
Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). The call is toll free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other auxiliary formats, such as braille, 18-point font large print and audio. Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). The call is toll free.

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). The call is toll free.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

ENGLISH

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-440-4347 (TTY: 1-800-718-4347).

العربية (ARABIC)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-440-4347 (رقم هاتف الصم والبكم: 1-800-718-4347).

Հայերեն (ARMENIAN)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-440-4347 (TTY (հեռատիպ)՝ 1-800-718-4347):

繁體中文 (CHINESE)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-440-4347 (TTY：1-800-718-4347)。

فارسی (FARSI)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-440-4347 (TTY: 1-800-718-4347) تماس بگیرید.

हिंदी (HINDI)

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-440-4347 (TTY: 1-800-718-4347) पर कॉल करें।



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Hmoob (HMONG)

LUS CEEV: Yog tias koj hais lus Hmoob, muaj kev pab txhais lus hmoob pub dawb rau koj. Hu rau 1-800-440-4347 (TTY: 1-800-718-4347)

日本語 (JAPANESE)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-440-4347 (TTY:1-800-718-4347) まで、お電話にてご連絡ください。

ខ្មែរ (KHMER)

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ ទូរស័ព្ទទៅលេខ 1-800-440-4347 (TTY: 1-800-718-4347)។

한국어 (KOREAN)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-440-4347 (TTY: 1-800-718-4347) 번으로 전화해 주십시오.

ພາສາລາວ (LAO)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຮ 1-800-440-4347 (TTY: 1-800-718-4347).



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

ਪੰਜਾਬੀ (PUNJABI)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 1-800-440-4347 (TTY: 1-800-718-4347) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский (RUSSIAN)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-440-4347 (елетайп: 1-800-718-4347).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-440-4347 (TTY: 1-800-718-4347).

TAGALOG (TAGALOG – FILIPINO)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-440-4347 (TTY: 1-800-718-4347).

ภาษาไทย (THAI)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-440-4347 (TTY: 1-800-718-4347).

Tiếng Việt (VIETNAMESE)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-440-4347 (TTY: 1-800-718-4347).



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Notice of non-discrimination

Discrimination is against the law. IEHP follows state and federal civil rights laws. IEHP does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

IEHP provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats and other formats)

- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). We are open Monday through Friday from 8am to 5pm.

If you believe that IEHP has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with IEHP's Civil Rights Coordinator. You can file a grievance in person, in writing, by phone or by email:

Civil Rights Coordinator
Inland Empire Health Plan
10801 Sixth Street
Rancho Cucamonga, CA 91730
Phone: 1-800-440-IEHP (4347) (TTY 1-800-718-4347)
Fax: 1-909-890-5748
Email: CivilRights@iehp.org

If you need help filing a grievance, IEHP Member Services can help you.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
1-916-440-7370 (TTY 711 California State Relay)
Email: CivilRights@dhcs.ca.gov

You can get complaint forms at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

If you believe you have been discriminated against on the bases of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights in writing, by phone or online:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY 1-800-537-7697)
Complaint Portal: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

You can get complaint forms at <http://www.hhs.gov/ocr/office/file/index.html>.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Welcome to IEHP!

Thank you for joining IEHP. IEHP is a health plan for people who have Medi-Cal. IEHP works with the State of California to help you get the health care you need. IEHP contracts with Doctors, Hospitals, Pharmacies and many more providers to give you the care you need.

Member Handbook

This Member Handbook tells you about your coverage under IEHP. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of IEHP. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of IEHP rules and policies and based on the contract between IEHP and Department of Health Care Services (DHCS). If you would like to learn exact terms and conditions of coverage, you may request a copy of the complete contract from IEHP Member Services.

Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347) to ask for a copy of the contract between IEHP and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the IEHP website at www.iehp.org to view the Member Handbook. You may also request, at no cost, a copy of the IEHP non-proprietary clinical and administrative policies and procedures, or how to access this information on the IEHP website at www.iehp.org.

Contact us

IEHP is here to help. If you have questions, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free.

You can also visit online at any time at www.iehp.org.

Thank you,
Inland Empire Health Plan (IEHP)
10801 Sixth Street
Rancho Cucamonga, CA 91730

Mailing Address:
P.O. Box 1800
Rancho Cucamonga, CA 91729



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

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1. Getting started as a member

How to get help

IEHP wants you to be happy with your health care. If you have any questions or concerns about your care, IEHP wants to hear from you!

Member services

IEHP Member Services is here to help you. IEHP can:

- Answer questions about your health plan and covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Offer interpreter services if you do not speak English
- Offer information in other languages and formats

If you need help, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. If you reach IEHP Member Services after hours, you will be able to leave a secure voice message. Calls will be returned the next working day.

You can also visit online at any time at www.iehp.org.

Who can become a member

You qualify for IEHP because you qualify for Medi-Cal and live in Riverside or San Bernardino counties (see Chapter 2 for excluded zip codes). You may also qualify for Medi-Cal through Social Security.

Social Security Administration

1-800-772-1213, Monday through Friday, 7am to 7pm

TTY: 1-800-325-0778

Web: <https://www.ssa.gov/benefits/ssi/>



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit www.healthcareoptions.dhcs.ca.gov.

Transitional Medi-Cal


Transitional Medi-Cal is also called “Medi-Cal for working people.” You may be able to get transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money.
- Your family started receiving more child or spousal support.

