as "Urgent" are reviewed to ensure they meet the definition of Urgent. Urgent is defined as a situation where the time frame for making a Non-urgent decision could result in the following:
   - Could seriously jeopardize the life or health of the Member, or the Member's ability to regain maximum function, based on a prudent layperson's judgment, or

   - In the opinion of a practitioner with knowledge of the Member's medical condition, would subject the Member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

If the request does not meet the definition of urgent, it will be processed as Non-urgent or Routine Referral. You will be notified by phone or fax if this occurs.

Utilization Management
Pre-Service Referral Authorization

Member may self-refer for the following services. All other services require prior authorization:

➢ Abortion Services

➢ Family Planning

➢ HIV Testing and Counseling at the Local Health Department

➢ Immunizations at Local Health Department

➢ Out of Area Renal Dialysis

➢ Other services as specified by the CMS

➢ Preventative Services

➢ Routine OB/GYN Services, including prenatal care by Family Care Practitioner (credentialed for obstetrics) within IEHP Network

    1. Well women Exam

    2. In Office Procedures: Colposcopy, Biopsy, Pap Smear, Insertion of an IUD

    3. Total OB Care (Member must deliver at an IEHP network hospital)

➢ Sensitive and Confidential Services

➢ Sexually Transmitted Infection (STI) Treatment

➢ Urgent Care

➢ Urgent Support for Home and Community Service-based recipients

All other services require prior authorization

IEHP will accept only the listed request types for continued services from contracted DME vendors. Approval will be based on medical guidelines and frequency limitations.

➢ Home Oxygen and oxygen supplies must have oxygen saturation levels on room air annually

➢ CPAP/BiPAP supplies

➢ Ostomy supplies

➢ Incontinent supplies

➢ Insulin pump supplies

➢ Enternal/Parenteral feeding pump supplies

➢ TENS unit supplies

➢ Suction canisters

IEHP Members' Rights and Responsibilities

As a Member of IEHP, you have the right to:

- Members have the right to quality care, when accessing services covered by IEHP.

- Receive information about your rights and responsibilities as an IEHP Member.

- Be treated with respect and courtesy. IEHP recognizes your dignity and right to privacy.

- Receive interpreter services at no cost to you.

- Your IEHP Doctor cannot charge you for covered health care services, except for required co-payment.

- Receive medically necessary covered services without discrimination.

- Continuity of Care

- Receive emergency or urgently needed care whenever necessary and wherever you need it.

- Receive sensitive services, such as family planning or mental health care in a confidential way.

- Choose a primary care doctor within the IEHP network.

- File a grievance with IEHP if your linguistic needs are not met.

- Request a second opinion about a medical condition.

- Decision making about your own health care and treatment plan. Members who are not able to talk with their doctor about decision making have the right to be represented by parents, guardians, family members or other conservators.

- IEHP will honor authorizations for services already approved for you.

  - Request a second opinion about a medical condition.

    - Request an Independent Medical Review or an External Independent Review.

IEHP's Expectations of Providers
Provider Rights and Responsibilities

In accordance with IEHP's policies, IEHP has certain expectations of our Providers that include the following:

- As a Provider within the IEHP network, you will advise your IPA and/or IEHP **a minimum of sixty (60) days in advance or in accordance with your contract** when you make any changes to your status as a Provider including but not limited to:

  o Relocation of your office

  o Termination of an IPA relationship or change to a new IPA relationship

  o Termination from IEHP's network as a whole

  o New or changed Tax Identification Number

  o New or changed phone, fax or office email address

  o Closing or limiting your acceptance of new Members

    ❖ If your office is no longer accepting new Members, you must direct Members both to IEHP for additional assistance at (800) 440-IEHP (4347) and to DHCS to report any potential Provider Directory inaccuracy.

- Return to IEHP Acknowledgement of Receipt (AOR) forms when IEHP Provider Manuals are received by your office.

- Verify eligibility every time a Member is seen in your office to ensure your office is aware of the Member's eligibility including their IPA and PCP assignment and active or disenrolled status.

- Report to IEHP when you take a Leave of Absence and ensure that your office has arranged for a provider to cover services needed by your Members during your absence.

- Advise IEHP anytime your office requires information or training, including when new team members join your office. IEHP's Provider Services team is happy to provide training to your office at any time that is convenient for your office's schedule.

IEHP's Expectations of Providers
Provider Rights and Responsibilities (Continued)

As a Provider, your rights include:

- Receiving information about IEHP, including available programs and services, staff and staff qualification and operational requirements.

- Receiving information about how IEHP coordinates its interventions with treatment plans for individual patients.

- Receiving support from IEHP to make decisions interactively with patients regarding their health care.

- Receiving contact information for staff responsible for managing and communicating with the Provider's patients.

- Receiving courteous and respectful treatment from IEHP.

- Conduit to complain about IEHP, including but not limited to, staff, policies, process and procedures.

IEHP Providers have certain responsibilities:

- As a Provider contracting with the IEHP Network, you have to be familiar with, ask questions about and comply with all IEHP Policies and Procedures.

- Comply with all regulations and medical standards set forth by the appropriate regulatory agencies to ensure appropriate medical care is provided to all IEHP Members.

IEHP Member Grievance and Appeal

Grievance forms are for Member requesting to file a complaint or appeal with IEHP regarding any aspect of their care. All practitioners and their affiliated Providers are **required** to have IEHP Member Complaint Forms and a copy of the IEHP Grievance Resolution Process readily available for distribution to Members at all times and for auditing purposes.

English and Spanish versions of the "Grievance Forms" are available to you by completing a Provider Services Materials Request Form or simply visit our website at https://ww3.iehp.org/en/providers/forms/grievance-forms/.

Medi-Cal	IEHP DualChoice

Medi-Cal

Inland Empire Health Plan
Attn: Grievance Department
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800
Fax # (909) 890-5748

For Questions Call
1-800-440-4347 or TTY
1-800-718-4347

Inland Empire Health Plan
MEMBER COMPLAINT FORM
(MEDI-CAL)

Please complete the following form and return it to IEHP Grievance Department at the address above.

MEMBER INFORMATION

FIRST NAME	M.I.	LAST NAME	
MEMBER ADDRESS:			IEHP MEMBER ID #
			TELEPHONE # ( ) -

PERSON MAKING THE COMPLAINT (You have the right to appoint someone to file your grievance or represent you during the grievance process. In addition, grievances can be filed by parents, guardians, conservator, relative or other designee, if the Member is a minor or an adult who is incapacitated)

NAME_____

RELATIONSHIP ☐SELF ☐MOTHER ☐FATHER ☐GRANDPARENT ☐GUARDIAN ☐OTHER_____

NATURE OF COMPLAINT

WHERE DID THE INCIDENT HAPPEN? (NAME OF HOSPITAL, DOCTOR OR OTHER LOCATION)

WHEN DID THIS HAPPEN? (IF UNSURE, GIVE APPROXIMATE DATE(S))

WHO WAS INVOLVED?

PLEASE DESCRIBE WHAT HAPPENED. (ATTACH ADDITIONAL PAGES, IF NECESSARY)

As a Member of IEHP, you have the right to file a complaint against IEHP or its providers without fear of negative action by IEHP, your Doctor, or any other provider. You also have the right to request a Medi-Cal fair hearing at any time during the grievance process and/or make a complaint/grievance to the Department of Managed Health Care, which regulates health plans. If you have any questions, please call 1-800-440-4347, or 1-800-718-4347 (TTY).

_____   _____
MEMBER'S SIGNATURE   DATE

_____   _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN   DATE
(IF THE MEMBER IS A MINOR OR INCOMPETENT)

IEHP DualChoice

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan)
Appeal & Grievance Form

This form is for your use in making suggestions, filing a formal complaint, or appeal regarding any aspect of the care or service provided to you. IEHP DualChoice **is required by law** to respond to your complaints or appeals, and a detailed procedure exists for resolving these situations. If you have any questions, please feel free to call IEHP DualChoice Member Services at **1-877-273-IEHP (4347)** or **1-800-718-4347** (TTY), from 8:00 am to 8:00 pm (PST), 7 days a week, including holidays. IEHP's DualChoice Member Services contact information may also be found on your IEHP DualChoice card. As a Member of IEHP DualChoice, you have the right to file a complaint against IEHP DualChoice or its providers without fear of negative action by IEHP DualChoice, your Doctor, or any other provider.

Please print or type the following information:

Member Name (Last, First, Middle Initial)	IEHP I.D. CARD Number
Member Address	Home Phone Number
City, State, Zip	Work or Message Phone Number
Medicare Number	Male/Female	Date of Birth

Authorized Representative: If the complaint is filed by someone other than the member, please review the section called "Who may file an Appeal" and provide the following information:

Name: _____ Telephone: _____

Relationship to Member: _____

Address: _____

City: _____ State: _____ Zip: _____

Nature of complaint:

WHERE DID THE INCIDENT HAPPEN? (NAME OF HOSPITAL, DOCTOR, OR OTHER LOCATION)

WHEN DID THIS HAPPEN? (IF UNSURE, GIVE APPROXIMATE DATE(S)/TIME(S))

WHO WAS INVOLVED?

PLEASE DESCRIBE WHAT HAPPENED. (ATTACH COPIES OF ANY ADDITIONAL INFORMATION, IF NECESSARY)

Please sign and MAIL OR FAX THIS FORM TO: IEHP DUALCHOICE
Attn: Appeal and Grievance Department, P.O. Box 1800, Rancho Cucamonga, CA 91729-1800
Fax: **(909) 890-5748**; For Questions, call **1-877-273-IEHP (4347)** or **1-800-718-4347 TTY**, from 8:00 am to 8:00 pm (PST), 7 days a week, including holidays.

Date_____   Member Signature_____

Date_____   Signature of Representative_____

H5355_MSGV_16017_CMS Approved

CULTURAL & LINGUISTICS (C&L) TRAINING

The goal of the C&L training is to educate IEHP Providers on how to provide medically necessary and covered services to all Members in a culturally and linguistically appropriate manner regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, disability, or gender identity.

Because health care is a cultural construct based on beliefs about the nature of disease and the human body, cultural issues are central in the delivery of health services.

What is Culture?
Culture refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.

- We become assimilated into our culture and the way we reflect our culture is often without conscious thought.

- Cultural factors include, but are not limited to, geography, age, socioeconomic status, religion, gender, education, politics, sexual orientation, gender identity, race, and ethnicity.

Cultural Competence is the capability of effectively dealing with people from different cultures.

- Having a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals to enable them to work effectively in cross-cultural situations.

- An active learning process of becoming more culturally competent and promoting cultural engagement.

- Effectively using a combination of knowledge, attitude, and skills.

How does culture impact the care that is given to patients?

Culture informs on:

- Concepts of health, healing;
- How illness, disease, and their causes are perceived;
- The behaviors of patients who are seeking health care; and
- Attitudes toward health care providers.

Culture impacts every health care encounter

Culture defines health care expectations:

- Who provides treatment;
- What is considered a health problem;
- What type of treatment;
- Where care is sought;
- How symptoms are expressed; and
- How rights and protections are understood.

* Cultural Competency Training for Healthcare Providers: Connecting with your patients. Industry Collaboration Effort (ICE) Cultural and Linguistic Services Main Team Cultural Competency Training Workgroup 2013

Examples of Preferred Questions with Members

Demographics
- Where were you born?
- Where was "home" before coming to the U.S.?
- How long have you lived in the U.S.?
- Do you prefer to communicate in a language other than English?
- What is the your age, sex, gender identity, and
- sexual orientation?

Ideas
- What do you think keeps you healthy?
- What do you think makes you sick?
- What do you think is the cause of your illness?
- Why do you think the problem started?

Views
- Are there any health care procedures that might not be acceptable?
- Do you use any traditional or home health remedies?
- What have you used before?
- Have you used complimentary healers? Which?
- What kind of treatment do you think will work?

Expectations
- What do you hope to achieve from today's visit?
- What do you hope to achieve from treatment?
- Do you find it easier to talk with a male/female? Someone younger/older?

Religion
- Will religious or spiritual observances affect your ability to follow treatment? How?
- Do you avoid any particular foods?
- During the year, do you change your diet in celebration of religious and other holidays?

Speech
- What language(s) do you prefer to speak?
- Do you need an interpreter?
- What language(s) do you prefer to read?
- Are you satisfied with how well you read?
- Would you prefer printed (including Braille, large print, e-text) or spoken instructions (including audio files)?

Environment
- Do you live alone? How many people live in your house?
- Can you access all areas in your house?
- Do you have transportation?
- Who gives you emotional support? Helps when you're ill?
- Do you have the ability to shop/cook for yourself?
- What times of day do you eat? What is your largest meal?

Who is a Member with LEP?
Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English, may be considered limited English proficient (LEP)[2].

•   Between 1990 and 2010, the U.S. Limited English Proficiency (LEP) increased by 80%[1].

•   19.8% of California's overall population is LEP[1].

Perils of Having LEP[2]

•   Receive lower quality health care

•   Poorer compliance with medical recommendations.

•   Higher risk of medical errors.

•   Difficulties understanding their diagnosis or why they receive particular types of care.

•   Disproportionately high rates of infectious disease and infant mortality.

•   Discordant communication resulting in both lower patient and clinician satisfaction.

How to Identify a Member with LEP over the Phone[3]

•   Member is quiet or does not respond to questions.

•   Member simply says yes, no, or gives inappropriate or inconsistent answers to your questions.

•   Member may have trouble communicating in English or you may have a very difficult time understanding what they are trying to communicate.

•   Member identifies as having LEP by requesting language assistance.

[1] U.S. Department of Health and Human Services OPHS, Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health Care
[2] Module 2: Cultural Competency: Race, Ethnicity, Language, and Unconscious Bias in Health Care, Cheri Wilson, MA, MHS, CPHQ
[3] Industry Collaboration Effort Cultural and Linguistics Provider Tool Kit

IEHP offers you FREE INTERPRETER SERVICES during medical appointments with our Members

If you don't have medical staff who speak the same language as our Members, call

IEHP Member Services at
(800) 440-IEHP (4347) or
TTY Users at (800) 718-IEHP (4347)

Interpreter services
Telephone Interpretation – Call IEHP Member Services and you will be connected with an interpreter over the telephone.

Face-to-Face Interpreter – Call IEHP Member Services at least five (5) working days before the scheduled appointment to make arrangements for a foreign language or sign language interpreter. To cancel your request, call at least two (2) working days before the scheduled appointment.

- Members are NOT required or encouraged to use family members or friends as interpreters during medical appointments, unless specifically requested.

- Minors should NOT be used as interpreters (unless it is a medical emergency and no one is available to interpret).

- For telephone interpretation services, twenty-four (24) hours a day, seven (7) days call:

  IEHP 24-Hour Nurse Advice Line (888) 244-IEHP (4347)

Remember…

- If you indicate in the IEHP Provider Directory that your office has Spanish-speaking capability, staff that speaks Spanish must be available during your office's regular business hours.
- You must document when a Member requests an interpreter or refuses an interpreter in the Member's medical record.
- An IEHP Provider must not restrict a Member's access to services based on race, color, creed, ancestry, age, gender, national origin, marital status, sexual orientation, gender identity, or physical or mental disability.

How Members and Provider can Access IEHP Interpreter Services

Over the Telephone Interpreters
Available twenty-four (24) hours a day, seven (7) days a week
Call IEHP Member Services at (800)440-4347 or
TTY Users at (800) 718-4347 or
Twenty-four (24) Hour Nurse Advice Line at (888)244-4347

Face-to-Face Interpreters
Including American Sign Language
Call IEHP Member Services at (800)440-4347
at least five (5) working days before the medical visit

IEHP Interpreter Services Policy

- IEHP LEP Members have the right to request an interpreter for medical visit at no cost.
- IEHP and Providers must not require, or suggest to LEP Members that they must provide their own interpreter.
- Friends and family member should not be used unless specifically requested by the Member. **Minors** should not be used as an interpreter.
- Providers must document the **request** or **refusal** of interpreter services in the patient's medical record
- LEP Members have the right to file a grievance or complaint if their language needs are not met.
- Give written instructions whenever possible

Tips for Interviewing Seniors

- Mail new patient forms to the patient to complete before the visit.
- Ask if the patient has someone in the lobby waiting and if he/she wants that person in the exam room with him/her.
- Use plain language; avoid medical jargon.
- Use diagrams and/or pictures.
- Demonstrate use of medical equipment.
- Ask patient to repeat back what was said (i.e., how he/she will take medicine, follow care plan or specific treatment, how to use piece of equipment, when to have follow-up visit, etc.)
- Give written instructions whenever possible

CA Health & Safety Code 123147 requires that, "All health facilities and primary care clinics shall include the patient's principal spoken language on the patient's health records."

To help our providers comply with this requirement, IEHP has created a "**Preferred Language Label**" template for your use (use label #5163 for this label):

- Write down the preferred spoken language of your patient who has Limited English Proficiency (LEP) on the label provided and place it in your patient's medical record. This will let you know if your patient needs language assistance for future appointments.

- If your patient with LEP is already present in the office, call IEHP Member Services at **(800) 440-IEHP (4347) or (800) 718-IEHP (4347) for TTY users.** You will be connected to an interpreter over the telephone.

- Offer your patients with LEP language assistance when scheduling an appointment. Call IEHP Member Services at **(800) 440-IEHP (4347)** at least five (5) working days before the appointment to request a face-to-face interpreter. To cancel the request, call at least two (2) days before your doctor visit.

- All interpreter services are available to IEHP Members at NO COST.

IE♥HP
Inland Empire Health Plan

Patient Name: _____

Date: _____

Preferred Spoken Language: _____

1. Place this label inside the patient's medical record.
2. Offer language assistance when scheduling an appointment.
3. Call IEHP Member Services at 1-800-440-IEHP to request an interpreter at no cost. Allow at least 5 working days for a face-to-face interpreter.

How to Make your Medical Office Accessible

Persons with disabilities face many secondary health problems, yet they are less likely to get routine medical care than people without disabilities. You can help change that.
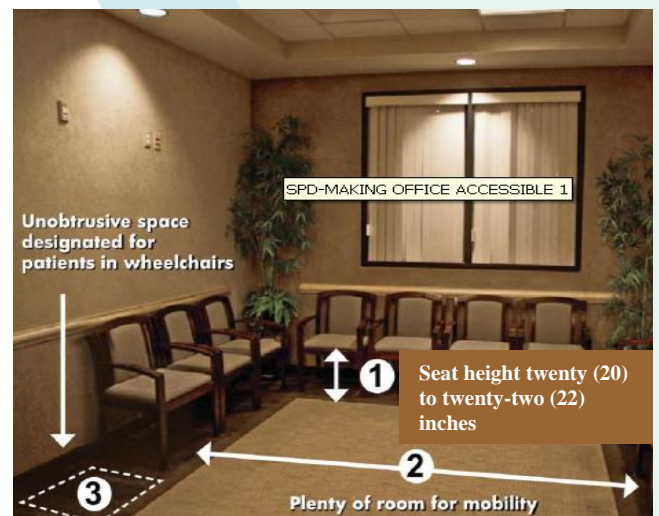
By making your facilities accessible you convey a sense of welcome for people with disabilities. Most of all, you comply with the requirements set by the Americans with Disabilities Act of 1990 (ADA). This is a civil rights law that prohibits discrimination against persons with disabilities on the basis of their disability in programs and services that receive federal financial assistance.

The Waiting Room

Why it matters: The right seating layout can prevent a person who uses a wheelchair from feeling out of place.

Accessible tips:

1. Seat height should be twenty (20) to twenty-two (22) inches, allowing a patient to get up from a chair with no strain.
2. Thirty-six (36) inches minimum is provided for circulation behind a group of chairs, allowing a wheelchair to move about; thirty-two (32) inches in front of the chairs for ambulatory movement.
3. **What you can do:** Remove a few chairs. This allows a wheelchair to fit, putting the user at ease.

Unobtrusive space designated for patients in wheelchairs

SPD-MAKING OFFICE ACCESSIBLE 1

① Seat height twenty (20) to twenty-two (22) inches

② Plenty of room for mobility

Reception Counter Window

Why it matters: If a counter is too high, a person who uses a wheelchair may have trouble using it to fill out forms or have face-to-face interaction.

Accessible tips:

1. Counter height should be no height than thirty-four (34) inches from the ground and thirty-six (36) inches wide.

What you can do: Provide a clipboard, allowing a person who uses a wheelchair to fill out forms.

Accessible reception window is no higher than thirty-four (34) inches from floor and no more than thirty-six (36) inches wide

Circulation Paths

Why it matters: People who are blind or have low vision may stumble over objects in the way. If they are unable to detect an object by using the sweep of their cane, they could get hurt

Accessible tips:
1. Accessible routes should connect to other public and common use spaces.
2. Clear walkways, halls, corridors or aisles of objects protruding into circulation paths from side or from posts

What you can do: Remove objects that obstruct paths. Move large objects like planters or coffee table out of the way.

Exam Room

Why it matters: Most exam rooms are too small for a person using a wheelchair or for someone with a mobility disability

Accessible tips:
1. To make your exam room accessible, start with an accessible path to and through the room. This allows patients to enter and move about.

What you can do: Provide at least one (1) exam room with accessible features; more such rooms are needed in a large clinic.

Turning Space Inside Exam Room
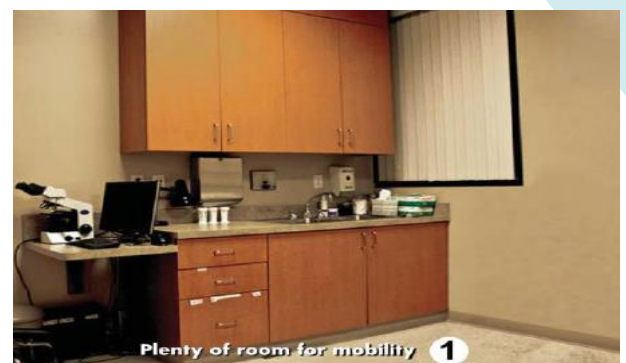
Why it matters: A person using a wheelchair needs enough space to approach the exam table and any other equipment

Accessible tips:
1. Thirty (30) by forty-eight (48) inches is the minimum amount required, allowing a person using a wheelchair to approch the side and transfer to table.

What you can do: Clear up floor space along both sides of an adjustable height exam table.

Doorways

Why it matters: Some doorways are too narrow for a wheelchair to pass through.

Accessible tips:
1. A door should offer enough clear width, maneuvering clearance and accessible hardware. An accessible doorway must have a minimum clear opening of thirty-two (32) inches when the door is opened nonety (90) degrees.

What you can do: Check the hallway outside the door and the space inside the door. Keep it free of objects that could interfere with the maneuvering clearance or accessible route.

Doorways are minimally thirty-two (32) inches wide when door is open 90 degrees
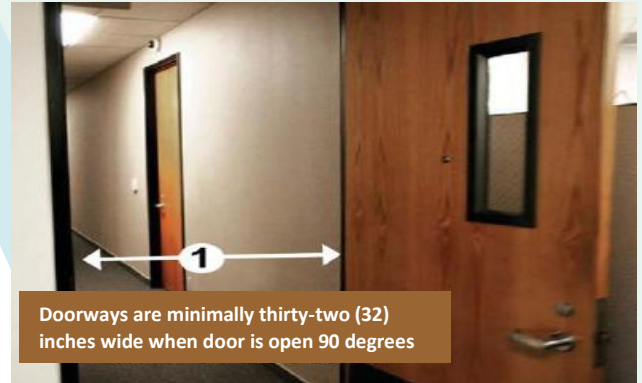
Door Knobs

Why it matters: For some person with a mobility disability, a door knob is hard to open because it requires tight grasping, pinching and twisting.

Accessible tips:
1. Mounting hardware for accessible door passage should be no higher than fouthy-eight (48) inches from the floor.

What you can do: Install door handles with an easy-to-grasp shape which can be used with one (1) hand without tight grasping, pinching or twisting. Here are some good options: 2) Lever Handle, 3) Push Bar.

Door handle mounted no higher than forty-eight (48) inches from floor

Push bar

Lever handle

Open Space by Exam Table

Why it matters: Some persons can only transfer from the right or left side of exam table.

Accessible tips:
1) and 2) provide clear floor space on both side of exam table.

What you can do: If you have more than one (1) exam room, reverse the furniture layout. Move Aside objects like chair or waste baskets.

Floor space on both sides of exam table

Open Space by Exam Table

Why it matters: For most people with a mobility disability a traditional fixed height exam table is too high.

Accessible tips:
1. So patients can transfer from their wheelchair, use a height adjustable exam table
2. It should have a support rail along one (1) side and lower to height of a wheelchair seat, seventeen (17) to nineteen (19) inches (or lower) from floor. Plus, it should have elements like rails, straps or cushions to stabilize and support a person during transfer and while on the table.

What you can do: Use pillows, rolled up towels or foam wedges to stabilize and position the patient on
the table.

Provider Training Etiquette
Interacting with People with Disabilities

General Tip
- Focus on the person, not on the disability

- Offer people with a disability the same dignity, consideration, respect, and rights you expect for yourself.

- Do not be afraid to make a mistake. Relax.

- Do not patronize people by patting them on the head or shoulder.

- Address people with disabilities by their first names only when extending the same familiarity to all others present.

- Do not assume that a person with disability needs assistance. Ask before acting. If you offer assistance, wait until the offer is accepted. Then wait for or ask for instructions. Respect the person's right to indicate the kind of help needed. Do not be offended if your help is not accepted. Many people do not need help. Insisting on helping a person is the same as taking control away from them.

- If the person with a disability is accompanied by a friend or family member, look at and speak direct to the person with disability rather than to or through the other person.

- If service counters are too high for some user, such as people of short stature and people using wheelchairs, step around counters to provide service. Keep a clipboard or other portable writing surface handy for people unable to reach the counter when signing documents.

- Know the location of accessible routes including parking spaces, restrooms, drinking fountains, dressing rooms, and telephones.

Watch for and remove these common barriers

- Vehicles blocking ramps

- Housekeeping and cleaning carts blocking hallways and restrooms

- Potted plants, benches, trash cans and other items blocking access to ramps, railings and elevator call buttons

- Parking personnel using an accessible parking space as waiting areas

Language Issues

- Avoid referring to people by their disability i.e., "an epileptic." A person is not a condition. Rather, they are "people with epilepsy" or "people with disabilities."

- People are not "bound" or "confined" to wheelchairs. Wheelchairs are used to increase mobility and enhance freedom. It is more accurate to say, "wheelchair user" or "person who uses a wheelchair.

Other words to avoid because they are negative, reinforce stereotypes and evoke pity include:

- Abnormal
- Maimed
- Burden
- Misshapen
- Disfigured
- Spaz
- Invalid
- Unfortunate
- Lame

People with Hearing Disabilities

- Ask people how they prefer to communicate.

- To get the attention of a person, lightly touch the individual or wave your hand. Look directly at the person and speak clearly, slowly and expressively to establish if the person can read your lips. Not all people can lip-read. For those who do, be sensitive to their needs by positioning yourself facing them and the light source. Keep your hands and food away from your mouth when speaking. Avoid chewing gum and smoking while speaking.

- Use a normal tone of voice unless you are asked to raise your voice. Shouting or exaggerating your words will not help.

- Slow your speaking rate if you tend to be rapid speaker.

- Make sure you have good light on your face.

- Do not run your words together.

- Avoid complex and long sentences.

- Pause between sentences to make sure you are understood.

- If you are giving specific information such as time, place, address or phone numbers, it is good practice to have it repeated back to you.

- If you cannot understand what is said, ask people to repeat it or write it down. Do not act as if you understand unless you do.

- If the person cannot lip read, try writing notes. Never assume that writing notes will be an effective way to communicate with all people who are deaf. Some may not be strong in written English, since ASL (American Sign Language) is their primary language, which is very different from English as a language.

- If a person who is deaf is using an interpreter, always speak directly to the person, not the interpreter.

- If you cannot make yourself understood try writing notes or drawing pictures.

People with Speech Disabilities

- Do not raise your voice. People with speech disabilities can hear you.

- Give individuals your full attention and take time to listen carefully.

- Always repeat what the person tells you to confirm that you understood.

- Ask questions one (1) at a time.

- Give individuals extra time to respond.

- Pay attention to pointing, gestures, nods, sounds, eye gaze and eye blinks.

- Do not interrupt or finish individuals' sentences. If you have trouble understanding a person's speech do not be afraid to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand than to make an error.

- If you still cannot communicate, try using paper and pen or ask them to spell the message. Do not guess.

- Ask them to:
  "Show me how you say YES"   Yes – one (1) blink
  "Show me how you say NO"   No – two (2) blinks
  "Show me how you point"   Help – three (3) blinks

- Teach people to indicate these phrases:
  "I don't know"
  "Please repeat"
  "I don't understand"

- For phone calls try using the Speech-to-Speech Relay Service by calling 711, a form of Relay Services that provide Communications Assistants (CAs) for people with speech disabilities. This includes those who use speech generating devices and who have difficulty being understood on the phone. CAs have strong language recognition skills and are trained individuals familiar with many different speech patterns. The CA makes the call and repeats the words exactly.

- Give people time to answer you and consider using open-ended questions.

People with Vision Disabilities

- When offering help, identify yourself and let people know you are speaking to them by gently touching their arm. If you leave people's immediate area, tell them, so they will not be talking to an empty space.

- Speak directly facing the person. Your voice will orient the person. Your natural speaking tone is sufficient.

- When giving directions, be specific and describe obstacles in the path of travel. Clock clues may be helpful, such as "the desk is at 6 o'clock." Avoid pointing or using vague terms like "that way."

- Directions should be given for the way they are facing. For example, "the restroom stall is about 7 steps in front of you."

- When serving as a guide, ask, "Would you like to take my left (or right) arm?" The movements of your arm will let them know what to expect. Never grab or pull people.

- When leading a person through a narrow space such as an aisle, put your arm they are holding on to behind your back as a signal that they should walk directly behind you. Give verbal instructions as well, such as "we will be walking through a narrow row of chairs."

- When guiding a person through a doorway, let them know if the door opens in or out and to the right or to the left.

- Before going up or down steps, come to a complete stop. Tell people the direction of the stairs (up or down) and the approximate number of steps. If a handrail is available, tell them where it is.

- When showing a person to a chair, place your hand on the back of the chair. They usually will not need any more help in being seated.

- If a person is using a service animal, the animal's attention should not be sidetracked. It is important not to pet or speak to the animal.

- When offering information in alternative formats (Braille, large print, disks, audio) ask people what format works best for them.

- When to help in signing a document, ask if they want you to show them the location of the signature line.

Quick Tips to Avoid HIPAA Privacy Breaches

- Avoid discussing patient information with office staff where others can hear.

- Never use the speakerphone to check voicemails near the waiting room.

- Do not use patient sign-in sheets that displays social security numbers, birth dates or reason for visit.

- File a patient's chart right away after each visit to avoid other patients seeing them.

- Do not ask people with disabilities sensitive questions in the waiting room.

Examples of Preferred Terms Regarding People with Disabilities

Acceptable – Neutral (Always subject to change and continuing debate)	Unacceptable – Offensive
He had polio. She has multiple sclerosis.	He was **afflicted** with, **stricken** with, **suffers from**, **victim** of polio, multiple sclerosis, etc.
He has arthritis. She has cerebral palsy.	He is **arthritic**. She is **cerebral palsied, spastic**.
A person who has had a disability since birth… A congenital disability	**Birth defect**
A person who uses a wheelchair. A wheelchair user.	Confined to a **wheelchair/wheelchair bound**
She has a disability.	She is **crippled**
A person who has a speech disability. A person who is hard of hearing. A person who is deaf.	**Dumb, deaf mute, dummy** (implies an intellectual disability occurs with a hearing loss or a speech disability).
A person who has a spinal curvature.	A **hunchback** or a **humpback**.
He has a mental illness. He has an emotional disability. He has a psychiatric disability.	He is **chronically mentally ill, a nut, crazy, idiot, imbecile, moron.**
People of short stature.	**Midgets, dwarfs.**
A person who has a speech disability.	**Mute**
A person without a disability as compared to a person with a disability.	**Normal person, whole person, healthy person, able-bodied person** as compared to a disabled person.
She lives with a disability.	**Overcame** her disability
A person who has a developmental disability or intellectual disability.	**Retard, retardate, mentally retarded, feebleminded, idiot…**
Use only when a person is actually ill.	**Sick**
Use only when a person is actively being seen or treated by a health care provider	Stroke **patient,** multiple sclerosis **patient**
Seizure	**Fit**
Older people with disabilities	**Frail**
Person with environmental sensitivities	**Bubble Person**

Accessibility Checksheet

How can your doctor's office serve you better? During a healthcare visit, do you need extra help? After your visit, maybe you need help to contact your doctor's office, to set up a new appointment, or to use your health benefits. Tell your doctor what your needs are by filling out this checksheet.

Name: _____ Date of Birth: _____ Today's Date:_____

E-mail: _____Cell Phone: _____ Home Phone: _____

How does your disability impact your healthcare visits? Tell us. Examples:

1. I use a wheelchair and need assistance to transfer to an exam table.
2. I have low vision and prefer large print text.
3. I am hard-of-hearing and need written communications.
4. My developmental disability requires more time for office visits.

Write in area below:

_____

_____

Communications

See the choices below. To make (or confirm) appointments or to trade information during your next office visit, which method would you prefer? You can check more than one.

☐ California Relay Services ☐ E-mail ☐ Other _____

☐ Sign Language Interpreters ☐ Text message

For information mostly given in print form, you prefer …

☐ Large print ☐ Braille ☐ Audio tape or Audio CD

☐ E-mail ☐ Electronic format CD ☐ Other _____

Exam room

What type of medical equipment do you need?

☐ Height adjustable exam table ☐ Wheelchair accessible weight scale

☐ Height adjustable mammography ☐ Other _____

Do you need to be lifted on the medical equipment?

☐ Yes ☐ No

Do you use a mobility device that requires more space in the exam room?

☐ Yes ☐ No

Extra Time

When you call for an appointment time, do you need more choices?

☐ Yes   ☐ No

Transportation

How do you get to and from your doctor visits?

☐ Self (private car or van)   ☐ Public transit (bus)   ☐ Other
_____

☐ Driver or caregiver (private car or van) Driver's phone # _____
Paratransit, Paratransit's phone # _____

Other help

What other forms of help do you need?

☐ Assistance filling out paperwork   ☐ Service Animal   ☐ Other _____

Independent Living and Diversity Services (ILDS) is a collaboration of Outreach and Administrative staff who provide services to IEHP Members with Disabilities and Providers. ILDS mission is to improve access, communication, and health care services for seniors and persons with disabilities. Independent Living and Diversity Services also engages in outreach activities to develop and maintain meaningful relationships with community based organizations that provides Members with access to social community-based supports that promote health, education, and independence.

IEHP Resource Referral Service
For seniors and people with disabilities

What is the Disability Resource Referral Service?
This is a new service offered by the IEHP Disability Program that connects seniors and people with disabilities to resources in the community.

Types of Resources:

- **Independent Living Centers** – These provide peer support, independent living skills training and more for people with disabilities.

- **Transportation** – Many organizations in Riverside and San Bernardino County can help with transportation to Doctor visits, grocery shopping, and other activities at little to no cost.

- **Assistive Technology** – This helps people with disabilities live, work, learn and play as independently as possible. The IEHP Disability Program connects Members to organizations that provide Assistive Technology at no cost to them.

- **Support Groups** – The IEHP Disability Program can refer Members to a variety of support groups that meet specific needs.

- **Basic Needs** – People with disabilities can get referrals to food banks, utility help, and other basic resources available in their community.

- **Education** – Advocacy programs aim to make sure students with disabilities are engaged and provided with a free public education.

- **Employment** – Members with disabilities can get access to job services, resume writing and other programs.

- **Housing** – Members can get referrals to agencies that can help with finding housing and other resources.

To learn more, call IEHP Member Services at: **1-800-440-IEHP** (4347) or 1-800-718-4347 TTY, Monday – Friday, 8am – 5pm (PST), or visit **iehp.org**.

Community Resources

Behavioral Health		
Dept. of Behavioral Health	(888) 743-1478	SB
	(800) 706-7500	RIV
African American Health Coalition	(909) 880-1343	SB
Asian American Resource Center	(909) 383-0164	SB/RIV
Indian Health, Inc	(909) 864-1097	SB/RIV
Blind / Low Vision	**Phone**	**Counties**
Blindness Support Service	(951) 341-9244	SB/RIV
Lighthouse for the Blind	(909) 884-3121	SB/RIV
Braille Institute	(760) 321-1111	SB/RIV
Deaf / Hard-of-Hearing		
Center on Deafness	(951) 275-5000	SB/RIV
CA School for the Deaf	(951) 824-8114	SB/RIV
Disability Resource Centers		
Rolling Start	(909) 890-9516/ (760) 949-7626	SB
Community Access Center	(951) 274-0358	RIV
Inland Regional Center*	(909) 890-3148	SB
*Serves Developmental Disabilities	(951) 826-2648	RIV
Domestic Violence		
National Domestic Violence Hotline	(800) 799-7233	SB/RIV
Adult Protective Services	(877) 565-2020	SB
	(800) 491-7123	RIV
Option House, Inc	(909) 383-1602	SB
Coalition for Alternatives to Domestic Violence	(951) 320-1370	RIV

Community Resources (Continued)

Employment		
Dept. of Rehabilitation	(951) 782-6650	SB/RIV
Goodwill Industries	(909) 890-1415	SB
	(951) 955-3101	RIV
Career Institute	(909) 388-6003	SB
Food Assistance		
Mobile Fresh	(951) 686-1096	SB/RIV
Helping Hands Pantry	(909) 796-4222	SB
Feeding America	(951) 359-4757	RIV
Cal-Fresh	(877) 847-3663	SB/RIV
Higher Education		
CSU San Bernardino	(909) 537-5238	SB
SB Valley College	(909) 384-4443	SB
UC Riverside	(951) 827-3861	RIV
Riverside Community College	(951) 222-8060	RIV
In Home Services / Meals		
In Home Support Service	(877) 800-4544	SB
	(888) 960-4477	RIV
Family Services Association	(951) 342-3057	SB/RIV
Home Delivered Meals	(800) 510-2020	SB/RIV
Meals at Senior Centers	(800) 510-2020	SB/RIV
Legal		
Disability Rights Legal Center	(213) 736-1031	SB/RIV
Disability Rights California	(213) 213-8000	SB/RIV
Inland Legal Services	(909) 884-8615	SB

Community Resources (Continued)

	(951) 368-2555	RIV
Riverside Legal Aid	(951) 682-7968/ (760) 347-9456	RIV
Inland Fair Housing	(800) 321-0911	SB/RIV
LGBT+		
LGBTQ Center San Bernardino	(909) 907-4249	SB
TruEvolution	(951) 888-1346	SB/RIV
Transgender Community Coalition	(833) 944-5433	RIV
Desert AIDS Project	(760) 323-2118	RIV
Foothill AIDS Project	(909) 884-2722	SB
	(951) 742-7660	RIV
Recreation		
PossAbilities Program	(909) 558-6384	SB/RIV
Center for Individual Development	(909) 384-5426	SB
Casa Colina Outdoor Adventures	(909) 596-7733	SB/RIV
Ability First	(909) 621-4727	SB
Seniors		
Dept. of Aging and Adult Services	(909) 891-3900	SB
Office on Aging	(951) 867-3800/ (760) 771-0501	RIV
Senior Companions	(909) 384-5413	SB
	(951) 929-9691	RIV
Social Services Programs		
Referrals to Social Services Agencies	2-1-1	SB/RIV
Telecommunications		
CA Telephone Access Program	(800) 806-1191	SB/RIV
CA Relay Services	7-1-1	SB/RIV

Community Resources (Continued)

Life Wireless	(888) 543-3620	SB/RIV
SafeLink Wireless	(800) 723-3546	SB/RIV
Transportation		
Omnitrans - Access ADA	(909) 379-7100	SB
Riv. Transit Agency: Dial-A-Ride	(800) 795-7887	RIV

Disability Competent Care

Overview

- Attitudes and Beliefs towards People with Disabilities

- Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act

- Barriers to Access: Physical, Communication and Medical Equipment Access

- Training Requirement- Americans with Disabilities Act

- Independent Living Philosophy

- The Social Model of Disability

- Clinical Practice Guidelines

- Care Coordination Person Centered Planning and Self-Determination

- Mental Health Recovery Model

- Integrated Health Care and Mental Health Collaboration

- When to Refer to a Behavioral Health Provider

- Mental Health and Substance Abuse Crisis Prevention Diagnosis and Treatment

- A Guide to Substance Abuse Referral

Attitudes and Beliefs towards People with Disabilities

Myths and stereotypes often affect the provision of health care to people with disabilities. It is important for all health care providers to be aware of any personal prejudices regarding disability that may impact the delivery of health care to people with disabilities. This awareness can help providers avoid some of the pitfalls of generalization and wrong thinking about disabilities that can lead to gaps in the health care people with disabilities receives.