You can ask questions about qualifying for Medi-Cal at your local county health and human services office. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

Identification (ID) cards

As a member of IEHP, you will get an IEHP Member ID Card. You must show your IEHP Member ID Card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should always carry all health cards with you at all times. Here is a sample IEHP Member ID card to show you what yours will look like:

		Printed:
Name/Nombre:		
ID#:		
Doctor:	<PCP Effective Date>	
Doctor Phone:	<IEHP PCP ID>	
Medical Group:		
Hospital:		
Plan Website: www.iehp.org		
Copays:	Rx: \$	MD: \$
	ER: \$	HOSP: \$
		RxBin:
		RxPCN:
<p>In case of an Emergency, call “911” or go to the nearest Hospital Emergency Room (ER).</p> <p>Member Services: 1-800-440-IEHP (4347) or TTY 1-800-718-4347, 8am-5pm PST, Monday-Friday.</p> <p>24-Hour Nurse Advice Line: 1-888-244-IEHP (4347) or TTY 1-866-577-8355.</p> <hr/> <p>En caso de emergencia, llame al “911” o acuda a la Sala de Emergencias más cercana.</p> <p>Servicios para Miembro: 1-800-440-IEHP (4347) o TTY 1-800-718-4347, 8am-5pm PST, lunes-viernes.</p> <p>Línea de Consejos de Enfermería las 24 Horas: 1-888-244-IEHP (4347) or TTY 1-866-577-8355.</p>		

You will get your IEHP Member ID card in the mail. Please look at your new IEHP Member ID card closely. Check out all the ways to get care when you need it. Your IEHP Member ID card has the name and phone number of the Doctor you chose or was assigned to you. The back of your IEHP Member ID card has the phone number for the 24-Hour Nurse Advice Line so you can get advice after hours.

If you do not get your IEHP Member ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call IEHP Member Services right away. IEHP will send you a new card for free. Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Ways to get involved as a member

IEHP wants to hear from you. Each quarter, IEHP has meetings to talk about what is working well and how IEHP can improve. Members are invited to attend. Come to a meeting!

Public Policy Participation Committee (PPPC) and Person with Disabilities Workgroup (PDW)

IEHP has two groups called the Public Policy Participation Committee (PPPC), and the Person with Disabilities Workgroup (PDW). These groups are made up of IEHP Members. Joining these groups is voluntary. The groups talk about ways to improve IEHP policies, and they give feedback on:

- IEHP's Cultural and Linguistic (C&L) services program,
- Learning materials for Members,
- Member Services, and
- Other items our Members find of value.

If you would like to join one of these groups, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

Monthly Governing Board Meetings

IEHP is a public entity, not-for-profit, health plan. Our monthly meetings with the Governing Board are open to the public. Go to www.iehp.org for Governing Board monthly meeting dates and locations.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

2. About your health plan

Health plan overview

IEHP is a health plan for people who have Medi-Cal in these service areas: Riverside and San Bernardino counties. IEHP works with the State of California to help you get the health care you need.

IEHP covers most zip codes in Riverside and San Bernardino counties except:

Excluded Zip Codes in Riverside County:

92225 Blythe	92226 Blythe	92239 Desert Center
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Excluded Zip Codes in San Bernardino County:

92242 Earp	92332 Essex	93558 Red Mountain
92267 Parker Dam	92363 Needles	93562 Trona
92280 Vidal	92364 Nipton	93592 Trona
92323 Cima	92366 Mountain Pass	

You may talk with one of the IEHP Member Services representatives to learn more about the health plan and how to make it work for you. Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347) or go to www.iehp.org.

When your coverage starts and ends

When you enroll in IEHP, you should receive an IEHP Member ID card within two weeks of enrollment. Please show this card every time you go for any service under the IEHP.

You can start getting health care when you become a Member of IEHP. To become an IEHP Member, your Medi-Cal Choice Form must first be processed by Health Care Options (HCO). HCO contracts with the Department of Health Care Services (DHCS) to enroll and disenroll Members into a health plan. It can take 15 to 45 days from the time your completed form is received by HCO before you are enrolled with IEHP.

You may ask to end your IEHP coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit www.healthcareoptions.dhcs.ca.gov. You can also ask to end your Medi-Cal.

Sometimes IEHP can no longer serve you. IEHP must end your coverage if:



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

- You move out of the county or are in prison
- You no longer have Medi-Cal
- You qualify for certain waiver programs
- You need a major organ transplant (excluding kidneys and corneal transplants)

Indian Health Services

If you are an American Indian, you have the right to get health care services at Indian health service facilities. You may also stay with or disenroll from IEHP while getting health care services from these locations. American Indians have a right to not enroll in a Medi-Cal managed care plan or may leave their health plans and return to regular (fee-for-service) Medi-Cal at any time and for any reason.

To find out more, please call Indian Health Services at 1-916-930-3927 or visit the Indian Health Services website at www.ihs.gov.

How your plan works

IEHP is a health plan contracted with DHCS. IEHP is a managed care health plan. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. IEHP works with doctors, hospitals, pharmacies and other health care providers in the IEHP service area to give health care to you, the member.

IEHP Member Services will tell you how IEHP works, how to get the care you need, how to schedule provider appointments, and how to find out if you qualify for transportation services.

Anytime you have a question, need information, have a complaint or concern, or want to change your Doctor, call us at 1-800-440-IEHP (4347), Monday through Friday from 8am to 5pm. If you reach IEHP Member Services after hours, you will be able to leave a voice message. Calls will be returned within one working day. IEHP Member Services speaks English and Spanish. If you speak other languages, IEHP Member Services can help you by using phone interpreter service. More than 140 other languages are available through phone interpreter service. You have the right to request an interpreter when talking about medical information. If you go to an IEHP Doctor's office and no one speaks your language, ask your Doctor to call IEHP to be connected to an interpreter through phone interpreter service. If you speak another language and need medical advice at other times, you can call IEHP Nurse Advice Line 24 hours a day, seven days a week. If you need an interpreter (foreign language or sign language) to be at the Doctor's office for your next routine visit, you must call IEHP at least 5 working days before a scheduled appointment. To learn more, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). You can also find member service information online at www.iehp.org.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Changing health plans

You may leave IEHP and join another health plan at any time. Call Health Care Options (HCO) at 1-800-430-4263 (TTY 1-800-430-7077) to choose a new plan. You can call between 8:00 a.m. and 6:00 p.m. Monday through Friday. Or visit www.healthcareoptions.dhcs.ca.gov.

It takes 15-45 days from receipt of your disenrollment form for HCO to process your request to leave IEHP. To find out when Health Care Options has approved your request, call 1-800-430-4263 (TTY 1-800-430-7077).

If you want to leave IEHP sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled.

Beneficiaries that can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance programs; members with special health care needs, including, but not limited to major organ transplants; and members already enrolled in another Medi-Cal, Medicare or commercial managed care plan.

You may ask to leave IEHP in person at your local county health and human services office. Find your local office at www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx. Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

College students who move to a new county

If you move to a new county in California to attend college, IEHP will cover emergency services in your new county. Emergency services are available to all Medi-Cal enrollees statewide regardless of county of residence.

If you are enrolled in Medi-Cal and will attend college in a different county, you do not need to apply for Medi-Cal in that county. There is no need for a new Medi-Cal application as long as you are still under 21 years of age, are only temporarily out of the home and are still claimed as a tax dependent in the household.

When you temporarily move away from home to attend college there are two options available to you. You may:

- Notify your local county social services office that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code in the State's database. If IEHP does not operate in the new county, you will have to change your health plan to the available options in the new county. For questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

OR

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room services in the new county. For routine or preventive health care, you would need to use the IEHP regular network of providers located in the head of the household's county of residence.

Continuity of care

If you now go to providers who are not in the IEHP network (out-of-network), in certain cases you may get continuity of care and be able to go to them for up to 12 months. If your providers do not join the IEHP network by the end of 12 months, you will need to switch to providers in the IEHP network. If you are a new Member, you may request to keep getting medical services from an out of network provider if you were getting this care before enrolling in IEHP. IEHP will decide if this treatment with an out of network provider is medically appropriate. Continuity of care does not extend to durable medical equipment, transportation, ancillary services, carved out services or services not covered by Medi-Cal.

Providers who leave IEHP

If your provider stops working with IEHP, you may be able to keep getting services from that provider. This is another form of continuity of care. IEHP provides continuity of care services for:

- An acute condition — for as long as the condition lasts.
- A serious chronic condition — for an amount of time required to finish a course of treatment and to arrange for a safe transfer to a new doctor in IEHP network. This is determined by IEHP, in working with you and the terminated provider, and consistent with good professional practice.
- A pregnancy — during the pregnancy and the immediate postpartum period.
- A terminal illness — for as long as the illness lasts. Completion of covered services may exceed twelve (12) months from the time the provider stops working with IEHP.
- The care of a newborn child between birth and age thirty-six (36) months
- A surgery or other procedure that IEHP approved as part of a documented course of treatment recommended by the Provider to take place within 180 days of the provider's contract termination date.

IEHP provides continuity of care services if you have one of the conditions listed above and you began treatment prior to the provider leaving IEHP.

IEHP does **not** provide continuity of care services if the provider was terminated due to a medical disciplinary cause or reason, fraud, or other criminal activity. The terminated provider must agree in writing to provide services to you according to the terms and conditions, including



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reimbursement rates, of his or her contract with IEHP prior to termination. If the provider does not agree with these contractual terms and conditions and reimbursement rates, IEHP is not required to continue the provider's services beyond the contract termination date.

To learn more about continuity of care and eligibility qualifications, call IEHP Member Services at 1-800-440-IEHP (4347).

Costs

Member costs

IEHP serves people who qualify for Medi-Cal. IEHP members do **not** have to pay for covered services. You will not have premiums or deductibles. For a list of covered services, go to "Benefits and services."

For members with a share of cost

You may have to pay a share of cost each month. The amount of your share of cost depends on your income and resources. Each month you will pay your own medical bills until the amount that you have paid equals your share of cost. After that, your care will be covered by IEHP for that month. You will not be covered by IEHP until you have paid your entire share of cost for the month. After you meet your share of cost for the month, you can go to any IEHP doctor. If you are a member with a share of cost, you do not need to choose a PCP.