What are some of the misconceptions that exist about disability?

- Disability is something to be ashamed of
- Disability is biologically unacceptable and unnatural
- Disability means impairment in mental processes or verbal skills
- People who are blind need to be helped with mobility
- People with disabilities have communication impairments and providers must speak to a caregiver in order to impart information

"Stereotypes are based on assumptions that run deep in our culture – so deep that they can slip by unnoticed unless our awareness is continually sharpened and refined." – Matina S. Horner, Author

How can providers ensure that they are administering Disability Competent care?

- Understand that attitudes affect preventive care
  - o Ensure that people with disabilities are provided with the same preventive care options, testing and necessary treatment as all patients. Call IEHP if you have questions about how to make reasonable accommodations to ensure preventive care occurs in accordance with the Americans with Disabilities Act.

- Remember that non-verbal communication accounts for approximately 70% of a communication episode.
  - o Speak to the person with the disability, facing them, not the caregiver, during all episodes of care.

- Don't focus only on the individual's disability
  - o Providers are often oriented to acute care – fix it and move on. Some chronic illnesses and disabilities are not curable. If the provider cannot "fix" the issue, sometimes the person with the disability can feel ignored because the provider feels inadequate or as though they failed.

- Ask questions about the patient's lifestyle to ensure all aspects of the patients care are addressed.
  - o Ask about exercise, smoking, drug and alcohol use, unprotected sex and sexually transmitted disease. Don't make assumptions about people with disabilities and their habits based on personal beliefs or myths. Don't generalize.

- Remember that disability does not equal depression
- Treat all people as partners in their care
- Don't assume that health, wellness and disability cannot co-exist.
- Remember the severity of the disability does not lower the individual's quality of life

Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act

What is the Americans with Disabilities Act (ADA)?
The ADA is a civil rights law signed on July 26, 1990 by President George H.W. Bush that prohibits discrimination based on a disability in employment, State and local government, **public accommodations**, commercial facilities, transportation, and telecommunications.   ADA Title III: Public Accommodations covers businesses and nonprofit service providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities. Public accommodations are private entities who own, lease, lease to, or operate facilities such as restaurants, retail stores, hotels, movie theaters, private schools, convention centers, **doctors' offices**, homeless shelters, transportation depots, zoos, funeral homes, day care centers, and recreation facilities including sports stadiums and fitness clubs. Transportation services provided by private entities are also covered by title III.

What are your legal obligations to comply with the ADA?
The ADA prohibits health care providers from denying benefits or exclusionary conduct towards people with disabilities. The ADA requires health care providers make reasonable modifications to activities, programs and services.   The ADA also requires reasonable accommodations via auxiliary aids/services such as alternative formats for written communications to patients.

How can you ensure that your office complies with the ADA?
Reference IEHP's tips on how to make your office accessible to people with disabilities available at www.iehp.org and in the in-service guide provided to you by your IEHP Provider Services Representative. Ensure that you are addressing all the accessibility of all physical aspects of your office including:

Accessible Parking	Reception desk	Entrance	Weight Scales
Waiting Room	Lever Door Handles	Examination Rooms/tables	Restrooms

Other suggestions for making reasonable accommodations:
- See Member at alternate accessible location
- Allow Member to use accessible "employee" restroom
- Provide clipboards if counter is not accessible
- Offer assistance in accessing items out of reach

What is Section 504 of the Rehabilitation Act
The Rehabilitation Act prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors. The standards for determining employment discrimination under the Rehabilitation Act are the same as those used in title I of the Americans with Disabilities Act. Section 504 states that "no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program or activity that either receives Federal financial assistance or is conducted by any Executive agency or the United States Postal Service.

Each Federal agency has its own set of section 504 regulations that apply to its own programs. Agencies that provide Federal financial assistance also have section 504 regulations covering entities that receive Federal aid. Requirements common to these regulations include reasonable accommodation for employees with disabilities; program accessibility; effective communication with people who have hearing or vision disabilities; and accessible new construction and alterations.

Disability Competent Care (Continued)

How does Section 504 of the Rehabilitation Act impact health care providers?
This Rehabilitation Act prohibits discriminatory acts in healthcare and human services settings. Providers must ensure that they don't bar access to programs, services, benefits or opportunities to participate as a result of physical barriers.

Together we can ensure that people with disabilities have the necessary access to health care. Call IEHP's Provider Relations Team at (909)890-2054 if you have any questions or concerns about how to ensure that health care is accessible to all patients.

Barriers to Access: Physical, Communication and Medical Equipment Access

Navigating a complex health system can be overwhelming for patients. For people with disabilities, additional hassle factors exist like access, attitude, competency, safety risks, poor care, and stress. The goal is to understand elements of health care experience for people with disabilities and to understand barriers to physical, communication, and medical equipment access.

People with Disabilities may experience hassle factors like frustration, fatigue, fear, and failure.

The choice to avoid these hassle factors could lead to secondary conditions and a decline in overall health. Putting off care delays diagnosis and worsening conditions which may result in more extensive and more expensive health care.

"When I go for health care, I want to focus on my care. I don't want the process of getting health care to be my career!" – Anonymous

Hassel factors can lead to "I can't do it":

- Can't get transportation
- Can't get into the facility
- Can't understand the information

- Can't get accessible parking
- Can't understand the information
- Can't get up onto the exam table

Where do these Hassles Factors come from?
Access to Health Care requires ability to get needed services in a timely manner. Availability of specific services is also required. For people with disabilities, access to health care may require additional levels of access – physical access, communication access, and medical equipment access.

- Physical access means a person with a physical disability, who may or may not use a mobility device, can get to, enter, and navigate through a building. Accessible buildings have wheelchair accessible parking spaces, ramps to entrances, and interior spaces that are easy to navigate in a wheelchair.

- Physical Barriers:

Uneven Surfaces	Door knobs instead of lever door handles	Tripping Hazards
Inaccessible parking	Lack of access to public transportation systems	Curbs
Blocked pathways	Unclear or missing signage	Steps

- Communication Access means a person can communicate with health care providers in their own language and understand information provided in a format that is accessible to the patient, e.g. large print or Braille.

- Communication Barriers:
  o Written materials with small font
  o No access to qualified sign language interpreters. Call IEHP's Member Services team at (800) 440-4347 to request a sign language interpreter and we will make the arrangements to ensure the interpreter is present. Please call at least 5 business days whenever possible in advance of the appointment.
  o Instructions provided in only one format – written or oral
  o Videos without captioning

- Accessible Medical Equipment allows people with mobility disabilities to get to and onto equipment. Wheelchair accessible scales and exam tables that lower so people in wheelchairs can transfer are just two examples of accessible equipment.

Disability Competent Care (Continued)

Training Requirement – Americans with Disabilities Act

- Medical Equipment Barriers:
  - Exam tables that do not lower to an accessible height
  - Weight scales that do not accommodate wheelchairs
  - Rehabilitation and exercise equipment that is not accessible to people with mobility disabilities
  - Inaccessible mammography machines

ADA and Health Care
- Prohibits the denial of benefits or exclusionary conduct
- Requires reasonable modifications to activities, programs and services
- Requires reasonable accommodations: Auxiliary Aids/Services

Programs and Services
- Remove nonessential requirements
- Remove nonessential processes
- Simplify process for accessing and receiving services
- Consider environmental barriers when designing programs and services
- Train staff on procedures
- Modify policies as needed

Communication
- Provide materials in alternate formats; Braille, large print, audio
- Offer to read/complete forms as needed
- Provide sign language interpreters
- Train staff on using communication relay services; TTY relay, Video relay

Summary
- ADA ensures people with disabilities have the same opportunities to access goods and services
- ADA applies to all IEHP Members and Providers
- ADA removes barriers

Independent Living Philosophy

Definition of Independent
- Independence is not doing the quality of tasks one can perform without assistance, but is the quality of life one can live with assistance.
- Assistance is directed by the person receiving the service
- Independence is defining one's own support systems including the tools and strategies needed to accomplish any given task.

How do we apply the IL Philosophy at IEHP?
- Remove Barriers to care
- Partner with the Member
- Encourage active participation
- Treat Members as Individuals
- Inform Member of all their options
- Empower Member to make choices
- Fix the environment, not the person

Disability Competent Care (Continued)

The Social Model of Disability

Who are People with Disabilities?
The Americans with Disabilities Act of 1990:
- A person who has a physical or mental impairment that substantially limits one or more major life activities
- A person who has a history or record of such an impairment
- A person who is perceived by others as having such an impairment
- A person who identifies as a person with a disability

Population
- 1 in 5 Americans have a Disability or 20%
- 1 in 8 Americans are Older Adults or 13.1%

Californians with Disabilities

Age	% with Disability
5-15	3.7 %
16-20	12.7%
21-64	19.0%
65+	43.8%

Disability is Common
- Nearly everyone is likely to experience some form of disability at some point during their lifetime due to illness, pregnancy, accident, or ageing
- Longer Life Expectancy
  - Ages 65-69 = 45% have a disability
  - Ages 70-74 = 55.3% have a disability
  - Age 75+ = 72% have a disability
- Chronic Illness
- Hidden Disabilities: Developmental, Physical, Sensory, Mental, Chronic Illness
- Limitations: Walking, seeing, speaking, breathing, understanding, strength, endurance, coordination and manipulation

4 Different Historical and Social Models of Disability (Kaplan)
- Moral Model
- Medical Model
- Rehabilitation Model
- Social Model

The Moral Model of Disability
- Can be based on religious doctrine
- Historically oldest and less prevalent
- Cultures associate disability with sin, shame and guilt
- Regards disability as a result of sin
- Charities emerged

The results of the Moral Model
- Family/Person feels shame
- Social Ostracism and self-hatred
- Charities = Pity
- People with disabilities are hidden and excluded

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The Medical Model of Disability
- Enhanced role of physicians
- Many Disabilities have medical origin
- People with disabilities could benefit from the direction of the medical profession
- The problem associated with the disability resides inside the person
- A cure would solve the problem

The Social Model of Disability

The results of the Medical Model
- Medical profession directed the lives of People with Disabilities
- Public Policy directed by medical profession
- Focus is on the illness and the cure
- When people are sick, they are excused from normal obligations of society; going to school, getting a job, taking on family responsibilities

The Rehabilitation Model of Disability
- Very similar to the Medical Model
- The Person with a disability is in need of services or rehabilitation
- Depends on a professional who can provide training, therapy, and counseling
- Rehabilitation makes up for the "deficiency"

The results of the Rehabilitation model
- Patient or "client" of services has the same meaning
- Some disabilities and illnesses will never be cured
- Focus is on the cure or rehabilitation of the "disability"

The Social Model of Disability
- Regards disability as normal aspect of life
- Recognizes social discrimination as the most significant problem for people with disabilities
- Dominating attitude by society and professionals – generalizations about people with disabilities
- Inadequate support services
- Barriers: attitudinal, architectural, political and economic

Results of the Social Model
- Self empowerment

The Social Model of Disability

"…cultual assumptions shape our perception of disability [and] social arrangements actually shape what is considered a disability. **The availability of services, the structures of buildings, the distribution of income, and many other factors all transform human variation into disability**." (Longmore, P., Umanski, L, 2001)

Clinical Practice Guidelines

IEHP develops and maintains clinical practice guidelines as standards of health care applicable to Members and Providers. These clinical practice guidelines provide treatment information on various types of chronic conditions that are tailored to the specific needs and circumstances of each patient. All clinical practice guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited.

Please use the following link to access the clinical practice guidelines:
https://www.iehp.org/en/providers/pharmaceutical-services/clinical-information/clinical-practice-guidelines/

Disability Competent Care (Continued)

Care Coordination Person Centered Planning

IEHP, delegates, and providers provide care coordination services to **ALL** Members, as needed, in accordance with the Member's individual preferences, and in a way that meets the needs of Members with disabilities.

- IEHP care coordination services reflect:
  - a **person-centered, outcome-based** approach,

- Members have the **right to self-determine** their care. IEHP and affiliated providers, hospitals, skilled nursing facilities, home health agencies, and hospice program are required to inform Members of their rights to make decisions concerning their medical care. Please refer to page 119-121 of the IEHP Medicare DualChoice Member Hand Book for additional information.
  - Providers shall inform Members of their right to have an advance directive
  - Provider staff and Members shall be educated on issues concerning advance directives
    - ❖ Advising Members on how to obtain forms
    - ❖ Advise to that it is a legal document and may want to speak with a lawyer to assist with document preparation
    - ❖ Advise to give copies to appropriate people; including Primary Care Provider
    - ❖ Advise to take copy to hospital for planned procedures
    - ❖ Advise that filling out an advance direct is a choice
  - Providers shall indicate in a Member's medical record whether an advance directive has been executed
  - Providers shall not discriminate against members who have executed an advance directive
  - Provider shall comply with Member's self-determination of care as indicated within their advance directive

- Members have the right to self direct their care, including the provision of long-term services and supports (LTSS.) Specifically for In-Home Supports and Services (IHSS), Members have the right to hire, manage, and terminate their relationship with the IHSS providers of their choice. The Member functions as the employer and directs their IHSS service providers. If a Member needs information regarding an IHSS provider they should be directed to contact the appropriate IHSS county agency or Public Authority for a contact listing of IHSS provides.
  - San Bernardino County web-site with contact information:
    http://hss.sbcounty.gov/daas/IHSS/How_does_IHSS_work.aspx
  - Riverside County web-site with contact information:
    http://dpss.co.riverside.ca.us/adult-services-division/in-home-supportive-services
  - Members always have the option to contact their assigned IEHP nurse care manager for additional support or guidance regarding their rights to self-determine and self direct their care. Please direct Members to call in to IEHP Member Services and request to speak to their assigned Care Manager Team.

- Members have the right to determine the appropriate **involvement of his or her health care provider, LTSS providers and caregivers**.
  - This is based on individual situations. There is not an all encompassing notation that is provided by the Member. This would be determined by Member signature on release of information forms; authorization by Member for IHSS provider to participate in ICT meetings; and this information could be detailed in the Individual Care Plan. Providers may expect communication from IEHP Nurse Care Managers if provider involvement in Member's health care were limited in anyway due to Member's request.

- Members' strengths, capacities, preferences, needs and desired outcomes are identified.
  - Information regarding Member's self-determination of care is assessed through HRA results and the development of Members' Individualized Care Plans. The Care Plans are available for provider review on the IEHP secure web portal. Signed release of information forms to identify Member's preferences related to LTSS provider/caregiver involvement in Member's care coordination needs will be kept by IEHP.

Disability Competent Care (Continued)

Care Coordination Person Centered Planning

- Members are empowered to identify and access services and supports that will assist them to achieve personally defined outcomes in the most inclusive community setting. Resources include:
  - Community Baseed Adult Services (CBAS)
  - In-Home Support and Services (IHSS)
  - Multipurpose Senior Services Program (MSSP)
  - Inland Regional Center
  - Alcohol or Substance Abuse Treatment Services
  - Specialty Mental Health Services or County Mental Health
  - Center for Independent Living
  - Blindness Support Services
  - Center on Deafness
  - Meals on Wheels
  - County Office of Aging

- Member's long-term care needs are identified by the ICT and IEHP works with In-Network Long Term Care Facilities and/or Board In Care to ensure needs are met.

Mental Health Recovery Model
Distinguishing Features of the Recovery Model
- A holistic view of mental illness that focuses on the person, not just the symptoms;
- Recovery is not a function of one's theory about the causes of mental illness;
- Recovery from Severe psychiatric disabilities is achievable;
- Recovery can occur even though symptoms may reoccur;
- Individuals are responsible for the solution, not the problem;
- Recovery requires a well-organized support system;
- Consumer rights, advocacy, and social change; and
- Applications and adaptations to issues of human diversity.

8 Fundamental Components of Recovery

- **Hope** - Hope is a desire accompanied by confident expectation. Having a sense of hope is the foundation for ongoing recovery from mental illness.

- **Medication/Treatment** - While many people are frustrated by the process of finding the right medications and the side effects of medications, most persons with a psychiatric disorder indicate that medications are critical to their success (Sullivan, 1997). For many, the goal is not to be medication-free, but to take the least amount necessary.

- **Empowerment** - Empowerment is the belief that one has power and control in their life, including their illness. Empowerment also involves taking responsibility for self and advocating for self and others.

- **Support** - Support from peers, family, friends and mental health professionals is essential to recovery from mental illness. This not only reduces a Member's sense of isolation, but also increases their activity in the community, allowing them to obtain an integral role in society.

- **Education/Knowledge -** It is important to learn as much as possible about our illness, medications, best treatment practices and available resources. It is also important to learn about ourselves, including our symptoms so that we can gain better control over our illnesses. Members can educate themselves by speaking with health care professionals, attending workshops and support group, reading books, articles and newsletters, browsing the internet and participating in discussion groups.

- **Self-Help -** While most Members recognize the value of professional treatment, self-help is often viewed as the conduit to growth in recovery. Self-help can take many forms including learning to identify symptoms and take actions to counteract them, reading and learning about an illness and its treatment, learning and applying coping skills, attending support groups and developing a support system to rely on when necessary.

- **Spirituality -** A broad definition of spirituality is that it's a partnership with one's higher power. For many Members spirituality provides hope, solace during their illness, peace and understanding and a source of social support.