How a provider gets paid

IEHP pays providers in these ways:

- Capitation payments
 - IEHP pays some providers a set amount of money every month for each IEHP member. This is called a capitation payment. IEHP and providers work together to decide on the payment amount.
- Fee-for-service payments
 - Some providers give care to IEHP members and then send IEHP a bill for the services they provided. This is called a fee-for-service payment. IEHP and providers work together to decide how much each service costs.
- IEHP pharmacies are paid each time they fill a prescription for an IEHP member.

To learn more about how IEHP pays providers, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

IEHP offers a Global Quality Pay for Performance (GQP4P) Program for Medi-Cal Independent Practice Associations (IPAs) and PCPs. The GQP4P program offers financial rewards to IPAs



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and PCPs for reaching goals to improve quality of care and service. To be eligible for incentive payments, PCPs must meet specific Member assignment criteria. PCPs who meet these requirements are automatically enrolled in the program.

Asking IEHP to pay a bill

If you get a bill for a covered service, call IEHP Member Services right away at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

If you pay for a service that you think IEHP should cover, you can file a claim. Use a claim form and tell IEHP in writing why you had to pay. Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347) to ask for a claim form. IEHP will review your claim to decide if you can get money back.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

3. How to get care

Getting health care services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

You can begin to get health care services on your effective date of coverage. Always carry your IEHP Member ID card and Medi-Cal Beneficiary Identification Card (BIC card) with you. Never let anyone else use your IEHP ID card or BIC card.

New members must choose a primary care provider (PCP) in the IEHP network. The IEHP network is a group of doctors, hospitals and other providers who work with IEHP. You must choose a PCP within 30 days from the time you become a member in IEHP. If you do not choose a PCP, IEHP will choose one for you.

You may choose the same PCP or different PCPs for all family members in IEHP.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the IEHP network. The Provider Directory has other information to help you choose a PCP such as name, address, phone number, and specialty. If you need a Provider Directory or would like more information about a Provider, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). You can also find the most up-to-date Provider Directory on the IEHP website at www.iehp.org.

If you cannot get the care you need from a participating provider in the IEHP network, your PCP must ask IEHP for approval to send you to an out-of-network provider.

Read the rest of this chapter to learn more about PCPs, the Provider Directory and the provider network.

Initial health assessment (IHA)

IEHP recommends that, as a new member, you visit your new PCP within the first 60 days (if 18 months old or younger) or 120 days (if over 18 months old) for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs including vaccines. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes available to help you stay healthy and manage your health condition.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

When you call to schedule your IHA appointment, tell the person who answers the phone that you are a member of IEHP. Give your IEHP Member ID number.

Take your BIC card and your IEHP Member ID card to your appointment. It is a good idea to take a list of your medicines and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. In addition to preventive care, routine care also includes care when you are sick. IEHP covers routine care from your PCP.

Your PCP will:

- Give you all your routine care, including regular checkups, shots, treatment, prescriptions and medical advice
- Keep your health records
- Refer (send) you to specialists if needed
- Order X-rays, mammograms or lab work if you need them

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care, unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services your plan covers, and what it does not cover, read Chapter 4 in this handbook.

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments require care within 48 hours. If you are outside IEHP's service area, urgent care services may be covered. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services.

For urgent care, call your PCP. If you cannot reach your PCP, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). Or you can call 24-Hour Nurse Advice Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355).

If you need urgent care out of the area, go to the nearest urgent care facility. You do not need pre-approval (prior authorization). If you need mental health urgent care, call the county Mental



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Health Plan toll-free phone number that is available 24 hours a day, 7 days a week. To find all counties' toll-free phone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

CALL	<p><u>Riverside County</u></p> <p>1-800-706-7500. Monday through Friday, 8am-5pm. Before and after hours, phone lines roll over to HelpLine Community Connect.</p> <p><u>San Bernardino County</u></p> <p>1-888-743-1478. 24 hours a day, 7 days a week.</p> <p>All calls are free. We have free interpreter services for people who do not speak English.</p>
TTY	<p><u>Riverside County</u></p> <p>Desert Region (760) 863-8026</p> <p>Mid-County Region (951) 296-0596</p> <p>Western Region (951) 358-4728</p> <p><u>San Bernardino County</u>, please call 1-888-743-1481</p> <p>This call is free.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p>

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from IEHP.

Emergency care is for life-threatening medical and behavioral health conditions. This care is for an illness or injury that a reasonable layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed. Examples include:

- Active labor
- Broken bone
- Severe pain, especially in the chest
- Severe burn



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- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency condition

Do not go to the ER for routine care. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You may also call the 24-Hour Nurse Advice Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355).

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the IEHP network. If you go to an ER, ask them to call IEHP. You or the hospital to which you were admitted should call IEHP within 24 hours after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, IEHP will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or IEHP first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call IEHP.

Remember: Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.

Sensitive care

Minor consent services

If you are under 18 years old, you can go to a doctor without consent from your parents or guardian for these types of care:

- Outpatient mental health (only minors 12 years or older) for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy
- Family planning/birth control (except sterilization)
- Sexual assault
- HIV/AIDS prevention/testing/treatment (only minors 12 years or older)
- Sexually transmitted infections prevention/testing/treatment (only minors 12 years or older)
- Drug and alcohol abuse treatment (only minors 12 years or older)



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

The doctor or clinic does not have to be part of the IEHP network and you do not need a referral from your PCP to get these services. For help finding a doctor or clinic giving these services, or for help getting to these services, you can call 1-800-440-IEHP (4347) (TTY 1-800-718-4347). You may also call the 24/7 Nurse Advise Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355).