Disability Competent Care (Continued)

- **Employment/Meaningful Activity -** Frequently, when we meet new people, they ask "what do you do?" Whether it is fair or not, what we do shapes others' opinions of who we are. As a result, it is common for a person's identity to be significantly impacted by what they do. Likewise, what a person does influences his/her confidence, esteem, social role, values, etc. Simply put, employment/meaningful activity affords most Members the opportunity to regain a positive identity, including a sense of purpose and value.

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Sullivan, W.P. (1997). A long and winding road: The process of recovery from severe mental illness. In L. Spaniol, C. Gagne and M. Koehler (Ed.), Psychological and social aspects of psychiatric disability (pp. 14-24). Boston: Center for Psychiatric Rehabilitation.

Integrated Health Care and Mental Health Collaboration
What is integrated Health Care?

Simply put, it's a coordinated system that combines medical and behavioral services to address the whole person, not just one aspect of his or her condition. Medical and mental health providers partner to coordinate the detection, treatment, and follow-up of both mental and physical conditions. Combining this care allows consumers to feel that for almost any problem, they've come to the right place.*

Mental Health System

Physical Health System

Simply put, collaborative care is rediscovering the neck.

*Alexander Blount, Clinical Professor, Family Medicine and Psychiatry, University of Massachusetts Medical School.

Disability Competent Care (Continued)

Integrated Health Care and Mental Health Collaboration
Why Primary Care – Mental Health Collaboration

- Because integration of services means a more cohesive service delivery system and better continuity of care.

- Because many mental and physical disorders are co-occurring, especially depression and chronic medical conditions.

- Because research has shown that integrated behavioral care produces significant positive results, including decreases in client depression levels, improvement in quality of life, decreased stress and lower rates of psychiatric hospitalization.

- Because people with serious mental health condition are dying on average 25 years earlier than the general population.

- Because improving mental status and functionin often positively impacts physical conditions.

- Because there are often better mental health outcomes when physical problems are managed

- Because studies have shown that initially most people turn to Primary Care Providers, not specialty mental health clinics, with their emotional problems.

- Because health care visits often have psychosocial drivers; psychosocial stress is a major factor in triggering physical illness and exacerbating existing chronic illnesses.

- Because both medical and behavioral professionals can get the "full picture" about the clients they're treating.

- Because there is the opportunity for quality improvement of care within the primary care and specialty behavioral healthcare settings.

- Because many people being served by public behavioral health services need better access to primary care.

- Because community health centers serve people who need better access to behavioral healthcare.

- Because behavioral health clinicians are a resource for assisting people with all types of chronic health conditions.

- Because addressing psychosocial aspects of problems presented in primary care often results in lower overall health costs.

- Because offering behavioral health services in non-traditional settings encourages participation by people wanting to avoid the stigma surrounding mental health treatment.

- Because clients like the convenience of "one-stop shopping."

- Because primary care is often the first-line intervention and only access for many people with mental health problems.

- Because it presents an opportunity to intervene early and prevent more disabling disorders.

- Because more people, who cannot or will not access specialty behavioral health care, can be reached.

- Because the primary care network is a main provider of services to minority populations and culturally diverse communities.

- Because it will improve the skills of primary care clinicians in recognizing and treating persons with mental health conditions.

- Because it will improve the skills of mental health professionals in recognizing and treating the psychological effects of physical conditions.

- Because it increases the use of behavioral interventions in primary care.

- Because Primary Care Physicians' knowledge, skill-sets and comfort-zone are expanded as a result of collaboration with mental health professionals.

Disability Competent Care (Continued)

Integrated Health Care and Mental Health Collaboration

- Because primary clinics are often easier for consumers to access than mental health facilities

- Because many clients transfer the trust and rapport they share with their physicians to the behavioral specialist he or she designates.

- Because underlying behavioral or emotional conditions can increase unnecessary medical utilization and inappropriate referrals.

- Because many Primary Care Physicians – faced with increased administrative demands and time constraints – are ill-equipped to manage patients who present with mental health or substance abuse related issues.

- Because subclinical and clinical depression is frequently misdiagnosed or under-diagnosed in general medial population.

- Because substance abuse problems often go unrecognized but trigger or exacerbate conditions such as accident-related injuries, gastritis, diabetes and hypertension, liver abnormalities, and cardiac problems.

- Because depression is a frequent complication of cancer, post-cardiac surgery, diabetes, post-partum, and in the treatment of any chronic and debilitating physical illness.

- Because emotional factors are thought to play a role in triggering asthma attacks and exacerbations of autoimmune diseases.

- Because though mental health and substance abuse screening and referral and essential components in a primary care setting, medical staff often has little time or expertise available to perform these functions.

- Because Primary Care Providers have been shown to have a high level of client adherence and retention in treatment.

- Because some studies indicate that integrated care leads to a reduction of inappropriate use of medical services and a cost-saving in big-ticket items like emergency room visits and hospitalization.

- Because by referring clients with mental health issues to those specialty trained to deal with them, physicians free up their time up to handle more medically-oriented problems.

- Because physicians report increased satisfaction when they have easily available back-up care for their clients' mental health needs.

- Because, according to research, client compliance with medical regimens like diet and smoking cessation are increased when behavioralists provide training and guidance.

- Because management of emotional/behavioral disorders may positively impact adherence to treatment of physical disorders.

- Because in a general care atmosphere, terms like :psychiatric problems" and "mental illness" can be replaced by more universal, less stigma-laden terminology, like "coping skills", "counseling" and "stress".

- Because the primary care network serves a primarily poor and underserved population.

- Because behavioral health care in primary care settings isn't simply psychological counseling; it's teaching coping skills, self-management, adherence to medical regimen, and promoting healthier lifestyles by behaviorally addressing smoking, drinking, poor diet, and other unhealthy choices.

Disability Competent Care (Continued)

When to Refer to a Behavioral Health Provider

Complex Behavioral & Emotional Symptoms to Monitor, if a Member:
- Has behavior or emotions that pose a threat of harm to the safety of self, a child or others (e.g. suicidal behavior, severe aggressive behavior, and eating disorder that is out of control, self-destructive behavior)
- Has had a significant disruption in day-to-day functioning or loss of contact with reality
- Has been recently hospitalized for treatment of a psychiatric illness
- Has complex diagnostic issues
- Has a mood disorder and would benefit from CBT

Complex Social & Environmental Issues, if a Member:
- Has a caretaker with serious emotional issues or a substance abuse problem, or there are other serious environmental issues such as a hostile divorce situation
- Has a history of abuse, neglect and/or removal from the home and has significant issues related to the abuse or neglect
- Has a significant change in emotions or behavior for which there is no obvious precipitant e.g. sudden onset of school avoidance, a suicide attempt in a previously well functioning individual

Complex Medical Issues, if a Member:
- Has only a partial response to a course of medications or is being treated with more than one psychotropic medication
- Has a family history that suggests treatment with psychotropic medications may have an adverse effect. (e.g. prescribing stimulants to a child with a family history of schizophrenia or bipolar disorder, children under the age of 5 who require on-going use of psychotropic medication)
- Has a chronic medical condition and behavior or emotions prevent the medical condition form being treated properly
- Has had a course of treatment form 6-8 weeks with no meaningful improvement

Mental health and Substance Abuse Crisis Prevention Diagnosis and Treatment for Children and Adolescent

A Guide of Mental Health Services
Primary Care Providers are often the first point of contact for families when it comes to the health and well-being of their child. They are in a key position to identify potential mental health concerns early and to communicate these concerns with families.

Open communication with families helps to reduce the pain the isolation often experience by youth living with mental illness and their families

- 13% of youth aged 8-15 live with mental illness. This figure jumps to 21% in youth aged 13-18.

- One-half of all lifetime cases of mental illness begin by age 14.

- Despite the availability of effective interventions, there are average delays of 8 to 10 years from the onset of symptoms to intervention – critical developmental years in the life of a child.

- Fewer than one-half of children with a diagnosable mental illness receive mental health services in a given year.

Disability Competent Care (Continued)

Mental health and Substance Abuse Crisis Prevention Diagnosis and Treatment for Children and Adolescent

Make questions about a child's mental health part of routine practice to facilitate open communication with families. Families suggest asking these 5 questions:

1. Do you have any concerns about your child's mental health?
2. How is your child behaving in school, at home, in the community and with peers?
3. Have you noticed any changes in your child's moods?
4. Is your child sleeping and eating well?
5. Is there a family history of mental illness?

Primary Care Physicians who can help identify potential mental illness can save a child and parent years of pain" Parent, Chapin, S. C.

Families suggest making these 5 helpful comments when a child has a mental illness:

1. **There is hope**. Use hopeful, encouraging and positive statements to talk about mental health.
2. **You are not alone**. Share how common mental illness is and information on local support groups and resources so families feel less isolated and alone.
3. **It is not your fault**. Families appreciate reassurance that they are not to blame for their child's mental illness.
4. **I understand**. Show empathy, compassion and understanding. Consider sharing personal stories about mental illness
5. **You and your child have many strengths**. Set a positive tone for a conversation about mental health by talking about the child and family's strengths and how these can help them meet challenges

Take action to support families:

1. Ask question to begin an interactive discussion about a child's mental health.
2. Screen within the primary care office to identify mental health issues early.
3. Evaluate for other physical conditions that can mimic mental illness and rule these out before making a diagnosis.
4. Discuss options for mental health services and supports, including psychosocial interventions, parent skills training and medications.
5. Suggest support groups, family education program and other local resources
6. Refer families to mental health providers for further evaluation and services
7. Follow up with referrals to ensure help was received. Make appointments for families, if necessary.
8. Encourage families to seek treatment and to give it time to work.
9. Provide treatment when mental health providers are not available.
10. Check in with families to see if treatment is working, If not, re-evaluate treatment options and providers.

Treat mental illness like the flu or chicken pox-look for the warning signs" Parent, Billings, Mont.

Create a Welcoming Setting
Families shared recommendations on how to make Primary Care Physician offices more welcoming to conversations about their child's mental health.

1. Display resources about children's mental health, local series and supports and behavioral interventions. For resources to share with families, visit www.nami.org/primarycare

Disability Competent Care (Continued)

Mental health and Substance Abuse Crisis Prevention Diagnosis and Treatment for Children and Adolescent

2. Provide a private area to allow families to comfortably share information about their child's mental health. Offer families the option to share information without their child being present.

3. Educate the office staff about mental health concerns, community resources and how to share these with families.

4. Create a safe zone for families to share concerns by actively listening and using positive language and nonjudgmental prompts to discuss concerns.

5. Provide mental health screening as part of routine clinical practice. Regularly asking families about mental health concerns gets the conversation started and makes mental health a part of a child's overall health and well-being.

A Guide to Substance Abuse Referral

How to Talk to Your Patient Based on Their Readiness to Change Their Behavior and Accept Help:
Precontemplation:
- Express concern about the patient and substance use
- State nonjudgmentally that substance abuse is a problem
- Consider a trial of abstinence to clarify the issue
- Suggest bringing a family to an appointment
- Explore the patient's perception of a substance use problem
- Emphasize the importance of seeing the patient again

Contemplation:
- Elicit positive and negative aspects of substance use
- Ask about positive and negative aspects of past periods of abstinence
- Summarize the patient's comments on substance use and abstinence
- Make explicit discrepancies between values and action
- Consider a trial of abstinence

Determination:
- Acknowledge the significance of the decision to seek treatment
- Support self-efficacy
- Affirm Member's ability to successfully seek treatment
- Help the Member decide on appropriate, achievable action
- Caution that the road ahead is tough but very important
- Explain that relapse should not disrupt the Member clinician relationship

Action:
- Be a source of encouragement and support
- Acknowledge the uncomfortable aspects of withdrawal
- Reinforce the importance of remaining in recovery

Maintenance:
- Anticipate difficulties as a means of relapse prevention
- Recognize the Member's struggle
- Support the Member's resolve
- Reiterate that relapse should not disrupt the medical care approach

Relapse:
- Explore what can be learned from the relapse
- Express concern and even disappointment about relapse
- Emphasize positive aspects of the effort to seek care
- Support Member's self-efficacy so that recovery seems achievable

Guidelines for Care Management Training

The Centers for Medicare and Medicaid Services (CMS) and the Department of Health Care Services (DHCS) require Inland Empire Health Plan to ensure that health plan staff, delegated IPAs and network Providers are appropriately trained on the health plan's care model for IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) Members to ensure coordination and delivery of all applicable services and benefits.

In response to this requirement, IEHP has developed a computer-based training titled "Guidelines for Care Management," which includes but is not limited to the following topics:
- Person-centered planning processes;
- Cultural competence;
- Accessibility and accommodations;
- Independent living;
- Recovery and wellness principles;
- Long-term services and support programs;
- Member self-direction; and
- Dementia care

How does this requirement impact IPAs and Providers?
All delegated Medicare IPAs, their staff (employed, contracted, or non-contracted) and network Providers must complete this training initially and annually, thereafter. The appropriate staff and Providers to receive this training include but are not limited to the following:
- Utilization Management Staff (outpatient, inpatient);
- Care Management Staff;
- Behavioral Health Staff;
- Member/Customer Service Staff; and
- All network Providers (both PCP and Specialty Care Providers)

Training Material
- Simply follow this path to access the CBT: www.iehp.org > For Providers > Provider Resources > Compliance > 2019 IEHP Guidelines for Care Management Training

Delegated IPAs and network Providers will receive this training through the annual distribution of the IEHP Provider Policy Manual and are required to note the completion of the training through their Acknowledgement of Receipt (AOR).
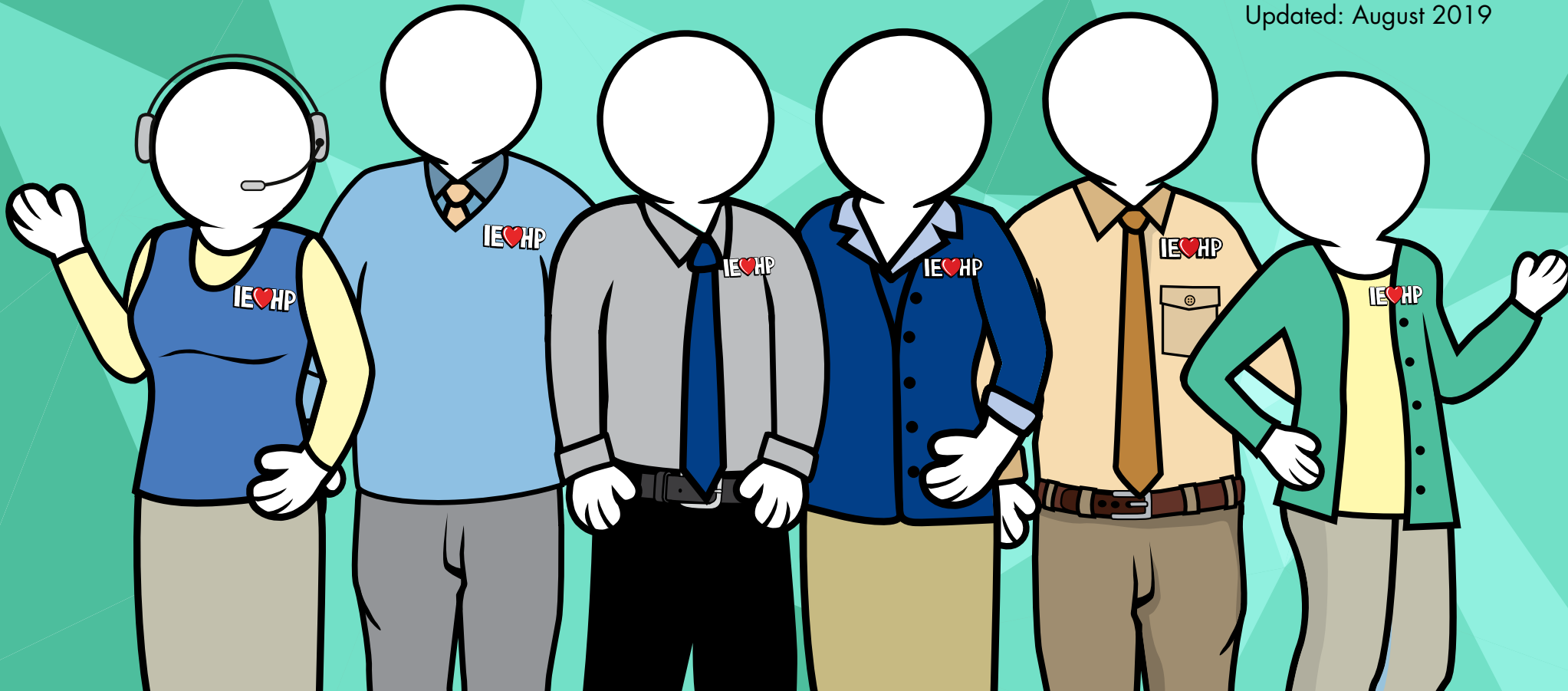
CODE OF BUSINESS CONDUCT AND ETHICS

IE♥HP®

A Public Entity

Inland Empire Health Plan

C♥MPLIANCE

Doing what's right, together.

Updated: August 2019

IE♥HP

Our shared commitment to honesty, integrity, transparency, and accountability

A message about the IEHP Code of Business Conduct and Ethics

Every day we are confronted with decisions to make and tasks to accomplish as IEHP Team Members. Our choices and the product of our work can directly impact our Members, Providers, and Business Associates. At times, we might find ourselves challenged as to how we should address an issue or how we can best exemplify IEHP's commitment to excellence.

Contained within the *IEHP Code of Business Conduct and Ethics* (*Code of Conduct*) is information to help guide you in making the most ethical decisions to preserve our workplace culture, preserve our culture of compliance, support our core values, and make IEHP the best place to work in the Inland Empire. Also provided in this *Code of Conduct* are Team Member resources, including how to report compliance issues, how to access the complete library of policies in our *Team Member Handbook*, and other helpful tips and tools to ensure your success.

The information provided in this document applies to all of us – the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership Team, Team Members, Temporary Staff, and IEHP's Business Associates – and it should be reviewed and referenced often. Much like a compass, the *Code of Conduct* sets the direction for IEHP and guides everyone to do the right thing.

Our shared commitment to honesty, integrity, transparency, and accountability helps develop the trust of our Members and our Providers. It also helps us establish good working relationships with our federal and state regulators. The *Code of Conduct* supports this commitment by helping us understand how IEHP Team Members must comply with laws and regulations that govern health care to ensure IEHP maintains a reputation of excellence.

If you are unable to find the answer to your question or concern here, you are encouraged to raise the issue with your Manager, Human Resources Representative, or the Compliance Team to help determine the right thing to do.

Thank you for helping us be leaders in the delivery of health care.

Jarrod McNaughton, MBA, FACHE
Chief Executive Officer

Janet Nix
Chief Organizational Development Officer

Table of Contents

1 Introduction to the IEHP Code of Conduct

1.1 Our Commitment

IEHP is firmly committed to conducting its health plan operations in compliance with ethical standards, contractual obligations under federal and state programs, laws, and regulations applicable to Medi-Cal and IEHP DualChoice. This commitment extends to the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership Team, Team Members, Temporary Staff, and IEHP's Business Associates who support IEHP's mission to organize and improve the delivery of quality, accessible, and wellness based health care services for our community.

1.2 Vision

MAKE A DIFFERENCE ♥ IMPROVE LIVES
Members - Providers - Team Members - Community

1.3 Mission

To organize and improve the delivery of quality, accessible and wellness based healthcare services for our community.

1.4 Core Values

Health & Quality Before Costs

Stewardship of Public Funds

Team Culture

Think and Work LEAN

Partner with Members, Providers & the Community

Foster Innovation

1.5 Focus Areas

MEMBER EXPERIENCE	NETWORK	TEAM MEMBER	OPERATIONAL EXCELLENCE	TECHNOLOGY	FINANCIAL STEWARDSHIP
Ensure Members receive the high-quality care and services they need	Provide a network that delivers high-quality and timely care	Make IEHP a great place to work, learn, and grow	Optimize core processes to deliver compliant, high-quality, and efficient services	Deliver innovative & valuable technology solutions	Ensure financial stability of IEHP in support of enterprise goals

1

2.1 IEHP's Team Culture

IEHP's Team Culture embodies our values, beliefs, and approach of interacting with people inside and outside our organization.

Our Team Culture sees the Team Member as a valued person. It supports the idea that everyone on the team counts, and everyone can make a difference. It drives us to do the right thing for our Members, our Providers, and each other. However, for our Team Culture to be a success, we need all Team Members to sustain it.

Here are 10 key traits to sustain IEHP's Team Culture:

1. Focus on the needs of our Members and Providers
2. Create ideas that move IEHP forward
3. Aspire to make a difference every day
4. Strive to improve every day
5. Work with others in a cooperative and collaborative manner
6. Treat fellow Team Members with courtesy, respect, and professionalism
7. Mix hard work with fun – look forward to coming to work
8. Be a positive influence on everyone
9. Know that everyone's role is vital to our success
10. Take pride in IEHP and our accomplishments

Practice these every day. Aim for success because that's what makes us different. **Always remember that we are here to do the right thing for our Members, our Providers, and each other**.
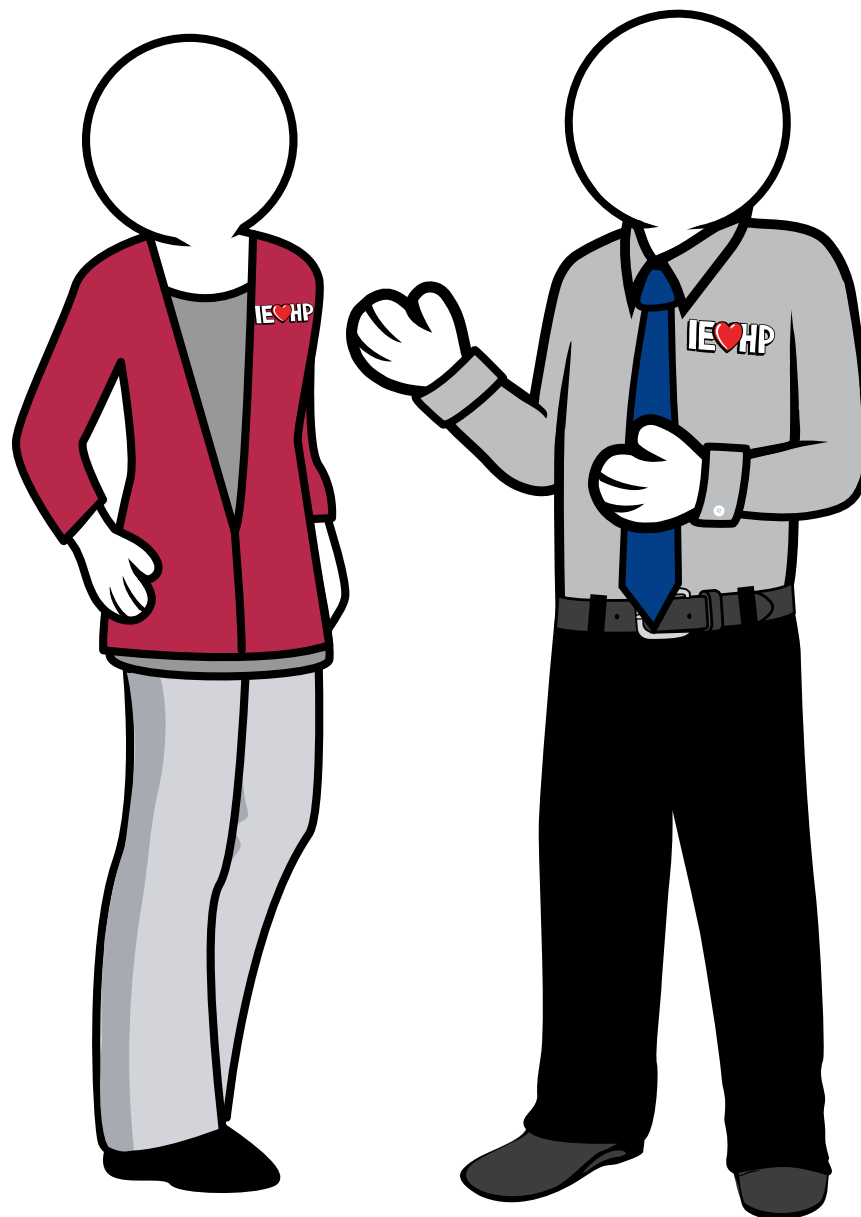
2.2 IEHP's Rules of Conduct

IEHP expects everyone – the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership Team, Team Members, Temporary Staff, and IEHP's Business Associates – to work together in an ethical and professional manner that promotes public trust and confidence in IEHP's integrity. Actions considered contrary to that expectation are listed in this document and may subject anyone mentioned above to disciplinary actions, up to and including contract or employment termination (as applicable).

2.3 Respect for our Members

IEHP Members deserve to be treated with respect and to experience the kind of customer service that each one of us expects to receive. This means every Member encounter with a Team Member is an opportunity to demonstrate excellent customer service.

2.4 Respect for our Providers

IEHP is dedicated to giving our Providers a level of service that exceeds their expectations. Every Team Member who interacts with a Provider should do so with professionalism.

2.5 Respect for Team Members

IEHP sees you, the Team Member, as a valued person. Every one of your fellow Team Members deserves to be treated with the same level of respect and professionalism that you would expect in return. Everyone counts, and everyone can make a difference.

You have joined a winning Team!
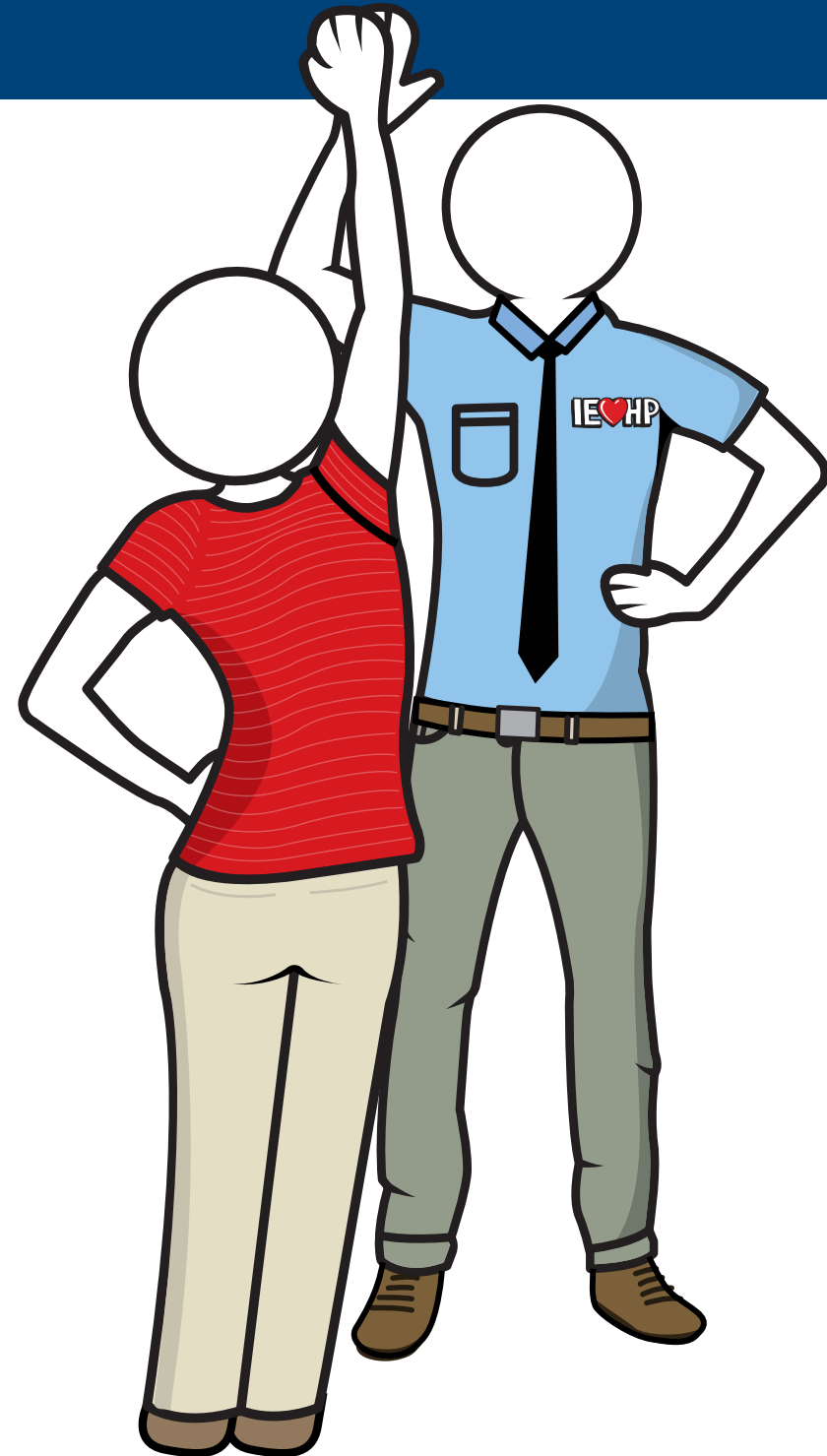
IEHP Branding, Communications, and Marketing

The IEHP brand is one of our organization's most valuable assets. Developing and protecting the brand is an important part of every Team Member's job. This means adhering to established IEHP Branding, Communications, and Marketing standards when communicating about IEHP to Members, your fellow IEHP Team Members, and the community at large.

Here is a quick reference for communicating about IEHP:

- **Ask the IEHP Marketing Department** — All IEHP marketing and Member materials must be developed by the Marketing Department. Please do not write letters to Members or create your own marketing materials without proper management and regulatory approvals.

- **Get co-branded materials approved** — All co-branded (IEHP and other companies or vendors) and other marketing materials created by other companies or vendors must be approved by the Marketing Department prior to distribution. Send materials and requests to the Marketing and Communications Manager.

- **Refer all media requests** — It doesn't happen often, but if you are approached or contacted by the media to discuss IEHP, please refer them to the Senior Director of Marketing and Product Management or the Chief Marketing Officer.

Find our IEHP *Team Member Marketing and Branding Fact Sheet* **located in the IEHP Brand Portal at** *iehp.workfrontdam.com/bp/#/.*

Zero Tolerance for Retaliation and Intimidation

All Team Members are encouraged to report potential compliance issues without fear of intimidation or retaliation, including (but not limited to):

- Reporting potential/suspected compliance issues (Privacy, FWA, or non-compliance)
- Conducting self-evaluations and/or
- Remedial actions

IEHP has a zero-tolerance retaliation policy and will discipline individuals who retaliate with discriminatory behavior or harassment, up to and including termination of employment. Additional information on IEHP's non-retaliation and non-intimidation practices are detailed in the Harassment and Illegal Discrimination Prevention (Policy Against Harassment) and the Corrective Action policies in the *Team Member Handbook* located on DocuShare via JIVE.

Q. My Supervisor has asked me to clock out and continue working on several occasions. It doesn't feel right, but I'm afraid I'll be written up or terminated if I report it. What should I do?

A. You should report this to Human Resources and Compliance as this violates company policy. IEHP does not tolerate retaliation for reporting violations of company policy or the law and your job can be protected under company policy.
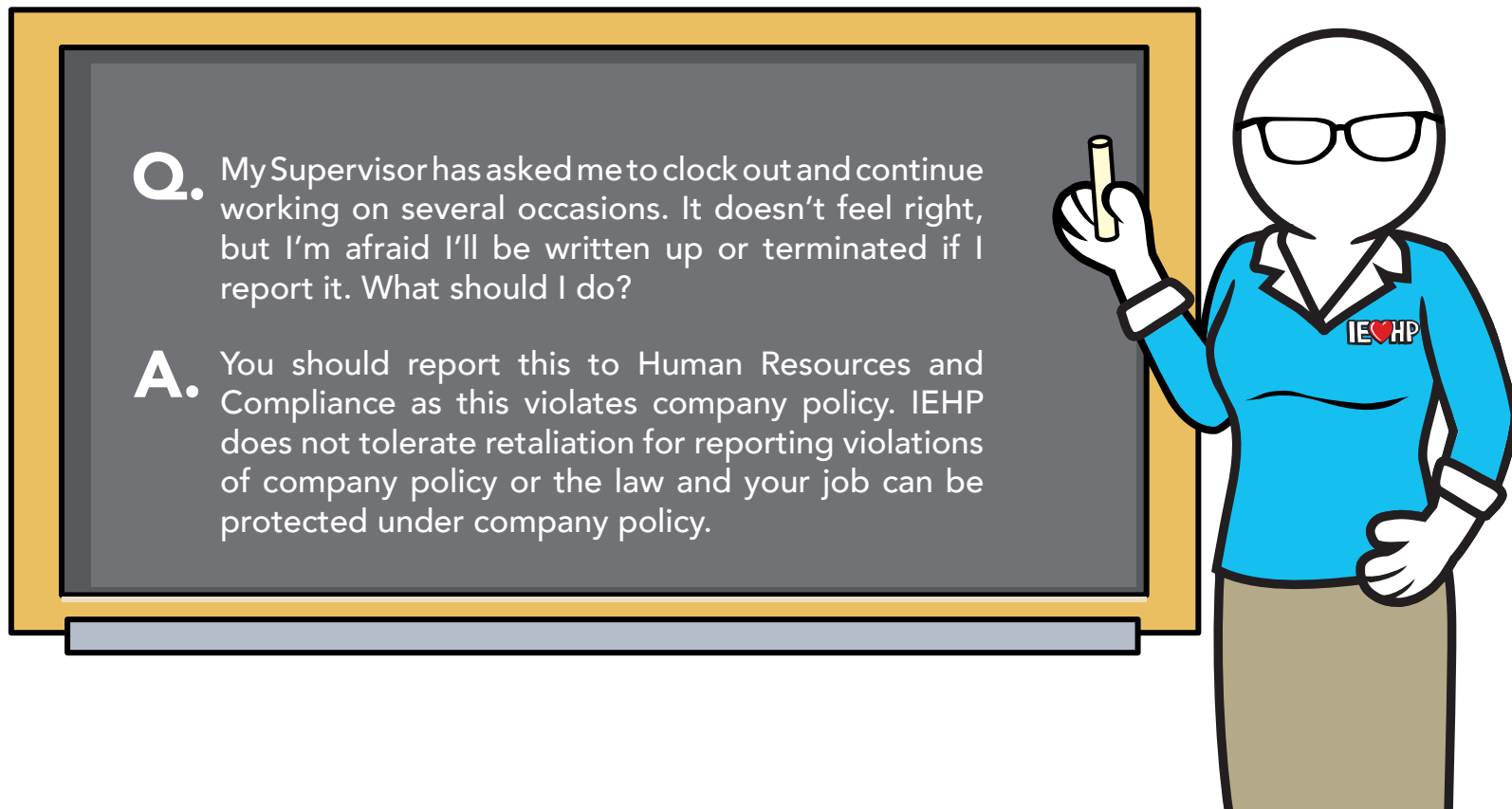
3.1 IEHP's Compliance Program

IEHP is committed to maintaining a working environment that fosters conducting business with integrity and that permits the organization to meet the highest ethical standards in providing quality health care services to our Members. This commitment extends to our Business Associates and Delegated Entities that support IEHP's mission to improve the delivery of quality, accessible, and wellness based healthcare services for our community.

Our Compliance Program is designed to:

- Ensure we comply with applicable laws, rules, and regulations
- Reduce or eliminate Fraud, Waste, and Abuse (FWA)
- Prevent, detect, and correct non-compliance
- Reinforce our commitment to culture of compliance for which we strive
- Establish and implement our shared commitment to honesty, integrity, transparency, and accountability

Additional information on IEHP's Compliance Program can be found on IEHP Intranet page (JIVE), Compliance Corner, and on IEHP's website: *www.iehp.org*, including:

- Reporting potential issues of non-compliance, Fraud, Waste, or Abuse, and Privacy incidents
- IEHP's *Code of Business Conduct and Ethics*
- Non-Retaliation and Non-Intimidation policies
- IEHP's Fraud, Waste, and Abuse (FWA) Program
- IEHP's Privacy Program
- Details about IEHP's Regulatory Agencies
- Links to helpful Compliance Program resources

RISK CONFLICT AUDIT REGULATIONS FRAUD SANCTIONS PRIVACY BREACH

Compliance
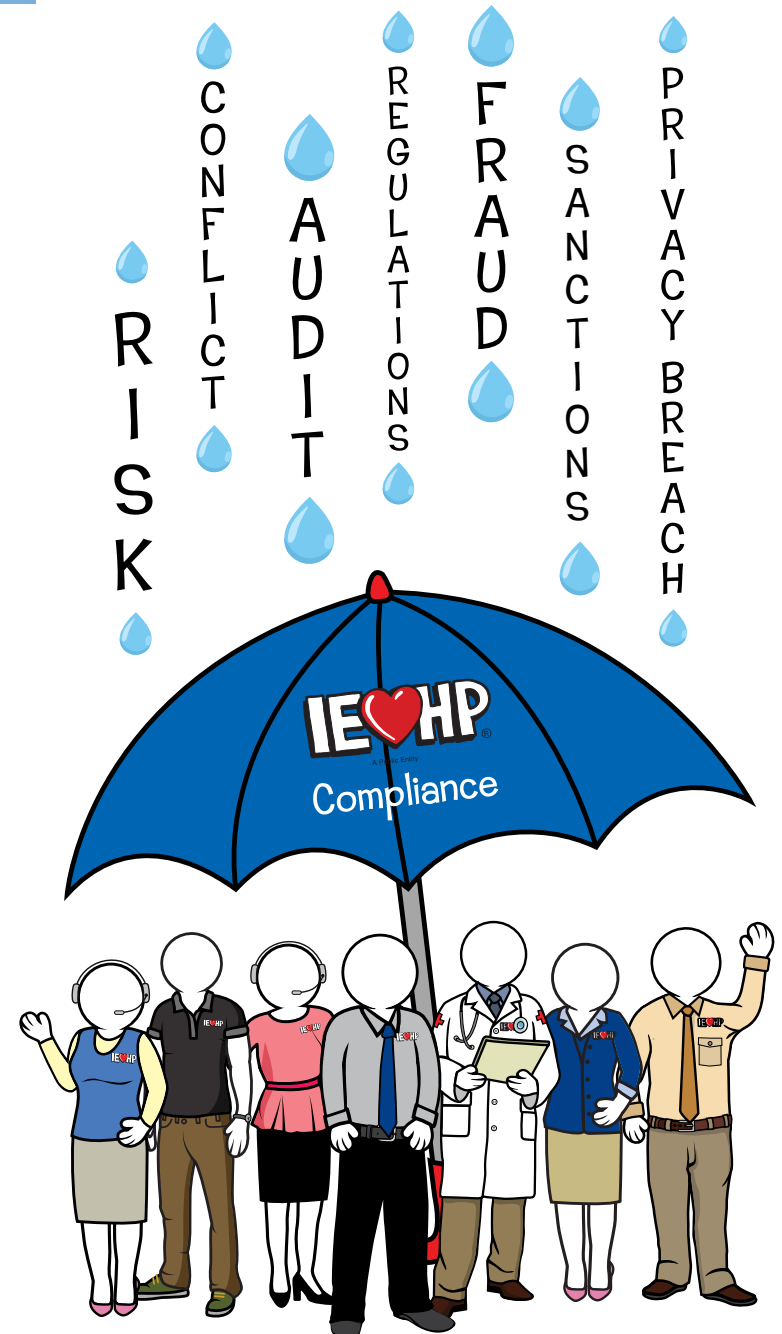
IEHP has established a Fraud, Waste, and Abuse Program that investigates allegations of fraud, waste and/or abuse on the part of Members, Providers, vendors, pharmacies, health plans, Team Members, and any entity doing business with IEHP. A powerful weapon against FWA is a knowledgeable and responsible Team Member who can recognize potential fraud and know how to report it. Every Team Member has a responsibility to report suspected FWA under federal and state laws, and in accordance with IEHP Policy.