Minors can talk to a representative in private about their health concerns by calling the 24/7 Nurse Advise Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355).

Adult sensitive services

As an adult, you may not want to go to your PCP for certain sensitive or private care. If so, you may choose any doctor or clinic for these types of care:

- Family planning
- HIV/AIDS testing
- Sexually transmitted infections

The doctor or clinic does not have to be part of the IEHP network. Your PCP does not have to refer you for these types of service. For help finding a doctor or clinic giving these services, you can call 1-800-440-IEHP (4347) (TTY 1-800-718-4347). You may also call the 24/7 Nurse Advise Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355).

Health surveys to help our Care Management Team identify your health and wellness needs

The Health Information Form (HIF) enclosed in your welcome packet is a survey to help our Care Team of nurses and social workers find areas that you may need help with to support your health and wellness goals.

For our Members who are Seniors or Persons with Disabilities, you will be asked to fill out a Health Risk Assessment (HRA) survey either over the phone or by mail. The HRA is a way for our Care Team to know your concerns or problems that our nurse and social work Care Managers can help you with.

Complex care management program

If you are sick or have a serious illness such as heart disease, lung disease, kidney disease, IEHP will work with you and your Doctor to make sure you get the care you need. The IEHP Care Management Team (CMT) can help you if you are sick or have a serious illness, like heart disease, lung disease, kidney disease, AIDS, Hepatitis C, spinal injury, or other chronic problems. The IEHP CMT can help you manage your condition and medicines, coordinate your care by working with your doctors, and help you get any needed medical equipment. An Interdisciplinary Care Team (ICT) can help you with your individualized plan of care. An ICT



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consists of your PCP, nurse care manager, Behavioral Health care manager (when needed), and others who support your health care needs.

Call IEHP Member Services or talk to your doctor if you would like to learn more about this no-cost Complex Care Management Program, speak with your ICT, craft a personal plan of care, or if you just need help your health care. Call 1-800-440-IEHP (4347) (TTY 1-800-718-4347), Monday through Friday from 8am to 5pm.

Foster care children enrolled in the IEHP Open Access Program

When can I start getting care?

You will get your IEHP Member ID Card in the mail. Your IEHP Member ID card will say Open Access. This means that you can go to any Doctor in the Open Access network. To find a doctor, go to www.IEHP.org or call IEHP Member Services.

Changing your Doctor

Although we suggest that you stay with a Doctor who is a good match with your family, you can change Doctors when you need to. Just call IEHP Member Services at 1-800-440-IEHP (4347). We will make the change for you the same day you call. Please note: Your Doctor is linked to a hospital and medical group, so your hospital and medical group may also change when you change your Doctor.

Advance directives

An advance health directive is a legal form. On it, you can list what health care you want in case you cannot talk or make decisions later. You can list what care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at drugstores, hospitals, law offices and doctors' offices. You may have to pay for the form. You can also find and download a free form online. You can ask your family, PCP or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. IEHP will tell you about changes to the state law no longer than 90 days after the change.

Where to get care

You will get most of your care from your PCP. Your PCP will give you all your routine preventive (wellness) care. You will also go to your PCP for care when you are sick.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Be sure to call your PCP before you get non-emergency medical care. Your PCP will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call the 24-Hour Nurse Advice Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355) .

If you need urgent care, call your PCP. Urgent care is care you need within 48 hours but is not an emergency. It includes care for such things as cold, sore throat, fever, ear pain or sprained muscle.

For emergencies, call **911** or go to the nearest emergency room.

Moral objection

Some providers have a moral objection to some services. This means they have a right to **not** offer some covered services if they morally disagree. If your provider has a moral objection, he or she will help you find another provider for the needed services. IEHP can also work with you to find a provider.

Some hospitals and other providers do not offer one or more of the services listed below. These services you or your family member might need may be covered under your plan contract:

- Family planning and contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments
- Abortion

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want. Or call IEHP at 1-800-440-IEHP (4347) (TTY 1-800-718-4347) to make sure you can get the health care services you need.

Provider Directory

The IEHP Provider Directory lists providers that participate in the IEHP network. The network is the group of providers that work with IEHP.

The IEHP Provider Directory lists hospitals, pharmacies, PCPs, specialists, nurse practitioners, physician assistants, family planning providers, urgent care clinics, vision providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, and Rural Health Clinics (RHCs).

The Provider Directory has IEHP network provider names, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars.



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You can find the online Provider Directory at www.iehp.org.

If you need a printed Provider Directory, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

Provider network

The provider network is the group of doctors, hospitals and other providers that work with IEHP. You will get your covered services through the IEHP network.

If your provider in the network, including a PCP, hospital or other provider, has a moral objection to providing you with a covered service, such as family planning or abortion, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). Go to Chapter 4 for more about moral objections.

If your provider has a moral objection, he or she can help you find another provider who will give you the services you need. IEHP can also work with you to find a provider.

In network

You will use providers in the IEHP network for your health care needs. You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other providers in the IEHP network.

To get a Provider Directory of network providers, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). You can also find the Provider Directory online at www.iehp.org.

For emergency care, call **911** or go to the nearest emergency room.

Except for emergency care, you may have to pay for care from providers who are out of network.