The Federal False Claims Act and similar state laws make it a crime to submit a false claim to the government for payment. False claims include, but are not limited to billing for treatment not rendered; upcoding to bill for higher reimbursement; and falsifying records to support billed amounts.

These same laws protect individuals known as "whistleblowers." These individuals generally have inside knowledge of potential non-compliant or fraudulent activities such as false claims billing by companies for whom they work or have worked.

Under the Federal False Claims Act, whistleblowers may bring a civil lawsuit against the company on behalf of the U.S. Government and, if the suit is successful, they may be awarded a percentage of the funds recovered.

There is a provision in the Federal False Claims Act that protects a whistleblower from retaliation by an employer. Actions such as suspension, threats, harassment, or discrimination could be considered retaliatory. IEHP will not tolerate retaliation against any person who has suspected fraudulent activity and reported those suspicions in compliance with IEHP policy.

See Section **4.1 Know How to Speak Up** for information on how to report any concerns of potential FWA. See Compliance Policy and Procedure, *Fraud, Waste, and Abuse Program* available on Compliance 360 for more information on the IEHP FWA Program.
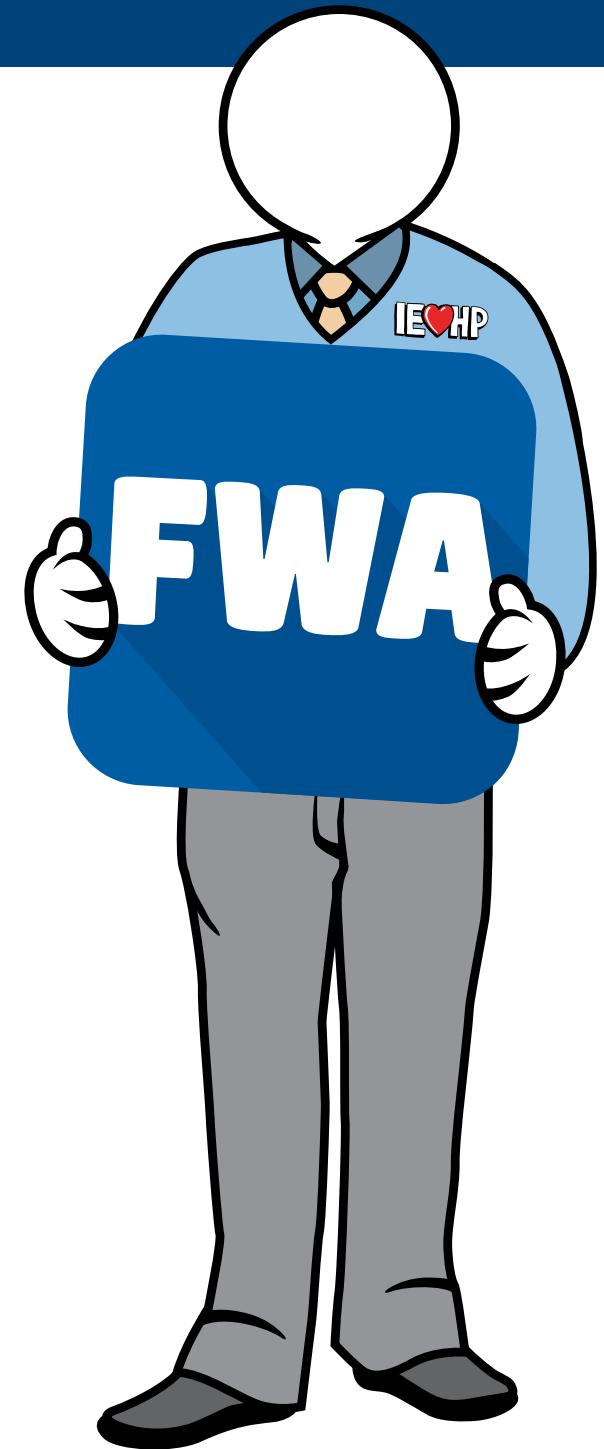
Q. I've been working recently with billing information from a Provider's office. I've noticed the office has been billing for services that seem unusual or that don't make sense according to the Member's diagnosis. What should I do?

A. Your observation could be a potential fraud- or abuse-related concern. You are required to make a report to the Special Investigations Unit in the Compliance Department via the Compliance Mailbox, the Compliance Hotline, or any of the reporting methods outlined in Section **4.1 Know How to Speak Up** found in this document. Any information that you have available related to your report should be submitted to assist in the investigation. All Team Members are required to report suspected fraud, waste, or abuse concerns.

Q. If my Supervisor directs me to do something that I think will result in non-compliance with a regulation or IEHP policy, should I do it?

A. No, you should not. Laws, regulations, contract requirements, and IEHP policies must be observed. If anyone, even your Supervisor or Manager, asks or directs you to ignore or break them, speak to your Supervisor or Manager about it. If you are uncomfortable speaking with your Supervisor or Manager about it, contact Human Resources and/or Compliance.

Q. While working on a Member's case, I noticed that he had a lot of different prescribing physicians who are prescribing him narcotic prescriptions and had many visits to the Emergency Room. Is this something I should report?

A. Yes, doctor shopping and overutilization could be considered a form of abuse of the Member's benefits. You are required to make a report to the Special Investigations Unit in the Compliance Department via the Compliance Mailbox, the Compliance Hotline, or any of the reporting methods outlined in Section **4.1 Know How to Speak Up** found in this document.

3.3 Member Privacy

A Member's protected health information (PHI) is protected by the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and state confidentiality laws. The Member information that is protected by these regulations includes, but is not limited to:

Demographic Information

- Name
- Address
- Date of Birth
- Driver's License
- Social Security Number
- IEHP Member ID Number
- Medi-Cal ID Number
- Health Plan Name

Financial Information

- Credit Card Numbers
- Bank Account Numbers
- Claims Information

Clinical Information

- Diagnosis
- Condition
- Medications
- Lab Results
- Psychotherapy Notes
- Authorizations
- Mental Health Data
- Clinical Notes

The law defines a breach of Member privacy as the acquisition, access, use, or disclosure of PHI that is not permitted under HIPAA. This generally means that a breach occurs when PHI is accessed, used, or disclosed to an individual or entity that does not have a business reason to know that information. The law does allow information to be accessed, used or disclosed when it is **related to treatment, payment, or health care operations (TPO)** directly related to the work that we do here at IEHP on behalf of our Members. Examples of breaches include, but are not limited to:

- Accessing information when it does not pertain to your job
- Sending information to the incorrect fax number
- Disclosing unauthorized information verbally (in person or over the phone)
- Sending mail to the wrong address
- Sending unsecured emails outside of the IEHP network or to the incorrect recipient

If a Team Member discovers a potential privacy incident or breach, he or she is required to report the issue immediately to the Special Investigations Unit in the Compliance Department via the Compliance Mailbox, the Compliance Hotline, or any of the reporting methods outlined in Section 4.1 Know How to Speak Up found in this document.

When a breach of PHI is discovered, IEHP must report it to the DHCS Privacy Office, DHCS Contract Manager, and DHCS Information Security Officer within twenty-four hours of discovery and to the Office for Civil Rights (OCR) under the Department of Health and Human Services (HHS) within the required time frames. A failure to report according to our regulated time frames may result in monetary penalties and/or sanctions against IEHP. **If a Team Member identifies a potential breach, he or she should notify the Special Investigations Unit in the Compliance Department immediately so that the issue can be investigated and the incident reported, if necessary, to the appropriate regulatory agencies.**

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Unauthorized access, use or disclosure of confidential information may make a Team Member subject to a civil action and may subject IEHP to penalties under prevailing federal and state laws and regulations, including HIPAA and the HITECH Act. Failure to comply with IEHP confidentiality, privacy, and security policies may result in disciplinary action, up to and including termination of employment or contract termination.

For additional information, refer to IEHP's *HIPAA Authorization to Disclose PHI* available in the *Team Member Handbook* located on DocuShare and to IEHP Compliance Policy and Procedure, *HIPAA Program Description*, available on Compliance 360.
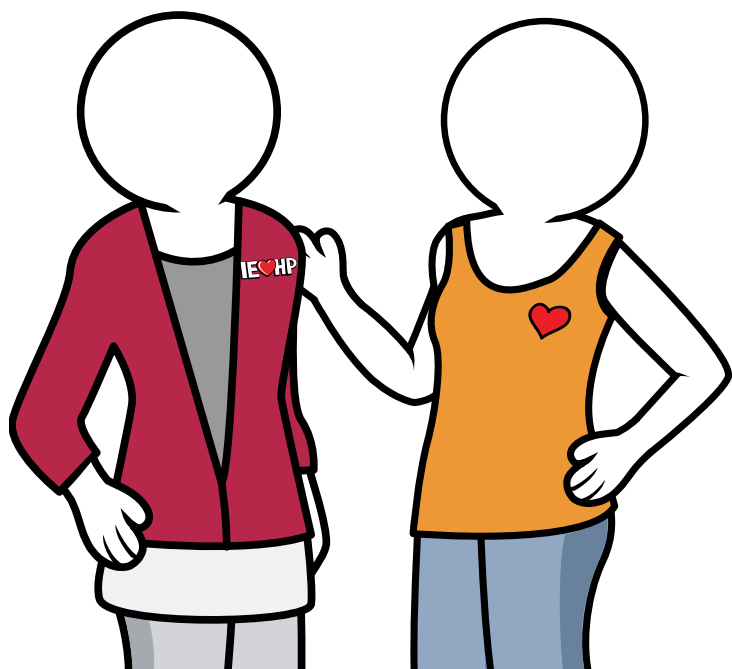
Q. My family member is an IEHP Member, and she has asked me to check on the status of an authorization. Can I access and view the information as an IEHP Team Member?

A. Accessing information outside the scope of your job would be considered inappropriate according to IEHP's policies and HIPAA. You are encouraged to direct your family member to call Member Services, just like any other IEHP Member.

Q. I heard that my neighbor, who is an IEHP Member, has been sick recently. Can I look at his record to make sure he's receiving services and is doing well?

A. No, concern over your neighbor's well-being does not give you the right to access or view his information. As IEHP Team Members, we are only allowed to access, use or disclose information when it is related to treatment, payment or health care operations for one of our Members and it pertains to a business purpose.

Q. My brother, who is an IEHP Member, asked me to check on the status of a referral. Since he has given me permission, can I view his account?

A. No, even though your brother has given you permission, he should be directed to call Member Services to ensure that he receives the correct guidance on the status of his referral and ensure it is appropriately documented in our systems.

Q. I need to look up my friend's address. I know he is an IEHP Member, and it would be easier to obtain his information from his account rather than calling him. Am I allowed to do so?

A. No, if you access your friend's account without a business purpose, you are violating your friend's right to privacy, IEHP's policies, and HIPAA. Just because we have the ability to access the information does not mean we have the right to do so.

Workplace business decisions must be made with objectivity and fairness. A Conflict of Interest (COI), or even the appearance of one, should be avoided. A COI presents itself in the form of a personal or financial gain for an individual or entity that could possibly corrupt the motivation of that individual or entity.

At IEHP, our actions and choices should be guided by our desire to serve our Members, our organization, and the entities that we conduct business with. Any COI may distort or cloud our judgment when making decisions on behalf of IEHP. Team Members at all levels in the organization are required to comply with the conflict of interest policy. Examples of COI include, but are not limited to:

- Accepting concurrent employment with, acting for, or rendering services to any business or endeavor, with or without compensation, which competes with or conducts business with IEHP
- Selling products directly or indirectly in competition with IEHP Financial interest or business involvement with an outside concern which conducts business with or is a competitor of IEHP
- Representing IEHP in any transaction in which a personal interest exists

- Accepting gifts, like free tickets or any substantial favors, from an outside company that does business with or is seeking to do business with IEHP

Team Members should avoid any business, activity or situation, which may possibly constitute a COI between their personal interests and the interests of IEHP. Team Members must disclose to their Supervisor any situation which may involve a COI.

Additional information is provided in IEHP Human Resources Policy, *Conflict of Interest*.

While creating and maintaining strong relationships with our Members, business partners, and customers is vital to the success of IEHP, a Team Member may not accept gifts, entertainment, or any other personal favor or preferential treatment to or from anyone with whom IEHP has, or is likely to have, any business dealings. Doing so allows others to raise at least the possibility that business decisions are not being made fairly or objectively.

Team Members must disclose to their Supervisor any activity or situation related to offering or receiving gifts related to their employment with IEHP.

Q. A Member sent me a twenty-dollar gift card for a local restaurant as a way to thank me for the services I provided to him. I know I can't accept the gift, but could I buy food to share with my department as a way to spread the gift around?

A. No, unfortunately you cannot accept the gift card, even if you shared it with your department. The gift should be returned to the Member. Please work with your Manager for appropriate handling.

Q. One of our vendors would like to send my entire team tickets to a baseball game. They told me that they appreciate all of the business that IEHP does with them and want to express their gratitude. Can we accept the tickets?

A. No, you may not accept the tickets. IEHP must always remain free of potential conflicts of interest. By taking the tickets, you might create the perception that IEHP conducts business with this particular vendor because of the gifts or "perks" that they provide to our organization. Talk to your Supervisor or Manager about how to handle the situation.

IEHP Compliance Training Program

The Compliance Training Program focuses on information related to IEHP's Compliance Policies and Procedures; *Code of Conduct*; elements of an effective compliance program; Fraud, Waste, and Abuse; and HIPAA programs. **Compliance Training is mandatory:**

- Compliance Training must be completed by all of the IEHP Governing Board Members, IEHP Team Members, Temporary Employees, Interns, and Volunteers within 90 days of hire, assignment or appointment.

- All of the IEHP Governing Board Members, IEHP Team Members, Temporary Employees, Interns, and Volunteers are also required to complete Compliance Training on an annual basis.

- IEHP requires **First Tier Entities** to provide Compliance Training to their employees and **Downstream Entities** within 90 days of hire, assignment or appointment, and annually thereafter.
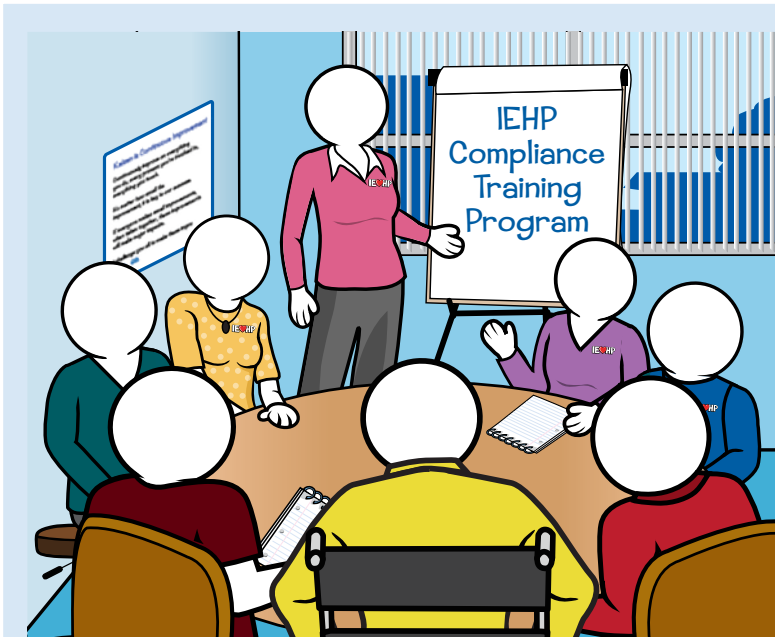
First Tier Entity is any party that enters into a written arrangement with IEHP to provide administrative services or health care services to an IEHP Member.

Downstream Entity is any party that enters into a written arrangement with persons or entities below the level of the arrangement between IEHP and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

All Team Members are responsible for ensuring they receive, understand, and attest to the New Hire and Annual Compliance Training.

The health care industry is heavily regulated by federal and state agencies responsible for ensuring health care organizations operate in compliance with contractual and regulatory obligations. IEHP is regulated by the Centers for Medicare & Medicaid Services (CMS), the Department of Health Care Services (DHCS), and the Department of Managed Health Care (DMHC).

The Centers for Medicare & Medicaid Services (CMS)

CMS is an agency within the U.S. Department of Health & Human Services responsible for administration of several key federal health care programs. CMS oversees Medicare (the federal health insurance program for seniors and persons with disabilities) and Medicaid (the federal needs-based program). IEHP maintains a contract with CMS to operate as a Medicare-Medicaid Plan (MMP).

The Department of Health Care Services (DHCS)

DHCS is one of thirteen departments within the California Health and Human Services Agency (CHHS) that provides a range of health care services, social services, mental health services, alcohol and drug treatment services, income assistance, and public health services to Californians. DHCS administers publicly financed health insurance and safety net programs and works to effectively use federal and state funds to operate the Medi-Cal program. DHCS ensures that high-quality, efficient health care services are delivered to more than 13 million Californians (or one in three Californians). IEHP maintains contracts with DHCS to operate Medi-Cal managed care services.

The Department of Managed Health Care (DMHC)

DMHC regulates health care service plans that deliver health, dental, vision, and behavioral health care benefits. DMHC protects the rights of approximately 20 million enrollees, educates consumers about their rights and responsibilities, ensures financial stability of the managed health care system, and assists Californians in navigating the changing health care landscape. DMHC reviews all aspects of the plan's operations to ensure compliance with California law. IEHP maintains two Knox-Keene Licenses with DMHC to operate in California.

3.7 Interacting with Regulatory Agencies

IEHP maintains open and frequent communications with regulatory agencies, such as CMS, DHCS, and DMHC. You may be contacted by a regulatory agency via inquiry, subpoena, or other legal document regarding IEHP's operations or Member care. If you are contacted by a regulatory agency through the course of your work, contact your Supervisor and the Compliance Officer right away. All of the IEHP Governing Board Members, Team Members, Business Associates, and Delegated Entities are

expected to respond to regulatory agencies in a truthful, accurate, and complete manner. Responses should be coordinated with leadership, compliance, or legal, as appropriate. If through the course of your work, you identify or suspect that a response provided to a regulatory agency has been misrepresented – either by dishonesty, omission, or misunderstanding – you must correct it and contact your Supervisor and the Compliance Officer right away.

3.8 Eligibility to Participate in Federal and State Health Programs

As a part of compliance program oversight, IEHP performs Participation Status Reviews. This involves a review of several federal and state databases which list individuals and entities that have been excluded, suspended, or opted out from participation, contract, or subcontract with federal or state health care programs. Lists reviewed include, but are not limited to: the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE); the U.S. General Services Administration (GSA) System for Award Management (SAM); Medicare Opt Out Lists; the CMS Preclusion List (as applicable); and the DHCS Medi-Cal Suspended and Ineligible List. Exclusion screening is conducted upon appointment, hire or commencement of a contract, as applicable, and monthly thereafter. This ensures the Governing Board Members, Team Members and/or Delegated Entities are not excluded/suspended or do not become excluded/suspended from participating in federal and state health care programs.

If IEHP learns that any prospective or current, Board Member, Team Member or Delegated Entity has been proposed for exclusion or excluded, IEHP will promptly remove the individual

or entity from IEHP's Programs consistent with applicable policies and/or contract terms. Payment may not be made for items or services furnished or prescribed by an excluded person or entity. Payments made by IEHP to excluded persons or entities after the effective date of their suspension, exclusion, debarment, or felony conviction, and/or for items or services furnished at the medical direction or on the prescription of a physician who is suspended, excluded, or otherwise ineligible to participate are subject to repayment/recoupment. The Compliance Department will review potential organizational obligations related to the reporting of identified excluded or suspended individuals or entities and/or refund obligations and consult with legal counsel, as necessary and appropriate, to resolve such matters.

As an IEHP Team Member, if you are ever excluded from participating in any federal or state program, it is your obligation to notify IEHP Human Resources and the Compliance Department immediately.

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3.9 Protecting IEHP's Assets and Information

The resources and information Team Members use and obtain during their employment at IEHP is to be used solely for the purpose of conducting IEHP business.

Confidential information includes, but is not limited to:

- IEHP's proprietary information about the company
- Proprietary information about IEHP's contracted entities
- Private information about our Providers
- Personal and/or private information about our Team Members

Confidential information may be in the form of:

- Documents and tapes
- Electronic information
- Lists and computer print-outs
- Studies and reports
- Drafts and charts
- Records and files

Such confidential information should never be disclosed to individuals outside of IEHP during employment or at <u>anytime</u> thereafter except as required by a Team Member's immediate Supervisor or as required by law. This would include telling an individual something confidential or saying something confidential where it can be overheard by those without a business need to know. **It also includes viewing confidential information that is unrelated to your job.**

The IEHP Rules of Conduct for Computer Systems and Mobile Devices

IEHP expects Team Members and business entities utilizing IEHP computer systems, networks, and mobile communication devices to use these systems in an ethical and professional manner.

The following are examples of actions which may subject a Team Member or business entity to disciplinary action, up to and including termination of employment or contract termination. This is not a complete list, and activities that are not covered in this list will be handled on a case-by-case basis:

- **Improper use of email systems including:**

  - Sending threatening, hateful, and offensive email messages
  - Excessive usage of business email accounts for personal use
  - Sending IEHP data to personal email accounts

- **Improper use of IEHP's internet access connections including:**

  - Online gambling
  - Excessive access to websites that are not work-related or that don't provide information beneficial to IEHP, its Members and/or Providers
  - Unsecure transmission of ePHI, PII and other sensitive information
  - Hosting unauthorized web-based services
  - Activities related to copyright infringement
  - Unauthorized usage of Cloud-based or Online Hosted Services
  - The use of internet-based email services, including, but not limited to, Hotmail, Gmail and Yahoo mail to transmit or receive PHI or other sensitive company information

- **Unauthorized/improper access or usage of IEHP computer systems including:**

  - Removal of IEHP data in any form
  - Disabling and/or bypassing computer security applications and security controls
  - Software installation
  - Removal of IEHP computer systems and/or components
  - Modification of IEHP computer systems
  - Access, removal and/or sharing of IEHP encryption technologies
  - Attempts to access computer systems, networks and/or unauthorized data
  - Sharing individually assigned network or application login credentials
  - Not reporting computer system anomalies, errors, malfunctions, and/or security incidents
  - Not reporting lost or stolen IEHP computer resources
  - Intentional distribution of inappropriate materials in electronic form

Social Media

IEHP understands that various forms of communication occur through social media, including, but not limited to, Facebook, Twitter, Instagram, Snapchat, LinkedIn, Blogs, and YouTube, and may occur in the form of social networking, blogging, and video/image sharing.

IEHP Team Members are prohibited from using IEHP computer and network resources to access social media sites that do not serve IEHP business needs or purposes. Accessing personal social media accounts should be done on personal time using a personally owned device.

Team Members may not post or transmit any material or information that includes confidential or proprietary information, information specific to internal operations, or information that would compromise the confidentiality of protected health information (PHI). Unacceptable use of social media may include (this is not a complete list):

- Posting of statements, pictures, or cartoons that could constitute any form of unlawful harassment, including sexual harassment, bullying, or abusive conduct of any kind
- Posting of pictures taken in IEHP work areas where confidential information or PHI may be visible
- Unauthorized representation of posting on behalf of IEHP or inappropriately "tagging" IEHP, its Team Members, or other business affiliates
- Posting of statements that are slanderous or detrimental to IEHP, fellow Team Members, or other business affiliates
- Posting of confidential or proprietary information of IEHP, vendors, or other business affiliates

Team Members who violate IEHP's Social Media policy or demonstrate poor judgment in how they use social media will be subject to disciplinary action, up to and including, termination.

Additional information on IEHP's Social Media policy is available in the *Team Member Handbook* located on DocuShare, via JIVE. Team Members may also be notified through email of any change (revisions and/or additions) to the Social Media Policy.

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Q. I need to do some work from home and was thinking about emailing a copy of a report that is generated by IEHP to my personal email account. If it doesn't contain PHI, can I send the report to myself?

A. No, transmitting IEHP proprietary information to a personal email account is not permissible. Team Members are encouraged to use their remote access connection to conduct any IEHP business remotely. If you don't have remote access, ask your Supervisor or Manager if remote access is an option for you.

Q. I've noticed that one of my co-workers spends more than just her break time utilizing the internet for personal use on her desktop computer. Is that a violation of the *Code of Conduct*?

A. Excessive activity on websites that are not work related or that do not provide information that is beneficial to IEHP, its Members or Providers could be considered a violation of the *Code of Conduct*. Please share the issue with your Supervisor, Manager or with Human Resources to handle appropriately.

Facilities

- All Team Members are responsible for providing their own badge access when entering IEHP facilities and are responsible for requesting a new company badge, if needed.

- All Team Members are responsible for checking out a temporary company badge when their badge is misplaced. All Team Members are also responsible for returning their temporary badge once a new, permanent badge has been issued.

- All Team Members must play a role in making our facility a safe place:
  - Ensure building doors successfully close completely after entering
  - Ensure no outside entity "piggy backs" on IEHP Team Members
  - Report any suspicious activity or individuals in the building, suites, or parking lots to:
    Atrium.Security@Securitasinc.com
  - Offer guidance and/or question the attendance of an individual who appears lost

For information about IEHP's policies and procedures, please visit the Facilities Page on JIVE.

Q. I think it would be rude to question someone without a badge who is trying to enter the facility. Why are Team Members responsible for this?

A. As IEHP Team Members, we are all responsible for safeguarding IEHP assets, information, and our facilities from abuse and inappropriate access. If someone is attempting to enter our building without proper authorization (i.e., an IEHP-issued badge or checking in with reception) we run the risk of allowing an unauthorized individual having access to private information or IEHP property. Please ensure that any individuals coming through a locked door behind you have a badge on. Do not allow anyone to enter through a locked door behind you without first verifying that he or she is wearing a badge.
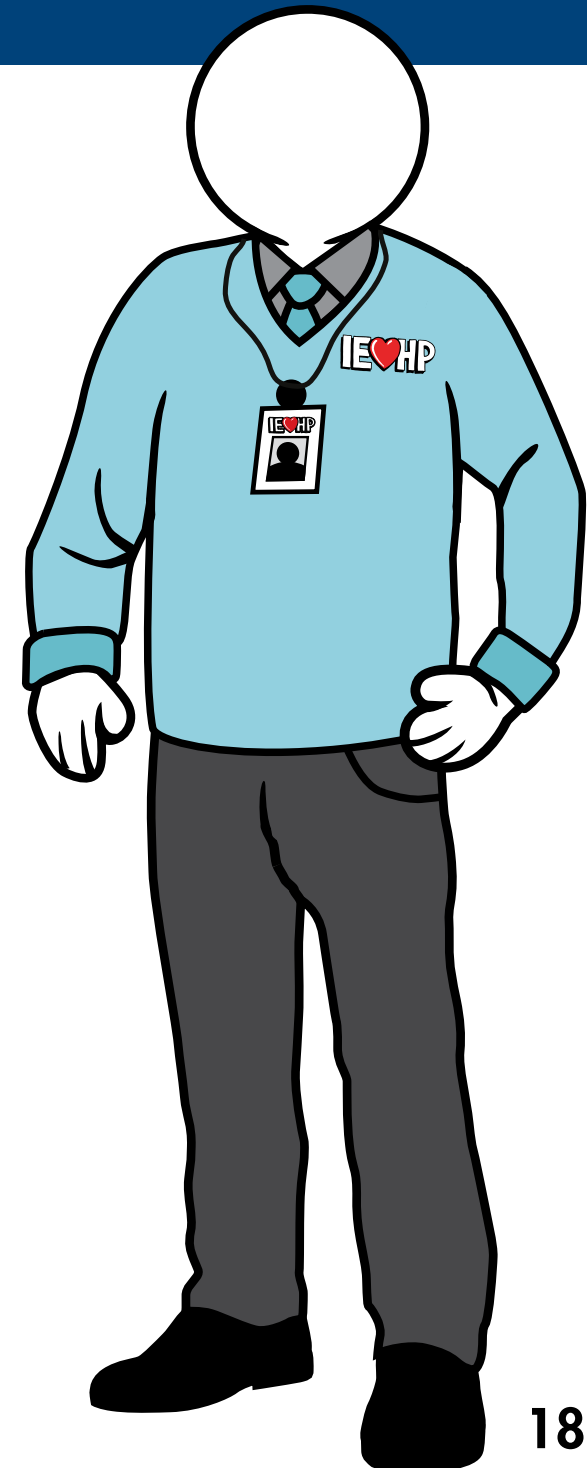
4.1 Know How to Speak Up

IEHP's *Code of Conduct* provides guidance on the behavior expected of all IEHP Governing Board Members, Team Members, Business Associates, and Delegated Entities. These individuals and entities are encouraged to discuss the *Code of Conduct* with their Manager, Director, or Chief Officer; with the Human Resources Department; with the Compliance Team or the IEHP Compliance Officer. These resources are available to you in assessing the situation and reaching a decision to report a compliance concern. All individuals and entities doing business with IEHP have a right and a responsibility to promptly report known and/or suspected violations of this Code.

Compliance concerns will be reviewed and investigated, where warranted, thoroughly, and as confidentially as the law allows. IEHP will conduct a fair, impartial and objective investigation into your concerns and will take appropriate action to correct any violations or issues of non-compliance that are identified. IEHP maintains a system to receive, record, respond to, and track compliance questions or reports from any source. Investigative findings that meet federal and/or state criteria for additional investigation are referred to the appropriate federal and/or state entity.

The following are reporting methods any individual can use to report compliance concerns – remember, reports can be made without fear of retaliation, anonymously, or you may reveal your identity – it is up to you. When reporting an issue, be prepared to provide as much detail as possible to allow proper investigation of the issue.

- **Call:** the **Compliance Hotline** toll free at **1-866-355-9038**, 24 hours/day, 365 days/year. If a Compliance Team Member is not available, a confidential voice mailbox will take your message and the Team will pick it up on the next business day.

- **Email: compliance@iehp.org**

- **Fax: (909) 477-8536**

- **Mail:** IEHP Compliance Officer
  P.O. Box 1800
  Rancho Cucamonga, CA 91729-1800

- **Visit:** the IEHP Compliance Officer or the Compliance Special Investigations Unit at IEHP.

- **Access JIVE:** IEHP Team Members can also report compliance issues on JIVE, IEHP's intranet. Click on **"Compliance Corner,"** then click on **"Report a Compliance Issue."** On this page you will find information and links on reporting potential compliance issues.

- **Go online:** visit IEHP's website at **www.iehp.org** search for links to "report forms."

COMPLIANCE

Doing what's right, together.

It's always right, to report a wrong

REPORT IT!

The *Team Member Handbook* is intended to provide you with some basic information about the policies and procedures of IEHP and about the benefits provided to you as a Team Member.

You are encouraged to read the entire manual to familiarize yourself with our policies and procedures. Should you need to reference these policies, refer to the *Team Member Handbook* located on DocuShare, via JIVE.

Team Member resources include:

Resource	Location	Description
The Compliance Corner	JIVE	Contains information related to the Compliance Programs, report forms and the latest Compliance news
Compliance 360	JIVE	Contains IEHP company policies and policy attachments
IEHP *Team Member Handbook*	DocuShare, via JIVE	Provides basic information about the policies of IEHP for Team Members
Compliance Program Information and Reporting Information	www.iehp.org	General information about IEHP's Compliance, Fraud, Waste, and Abuse, and Privacy Programs

THANK YOU!

Our mission and reputation at IEHP are entrusted to all of the IEHP Governing Board Members, Team Members, Business Associates, and Delegated Entities to foster, build, and continuously improve upon. We can look to our *Code of Conduct* to help promote our values and guide us in always doing the right thing.

Thank you for carefully reading the IEHP *Code of Business Conduct and Ethics*, referencing it often, and committing to following it in your daily work here at IEHP.

NOTES:

IE♥HP
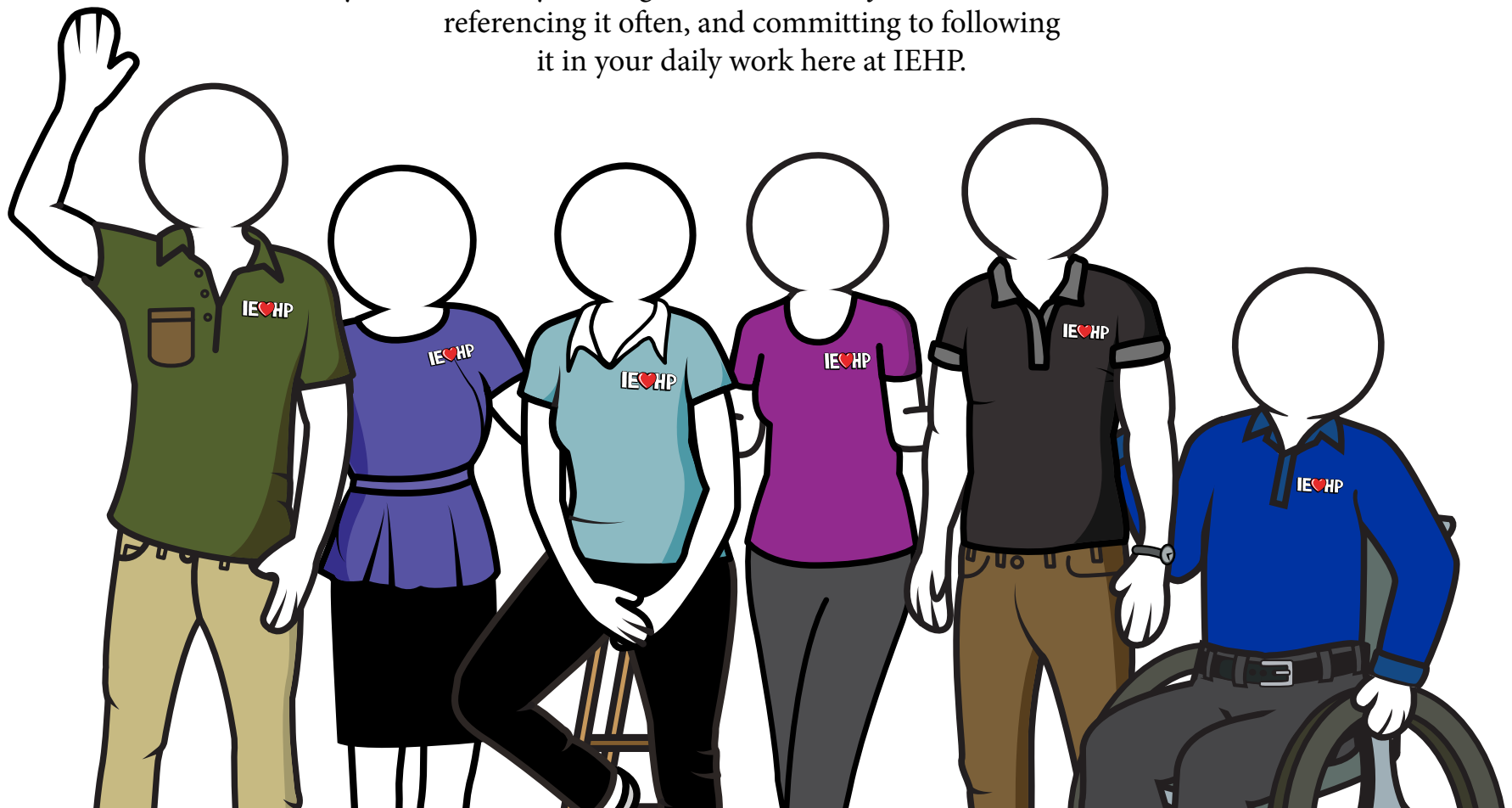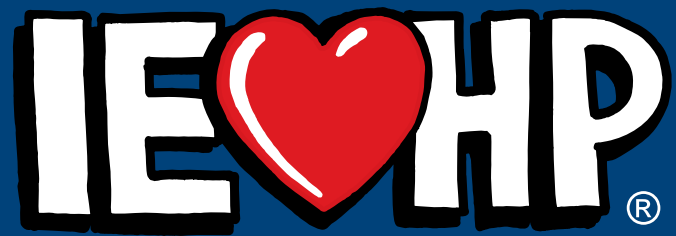
A Public Entity

Inland Empire Health Plan

SNF INITIAL REVIEW

All questions contained in this questionnaire are strictly **confidential** and will become part of the Member's medical record.

Name (Last, First, M.I.):	**DOB:**	**Reference #**	**ID #**

Facility:	**Attending:**

Admit Dx:	**Weight:**

Co-Morbidities:

Admit Level of Care: ☐ Subacute ☐ Level 4 ☐ Level 3 ☐ Level 2 ☐ Level 1 ☐ Custodial

Justification for Level:

DCP: ☐ LTC ☐ B&C ☐ Home ☐ Home with HH ☐ Home with CBAS ☐ Home with IHSS/hr/mo | #hrs/month:

Current Barriers to DCP:

Treatment Goals:

Family Training Goals:

Does Member Have an Advance Directive or Living Will? ☐ Yes ☐ No	**DPOA:**	**Phone Number:**

Does SNF Facility Provide Transportation? ☐ Yes ☐ No ☐ Other:

Indicate Transportation Needs: ☐ O$_2$ ☐ Cane ☐ Gurney ☐ Wheelchair

PATIENT SUPPORT/CAREGIVER

Name (Last, First, M.I.):	**Relationship:**

Address:	**Email:**

Party to Sign Contract:

Home Number:	**Cell Number:**	**Work Number:**

PERSONAL SAFETY & ACTIVITY LEVEL

Resident Care Needs (Check all conditions that apply):
Dietary Requirements/Restrictions

☐ Chemo	☐ Eloper/ Wanderer	☐ Ileostomy	☐ O$_2$	☐ Trache	Wounds	☐ Surgical	☐ Pressure
☐ Colostomy	☐ Foley Cath	☐ Isolation	☐ Smoker	☐ Other: _____		☐ Arterial	#: _____
☐ Coma	☐ G/J Tube	☐ NG Tube	☐ Radiation	☐ Suctioning/ Frequency:		☐ Venous	Stage(s): _____
☐ Dialysis/Days	☐ HHN	☐ NPO	☐ TPN			☐ Foot Wounds	

Personal Safety	Does Member have stairs at home?	☐ Yes	☐ No	How Many:	
	Does Member experience frequent falls?	☐ Yes	☐ No		
	Does Member have vision or hearing loss?	☐ Yes	☐ No	☐ Glasses	☐ Hearing Aids
	Indicate all appropriate assistive device(s) Member uses:	☐ Wheelchair	☐ Cane	☐ Walker	☐ Other
	• Ambulation x ft.	☐ Independent	☐ Max Assist	☐ Mod	☐ Min
	• Safety/Balance		☐ Good	☐ Fair	☐ Poor

Prior Level of Functioning:

Current Level of Functioning:

Discharge Plan:

MEDICATIONS (EXCLUDING PRN) PLEASE INCLUDE SEPARATE SHEET, IF NECESSARY.