Out-of-network or Out-of-service area

Out-of-network providers are those that do not have a Provider contract to work with IEHP. Except for emergency care, you may have to pay for care from providers who are out of the network if IEHP has not approved the services. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as IEHP approved the health care services. The Plan will pay an out-of-network provider either the current Medi-Cal fee schedule or the agreed upon amount with the out-of-network provider. If you are assigned to an IPA, your IPA will pay the out-of-network providers.

If you need help with out-of-network services, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

If you are outside of the IEHP service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

For emergency care, call **911** or go to the nearest emergency room. IEHP covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services, IEHP will cover your care. IEHP will pay the average in-network cost to the providers. If you are traveling internationally outside of Canada or Mexico and need emergency care, IEHP will **not** cover your care in most cases.

If you have questions about out-of-network or out-of-service area care, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). If the office is closed and you want help from a representative, call the 24-Hour Nurse Advice Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355).

How managed care works

IEHP is a managed care health plan. In managed care, PCPs, hospitals and specialists all work together to care for you.

In some cases, IEHP does not contract directly with PCPs. Your PCP may be part of an Independent Physician Association (IPA). An IPA is a group of PCPs, specialists, and other providers of health care services.

Your PCP, along with IEHP or the IPA, directs the care for all your medical needs. This includes referrals (prior authorizations) to see specialists or get medical services, like lab tests, x-rays, and/or hospital care.

Before you choose or change your PCP, please keep in mind that Doctors are often linked to certain hospitals and Independent Physicians Associations (IPAs) or medical groups. This may impact any referrals that have already been approved.

Doctors

You will choose your doctor or a primary care provider (PCP) from the IEHP Provider Directory. The doctor you choose must be a participating provider. This means the provider is in the IEHP network. To get a copy of the IEHP Provider Directory, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). Or find it online at www.iehp.org.

You should also call if you want to check to be sure the PCP you want is taking new patients.

If you had a doctor before you were a member of IEHP, you may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

If you need a specialist and it is medically necessary, your PCP will refer you to a specialist in the IEHP network.

Remember, if you do not choose a PCP, IEHP will choose one for you. You know your health care needs best, so it is best if you choose. If you have both Medicare and Medi-Cal and you join IEHP for your Medi-Cal only, you do not have to choose a PCP.

If you want to change your PCP, you must choose a PCP from the IEHP Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital in the network. The hospitals in the IEHP network are listed in the Provider Directory. Hospital services, other than emergencies, require pre-approval (prior authorization).

Primary care provider (PCP)

You must choose a PCP within 30 days of enrolling in IEHP. Depending on your age and sex, you may choose a general practitioner, ob/gyn, family practitioner, internist or pediatrician as your primary care provider (PCP). A nurse practitioner (NP), physician assistant (PA) or certified nurse midwife may also act as your PCP. If you choose an NP, PA or certified nurse midwife, you may be assigned a doctor to oversee your care.

You can also choose an Indian Health Service Facility (IHF), Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your PCP. Depending on the type of the provider, you may be able to choose one PCP for your entire family who are members of IEHP.

If you do not choose a PCP within 30 days of enrollment, IEHP will assign you to a PCP. If you are assigned to a PCP and want to change, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer (send) you to a specialist if you need one
- Arrange for hospital care if you need it



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

You can look in the Provider Directory to find a PCP in the IEHP network. The Provider Directory has a list of IHFs, FQHCs and RHCs that work with IEHP.

You can find the IEHP Provider Directory online at www.iehp.org. Or you can request a Provider Directory to be mailed to you by calling IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP.

It is best to stay with one PCP so he or she can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the IEHP provider network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

To change your PCP, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

IEHP may ask you to change your PCP if the PCP is not taking new patients, has left the IEHP network or does not give care to patients your age. IEHP or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If IEHP needs to change your PCP, IEHP will tell you in writing.

If you change PCPs, you will get a new IEHP member ID card in the mail. It will have the name of your new PCP. Call member services if you have questions about getting a new ID card. IEHP offers a secure online portal for you to get your health information 24 hours a day, 7 days a week. The secure member portal allows you to order a new IEHP Member ID card, change your doctor, check eligibility, and many more. To create an account, go to www.iehp.org.

Appointments and doctor visits

When you need health care:

- Call your PCP
- Have your IEHP ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC card and IEHP Member ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpretation services, if needed
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready in case you need them



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If you have an emergency, call **911** or go to the nearest emergency room.

Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). Tell IEHP the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by IEHP for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers who are not in the network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, if they are medically necessary and not available in the network.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you can also file a claim form with IEHP. You will need to tell IEHP in writing why you had to pay for the item or service. IEHP will read your claim and decide if you can get money back. IEHP Members have up to one year from the date of service to send IEHP a bill to be reimbursed. The Claims Department has 30 days to review and send you a letter. If the claim is accepted, you will get a check in the mail. If the request is denied, you will get a letter telling you why. If you do not agree with the decision, you can call IEHP Member Services and file a complaint. For questions or to ask for a claim form, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