Name the Drug(s):	Strength:	Frequency Taken:

Date of Review	Nurse Reviewer Printed Name	Nurse Reviewer Signature	Contact Phone Number

SNF FOLLOW-UP REVIEW

All questions contained in this questionnaire are strictly **confidential** and will become part of the Member's medical record.

Name (Last, First, M.I.):	**DOB:**	**Reference #**	**ID #**

Activity Level:		**Weight:**

DCP:	□ LTC	□ B&C	□ Home	□ Home with HH	□ Home with CBAS	□ Home with IHSS/hr/mo	#hrs/month:

Cognitive Status Alert/Oriented:	□ x1	□ x2	□ x3	□ x4	
Criteria Met for Continued Stay:	□ Yes	□ No	If yes, please describe deficit:		
Behavioral Change:	□ Yes	□ No	If yes, please describe:		
Dietary Change:	□ Yes	□ No	If yes, please describe:		
Medical Change:	□ Yes	□ No	If yes, please describe:		
Medication Change:	□ Yes	□ No	If yes, please describe:		
Skin Condition Change:	□ Yes	□ No	If yes, please describe:		
Any Falls Since Last Review:	□ Yes	□ No	If yes, please describe:		
Does SNF Facility Provide Transportation:	□ Yes	□ No	If no, please indicate needs: □ O₂ □ Cane □ Gurney □ Wheelchair		

CONTINUED CARE NEEDS

Resident Care Needs (Check all conditions that apply):

					Wounds		
□ Chemo	□ Eloper/ Wanderer	□ Ileostomy	□ O₂	□ Trache		□ Surgical	□ Pressure
□ Colostomy	□ Foley Cath	□ Isolation	□ Smoker	□ Other: _____		□ Arterial	#: _____
□ Coma	□ G/J Tube	□ NG Tube	□ Radiation	□ Suctioning/ Frequency:		□ Venous	Stage(s): _____
□ Dialysis	□ HHN	□ NPO	□ TPN			□ Foot Wounds	

Activity Level	Bed Mobility	□ Max	□ Mod	□ Min	□ Assist	□ Independent
	Supine to Sit	□ Max	□ Mod	□ Min	□ Assist	□ Independent
	Sit to Supine	□ Max	□ Mod	□ Min	□ Assist	□ Independent

Indicate all appropriate assistive device(s) Member uses: □ Wheelchair □ Cane □ Walker □ Other

• Gait Distance	x _____	ft.			
• Wheelchair Mobility	x _____	ft.	□ Min	□ Mod	□ Max Assist □ Independent
• Safety/Balance	□ Good	□ Fair	□ Poor		
• Endurance	□ Good	□ Fair	□ Poor		
• Dressing Upper Body	□ Min	□ Mod	□ Max Assist	□ Independent	
• Dressing Lower Body	□ Min	□ Mod	□ Max Assist	□ Independent	
• Toileting	□ Min	□ Mod	□ Max Assist	□ Independent	
• Bathing	□ Min	□ Mod	□ Max Assist	□ Independent	
• Personal Hygiene	□ Min	□ Mod	□ Max Assist	□ Independent	

Treatment Goals Set:

Treatment Goals Met:

Comments/Other (e.g. Specialty Consultation):

Updates to Discharge Plan:

_____ _____ _____ _____
Date of Review   Nurse Reviewer Printed Name   Nurse Reviewer Signature   Contact Phone Number

□ Clinical Notes Attached

Wound Assessment - Admission

Member Name:	ID:	Date:	Facility:

1. Admitting Diagnoses:		**6. Wound #1**		
□		**Type:** □ Surgical □ Arterial □ Venous		
□		□ Pressure □ Foot wound □ Trauma		
□		□		
2. Comorbidities		**Location:**		
□ History of Pressure Ulcers		□ Over bony prominences		
□ History of Amputation		□ Under a Medical device (e.g. 02 mask, tubing)		
□ History of Vascular Disease		□ Site of previously healed ulcer?		
□ Diabetes Alc result: Date:		**Dimensions:**_____ Granulation_____% Eschar_____% Necrosis_____%		
□ HTN		Slough_____% Undermining_____% Tunneling_____%		
□ Renal failure □ On Dialysis		Stage: 1 2 3 4		
□ Paralysis		Pain: 1 2 3 4 5 6 7 8 9 10		
		Wound Culture:		
		Source:		
3. Functional Status		Date Collected:		
□ Bed Bound □ Chair Bound		***Attach Report**		
□ Ambulatory		**Imaging**		
□ Structure Risk Assessment used to identify patient at risk for pressure ulcers? □Yes □No		Area:		
4. Nutrition/Hydration Status		□ Xray	□ U/S	□ CT	□ MRI
Oral Intake □ Good □ Fair □ Poor					
TPN Intake □ Yes □ No		***Attach Report**			
Enteral Intake □ Yes □ No		**Antibiotic treatment**			
If intake is fair-poor has a nutrition/education referral been made? □ Yes □ No If so when?		□ **Current**			
Labs: □ Albumin □ Pre-Albumin □ Hgb		□ **Past** (med and dates given, PO vs. IV)			
Date: Results:		**7. Patient Factors**			
Nutritional supplement used:					
5. Physical Supports		Smoker? □ Yes □ No If yes, were tobacco cessation services offered? □ Yes □ No			
Special mattress used? □ Yes □ No		Substance abuse? □ Yes □ No If yes, was rehab offered? □ Yes □ No			
Incontinence pad needed? □ Yes □ No		□ Member, caregiver educated about pressure ulcer prevention and management? □ Yes □ No			
Offloading devices used? □ Yes □ No					
Chair pressure reduction cushion used? □ Yes □ No					
Support surfaces/devices needed:					

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Wound Assessment – Follow up

Member Name:	ID:	Date:	Facility:

1. Functional Status	**Location:**
□ Bedbound □ Chairbound	□ Over bony prominences
□ Ambulatory	□ Under a medical device (e.g. 02 mask, tubing)
Structural risk assessment used to identify patients at risk for pressure ulcers? □ Yes □ No	□ Site of previously healed ulcer?
2. Nutrition/Hydration Status	**Dimensions:** _____ Granulation_____% Eschar_____% Necrosis_____%
Oral Intake □ Good □ Fair □ Poor	Slough_____% Undermining_____% Tunneling_____%
TPN Intake □ Yes □ No	Stage: 1 2 3 4 Improved? □ Yes □ No
Enteral Intake □ Yes □ No	If no, plan changes? □ Yes □ No
If intake is fair-poor has a nutrition/education referral been made? □ Yes □ No If so when?	□ Antibiotic started or changed
Labs: □ Albumin □ Pre-Albumin □ Hgb	□ Referred to wound care
Date: Results:	□ Referred to infectious disease
Nutritional supplement used:	□ Referred to vascular surgery
3. Wound #1 Follow up	□ Other (list)
Type: □ Surgical □ Arterial □ Venous	□ Attach follow up culture or imaging
□ Foot Wound □ Pressure □ Trauma	Pain: 1 2 3 4 5 6 7 8 9 10 Improved? □ Yes □ No Plan:
□	**5. Wound #3 Follow up**
Location:	**Type:** □ Surgical □ Arterial □ Venous
□ Over bony prominences	□ Foot Wound □ Pressure □ Trauma
□ Under a medical device (e.g. 02 mask, tubing)	□
□ Site of previously healed ulcer?	**Location:**
Dimensions:_____ Granulation_____% Eschar_____% Necrosis_____%	□ Over bony prominences
Slough_____% Undermining_____% Tunneling_____%	□ Under a medical device (e.g. 02 mask, tubing)
Stage: 1 2 3 4 Improved? □ Yes □ No	□ Site of previously healed ulcer?
If no, plan changes? □ Yes □ No	**Dimensions:** _____
□ Antibiotic started or changed	Granulation_____% Eschar_____% Necrosis_____%
□ Referred to wound care	Slough_____% Undermining_____% Tunneling_____%
□ Referred to infectious disease	Stage: 1 2 3 4 Improved? □ Yes □ No
□ Referred to vascular surgery	If no, plan changes? □ Yes □ No
□ Other (list)	□ Antibiotic started or changed
□ Attach follow up culture or imaging	□ Referred to wound care
Pain: 1 2 3 4 5 6 7 8 9 10 Improved? □ Yes □ No Plan:	□ Referred to infectious disease
4. Wound #2 Follow up	□ Referred to vascular surgery
Type: □ Surgical □ Arterial □ Venous	□ Other (list)
□ Foot Wound □ Pressure □ Trauma	□ Attach follow up culture or imaging
□	Pain: 1 2 3 4 5 6 7 8 9 10 Improved? □ Yes □ No Plan:

Wound Assessment Addendum (6 or more wounds)

Member Name:	ID:	Date:	Facility:

1. Wound #_____Follow up	3. Wound #_____ Follow up
Type: □ Surgical □ Arterial □ Venous	**Type:** □ Surgical □ Arterial □ Venous
□ Foot Wound □ Pressure □ Trauma	□ Foot Wound □ Pressure □ Trauma
Location:	**Location:**
□ Over bony prominences	□ Over bony prominences
□ Under a medical device (e.g. 02 mask, tubing)	□ Under a medical device (e.g. 02 mask, tubing)
□ Site of previously healed ulcer?	□ Site of previously healed ulcer?
Dimensions: _____ Granulation_____% Eschar_____% Necrosis_____% Slough_____**% Undermining_____% Tunneling_____%**	**Dimensions:** _____ Granulation_____% Eschar_____% Necrosis_____% Slough_____**% Undermining_____% Tunneling_____%**
Stage: 1 2 3 4 Improved? □ Yes □ No	Stage: 1 2 3 4 Improved? □ Yes □ No
If no, plan changes? □ Yes □ No	If no, plan changes? □ Yes □ No
□ Antibiotic started or changed	□ Antibiotic started or changed
□ Referred to wound care	□ Referred to wound care
□ Referred to infectious disease	□ Referred to infectious disease
□ Referred to vascular surgery	□ Referred to vascular surgery
□ Other (list)	□ Other (list)
□ Attach follow up culture or imaging	□ Attach follow up culture or imaging
Pain: 1 2 3 4 5 6 7 8 9 10 Improved? □ Yes □ No Plan:	Pain: 1 2 3 4 5 6 7 8 9 10 Improved? □ Yes □ No Plan:
2. Wound #____ Follow up	4. Wound #____ Follow up
Type: □ Surgical □ Arterial □ Venous	**Type:** □ Surgical □ Arterial □ Venous
□ Foot Wound □ Pressure □ Trauma	□ Foot Wound □ Pressure □ Trauma
□	□
Location:	**Location:**
□ Over bony prominences	□ Over bony prominences
□ Under a medical device (e.g. 02 mask, tubing)	□ Under a medical device (e.g. 02 mask, tubing)
□ Site of previously healed ulcer?	□ Site of previously healed ulcer?
Dimensions: _____ Granulation_____% Eschar_____% Necrosis_____% Slough_____% Undermining_____% Tunneling_____%	**Dimensions:** _____ Granulation_____% Eschar_____% Necrosis_____% Slough_____% Undermining_____% Tunneling_____%
Stage: 1 2 3 4 Improved? □ Yes □ No	Stage: 1 2 3 4 Improved? □ Yes □ No
If no, plan changes? □ Yes □ No	If no, plan changes? □ Yes □ No
□ Antibiotic started or changed	□ Antibiotic started or changed
□ Referred to wound care	□ Referred to wound care
□ Referred to infectious disease	□ Referred to infectious disease
□ Referred to vascular surgery	□ Referred to vascular surgery
□ Other (list)	□ Other (list)
□ Attach follow up culture or imaging	□ Attach follow up culture or imaging
Pain: 1 2 3 4 5 6 7 8 9 10 Improved? □ Yes □ No Plan:	Pain: 1 2 3 4 5 6 7 8 9 10 Improved? □ Yes □ No Plan:

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

This form is being completed in response to:

☐ Fax ☐ Receipt via Mail ☐ IEHP's website ☐ New Contract with IEHP

Directions: Complete all information and attach a voided check or an image of the voided check to this form. You have the option of: (1) mailing the completed form to: Accounts Payable, PO BOX 1800, Rancho Cucamonga, CA 91729-1800, (2) faxing it to (909) 890-5752 or (3) e-mail it to

vendormaintenance@iehp.org

Application and Authorization for Vendor Direct Deposits

REASON FOR SUBMISSION

☐ New Setup ☐ Cancellation ☐ Change Financial Institution ☐ Change Account Number

PAYEE IDENTIFICATION (*all fields required*)

Provider/Vendor Name	
Provider/Vendor TIN (*Tax Identification Number*)	
Provider E-mail	
Provider Contact Phone Number	
Provider Street Address	
Provider City	
Provider State	
Provider Zip Code	
Provider NPI	


```
John Smith                                          63-88        0555
123 Your Street                                     670
Anywhere, USA 12345
                                                    _____  20 ____
PAY TO THE
ORDER OF _____        $ [        ]
                                                          DOLLARS
YOUR            000-001
BANK            123 Main Street
                Anywhere, USA 12345           SAMPLE (NON-NEGOTIABLE)
FOR _____
     ⑆:063004711⑆:1234567890
```

ABA Number   Account Number

FINANCIAL INFORMATION
(*all fields required*)

Financial Institution (Depository) Name	
Transmit/ABA Number (*9 digits*)	
Account Number	
Financial Institution Street Address	
Financial Institution City	
Financial State	
Financial Zip Code	
Requested EFT Start/ Change/ Cancel Date	

Printed Name of Person Submitting Enrollment	
Signature of Person Submitting Enrollment	
Printed Title of Person Submitting Enrollment	
Submission Date	

We authorize Inland Empire Health Plan to initiate credit entries to the account indicated above and the financial institution named above hereinafter called Depository, to credit the same to such account. It is our responsibility to notify IEHP Provider Services at (909) 890-2054 within a reasonable time if we become aware of any changes in status or banking information. It is our responsibility to notify Provider Services within a reasonable time if we believe there is a discrepancy between the amount deposited directly to our bank account and the amount of the invoices/claims paid. This authority is to remain in full force and effect until IEHP has received written notification from us of its termination in such time and in such manner as to afford IEHP and Depository a reasonable opportunity to act on it.

Instructions for completing the *EFT Enrollment form*

Please type or print legibly.
Use only black ink or blue ink to complete paper form.
Online form can be accessed at www.iehp.org

For questions about the electronic funds transfer enrollment process, send an email to Vendor Maintenance at vendormaintenance@iehp.org

Reason for Submission
New Setup – New EFT enrollment
Cancellation – Cancel current enrollment
Change Financial Institution – Change Bank Information
Change Account Number – Account number change only

Payee Identification - **Please fill out completely**
Provider/Vendor Name – Complete legal name of institution, corporate entity, practice, individual name or DBA, if applicable
Provider Federal Tax Identification Number (TIN) – A TIN is used to identify business entity
Provider Email Address – An electronic mail address at which the health plan might contact the provider
Provider Contact Telephone Number – Telephone number of provider contact with extension, if applicable
Provider Physical Street Address – The number and street where a person or organization can be found
City – City associated with provider address field
State – ISO 3166-2 two character code associated with the state
Zip Code/Postal Code – System of postal-zone codes
Provider National Provider Identifier (NPI) - A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The HPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Financial Information
Financial Institution Name – The official name of the provider's financial institution
Transmit/ABA Number – A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited
Account Number – Provider's account number at the financial institution to which EFT payments are to be deposited
Financial Institution Physical Street Address - The number and street associated with receiving depository financial institution name field
City – City associated with provider address field
State – ISO 3166-2 two character code associated with the state
Zip Code/Postal Code – System of postal-zone codes
Requested EFT Start/Change/Cancel Date – Date the provider wishes to begin receiving EFTs, change data, or cancel the EFT process

Include with Enrollment Submission
Voided Check – Avoided check is attached to provide confirmation of the Identification/Account Numbers
Bank Letter – A letter on bank letterhead that formally certifies the account owners routing and account numbers

Authorized Signature
Printed Name of Person Submitting Enrollment – The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
Signature of Person Submitting Enrollment – A (electronic or cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
Printed Title of Person Submitting Enrollment – The printed title of the person signing the form; may be used with electronic or paper-based manual enrollment
Submission Date – The date on which the enrollment form is submitted

IEHP Vendor Direct Deposit

Frequently Asked Questions (FAQs)

- What is a direct deposit payment?

  - Direct deposit is a method of payment where your funds are deposited directly into your bank account. No paper check is issued.

- How do I sign up for direct deposit payments?

  - You will need to complete the IEHP Application and Authorization for Vendor Direct Deposit Payments form. If the forms are completed correctly, IEHP will set up your record within two business days. IEHP will then request verification of the bank account information from your financial institution. This verification takes approximately two weeks. When the verification has been completed, you can then be paid by direct deposit.

- Do I need any special software to receive direct deposit payments?

  - No. All you need is a valid account at any United State bank or credit union that participates in direct deposit.

- What format is used to transmit the direct deposit payment?

  - IEHP currently makes direct deposit payments using the CCD (Cash Concentration or Disbursement) format.

- How will I know that I have received a direct deposit payment?

  - You will receive a direct deposit notification, either by e-mail or US mail, detailing the payor, all invoice/claims numbers, the dollars amounts in each day's deposit, and the date of the deposit. Notification is mailed two days before the deposit is made.

- Will my bank notify me that I have received a direct deposit payment?

  - Each bank has its own internal procedures. Please contact your bank to find out its process.

- How soon will the direct deposit be in my account?

  - The funds become available three business days or sooner, depending on your banking institution, after the payment has been processed by IEHP.

IEHP Vendor Direct Deposit

- Is my bank account information secure?

  - Yes. IEHP has only a few designated staff that has access to update and read vendor bank account information.

- How do I notify IEHP of changes to my bank account?

  - To update your account, call Provider Relations Team at (909) 890-2054. Please provide a week's notice before you close an account and provide us with a replacement account.

- Can I get my claims remittance advice electronically?

  - Due to HIPAA regulations, we are not offering this service at this time.

- Can I get my claims remittance advice faxed to me?

  - We do not offer that service at this time. We will consider adding it if enough vendors request it.

- Who do I contact if I have additional questions?

  - You can contact the Provider Relations Team at (909) 890-2054.