Utilization management processes

IEHP has specific processes for Utilization Management (UM). These processes are used when your Doctor's Utilization Management Committee and/or Medical Director approves or denies referral requests. IEHP also has guidelines or criteria that are used in specific cases to approve or deny requested health care services. In all cases, your Doctor's Utilization Management Committee and/or Medical Director is required to take a Member's needs into account when making decisions to approve or deny requested health care services. If you would like a copy of the IEHP Utilization Management processes, or would like a specific treatment guideline or criteria, please call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1 800 718 4347). The Utilization Management (UM) staff is on hand between 8am and 5pm during working days to talk about any UM issues. Staff may send outbound messages regarding UM inquiries during normal working hours and will always identify themselves by name, title, and organization name when calling or returning your calls. You can also call the California Department of Health Care Services (DHCS) at 1-888-452-8609.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Referrals

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. When your PCP thinks that you need a specialized treatment or supplies, your PCP will need to get a referral from IEHP and/or medical group (IPA). A referral means that you must get approval from IEHP and/or medical group before getting a specific service or drug. Your PCP will send a referral to IEHP or medical group. It is vital for you to get a referral before getting services from a specialist. Changes to your PCP may impact referrals that have already been approved.

Other services that may require a referral include in-office procedures, X-rays, lab work and physical therapy, EKG, EEG, wellness, medical social service, and home health care.

If you have a health problem that needs special medical care for a long time, you may need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the IEHP referral policy, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

You do not need a referral for:

- PCP visits
- Ob/gyn visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call California Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling (only minors 12 years or older)
- Treatment for sexually transmitted infections (only minors 12 years or older)
- Acupuncture (the first two services per month; additional appointments will need a referral)
- Chiropractic services (when provided by FQHCs and RHCs)
- Podiatry services (when provided by FQHCs and RHCs)
- Eligible dental services
- Initial mental health assessment

Minors also do not need a referral for:

- Outpatient mental health services for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy care



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- Sexual assault care
- Drug and alcohol abuse treatment

Pre-approval

For some types of care, your PCP or specialist will need to ask IEHP for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that IEHP must make sure that the care is medically necessary or needed based on appropriateness of care and services and existence of coverage.

Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

The following services always need pre-approval, even if you receive them from a provider in the IEHP network:

- Hospitalization, if not an emergency
- Services out of the IEHP service area, except renal dialysis
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h)(2), IEHP will decide routine pre-approvals within 5 working days of when IEHP gets the information reasonably needed to decide.

For requests in which a provider indicates or IEHP determines that following the standard timeframe could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function, IEHP will make an expedited (fast) pre-approval decision. IEHP will give notice as quickly as your health condition requires and no later than 72 hours after receiving the request for services.

IEHP does **not** pay the reviewers to deny coverage or services. There is no financial incentive for a reviewer's denial. Doctors cannot be penalized for requesting or approving necessary health care services. If IEHP does not approve the request, IEHP will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

IEHP will contact you if IEHP needs more information or more time to review your request.

You never need pre-approval for emergency care, even if it is out of the network. This includes labor and delivery if you are pregnant.



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Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked.

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

IEHP will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from IEHP to get a second opinion from a network provider.

If there is no provider in the IEHP network to give you a second opinion, IEHP will pay for a second opinion from an out-of-network provider. IEHP will tell you within 5 working days if the provider you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, IEHP will decide within 72 hours.

If IEHP denies your request for a second opinion, you may appeal. To learn more about appeals, go to page xx in this handbook.

Women's health specialists

You may go to a women's health specialist within IEHP network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). You may also call the 24-Hour Nurse Advice Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355).

Travel time and distance to care

IEHP must follow travel time and distance standards for your care. Those standards help to make sure you are able to get care without having to travel too long or too far from where you live. Travel time and distance standards are different depending on the county you live in.

If IEHP is not able to provide care to you within these travel time and distance standards, a different standard called an alternative access standard may be used. To see IEHP's time and distance standards for where you live, please, visit www.iehp.org or call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

If you need care from a specialist and that provider is located far from where you live, you can call Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347) to get help finding care



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with a specialist located closer to you. If IEHP cannot find care for you with a closer specialist, you can request IEHP arrange transportation for you to see a specialist even if that specialist is located far from where you live. It is considered far if you cannot get to that specialist within the IEHP travel time and distance standards for your county, regardless of any alternative access standard IEHP may use for your ZIP Code.

Timely access to care

Appointment Type	Must Get Appointment Within
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointment that do require pre-approval (prior authorization)	96 hours
Non-urgent, acute illness visit	3 working days or directed by Doctor
Non-urgent primary care appointments	10 business days
Non-urgent specialist appointments	15 business days
Non-urgent mental health provider (non-doctor)	10 business days
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness or other health condition	15 business days
Phone wait times during normal business hours	10 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes
Initial pre-natal care	10 business days
Well child visit	2 weeks



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Appointment Type	Must Get Appointment Within
Initial Prenatal visit	1 week
Routine prenatal care	2 weeks or as directed by Doctor
Routine pelvic, Pap and breast exam	30 days
Follow-up exam	As directed by Doctor
Emergency	Immediate disposition of Member to appropriate care



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4. Benefits and services

What your health plan covers

This section explains all your covered services as a member of IEHP. Your covered services are free if they are medically necessary and provided by an in-network provider. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask IEHP for this. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

IEHP offers these types of services:

- Outpatient (ambulatory) services
- Emergency services
- Transgender services
- Hospice and palliative care
- Hospitalization
- Maternity and newborn care
- Mental health services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory and radiology services, such as X-rays
- Preventive and wellness services and chronic disease management
- Sensitive services
- Substance use disorder treatment services
- Pediatric services
- Vision services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)
- Long-Term Services and Supports (LTSS)
- Telehealth services

Read each of the sections below to learn more about the services you can get. Some of the services listed are covered only if IEHP or your IPA approves first. Covered services that may need an approval from IEHP or your IPA or medical group first are marked by an asterisk (*).



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Medi-Cal benefits

Outpatient (ambulatory) services

- **Adult Immunizations**

You can get adult immunizations (shots) from a network pharmacy or network provider without pre-approval. IEHP covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

- **Allergy care***

IEHP covers allergy testing and treatment, including allergy desensitization, hyposensitization or immunotherapy.

- **Anesthesiologist services***

IEHP covers anesthesia services that are medically necessary when you receive outpatient care.

- **Chiropractic services***

IEHP covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month in combination with acupuncture, audiology, occupational therapy, podiatry and speech therapy services. IEHP may pre-approve other services as medically necessary.

- Children under age 21;
- Pregnant women through the end of the month that includes 60-days following the end of a pregnancy;
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility; or
- All members when services are provided at hospital outpatient departments, FQHC or RHC

- **Dialysis/hemodialysis services**

IEHP covers dialysis treatments. IEHP also covers hemodialysis (chronic dialysis) services if your PCP and IEHP approve it.

- **Outpatient surgery***

IEHP covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures



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require pre-approval (prior authorization).

- **Physician services***

IEHP covers physician services that are medically necessary.

- **Podiatry (foot) services***

IEHP covers podiatry services, as medically necessary for diagnosis and medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

- **Treatment therapies***

IEHP covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Mental health services

- **Outpatient mental health services**

- IEHP covers a member for an initial mental health assessment without requiring pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in the IEHP network without a referral.
- Your PCP or mental health provider will make a referral for additional mental health screening to a specialist within the IEHP network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, IEHP can provide mental health services for you. IEHP covers these mental health services:
 - Individual and group mental health evaluation and treatment (psychotherapy)
 - Psychological testing when clinically indicated to evaluate a mental health condition
 - Development of cognitive skills to improve attention, memory and problem solving
 - Outpatient services for the purposes of monitoring medication therapy
 - Outpatient laboratory, medicines, supplies and supplements
 - Psychiatric consultation
- For help finding more information on mental health services provided by IEHP, call



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IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

- If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to receive an assessment. To learn more, read “*What your health plan does not cover*” on page 58.

Emergency services

- ***Inpatient and outpatient services needed to treat a medical emergency***

IEHP covers all services that are needed to treat a medical emergency that happens in the U.S. or requires you to be in a hospital in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, anyone with an average knowledge of health and medicine could expect it to result in:

- Serious risk to your health; **or**
 - Serious harm to bodily functions; **or**
 - Serious dysfunction of any bodily organ or part; **or**
 - In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
 - There is not enough time to safely transfer you to another hospital before delivery.
 - The transfer may pose a threat to your health or safety or to that of your unborn child.
- ***Emergency transportation services***

IEHP covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S., except for emergency services that require you to be in the hospital in Canada or Mexico.

Transgender services*

IEHP covers medically necessary transgender services and may include:

- Psychotherapy
- Hormone replacement therapy and laboratory monitoring
- Gender confirming surgery that is not cosmetic in nature



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Hospice and palliative care*

IEHP covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts.

Hospice care is a benefit that services terminally ill members. It is intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Drugs and biological services
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

Palliative care is patient- and family-centered care that improves quality of life by anticipating, preventing and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

IEHP offers palliative care through the My Path program. My Path offers Members with serious or chronic illnesses with care from a team that will partner with the Member, their caregivers, their doctors, and specialists to help the Member get the care they want to improve their quality of life. Members over the 21 may not be enrolled in hospice and palliative care at the same time.

Hospitalization*

- ***Anesthesiologist services***

IEHP covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.

- ***Inpatient hospital services***

IEHP covers medically necessary inpatient hospital care when you are admitted to the



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hospital.

- ***Surgical services***

IEHP covers medically necessary surgeries performed in a hospital.

Maternity and newborn care

IEHP covers these maternity and newborn care services:

- Breastfeeding education and aids
- Delivery and postpartum care
- Prenatal care
- Birthing center services
- Certified Nurse Midwife (CNM)
- Licensed Midwife (LM)
- Diagnosis of fetal genetic disorders and counseling

Exclusions

- Routine circumcision

Prescription drugs

Pharmacy services

To pick up medicine prescribed by your doctor or a qualified health worker, go to any IEHP network pharmacy. Show your IEHP Member ID Card and your doctor's prescription. IEHP has a big pharmacy network within Riverside and San Bernardino counties.

IEHP has a list of approved drugs called a Formulary. Before using non-formulary medicines, you must try and fail Formulary medicines first. Free samples supplied to doctors cannot be used to meet the prior authorization required for IEHP Members. Even if a drug is on the Formulary, this does not ensure Members will be prescribed that drug. For example, if atorvastatin is on our IEHP Formulary we can't ensure that a Member will be prescribed atorvastatin for a health condition. Your doctor will decide what drug will be used. If your prescription is for a drug that is not on the IEHP Formulary, your doctor or pharmacy will contact IEHP and submit a Prescription Drug Prior Authorization Form (Rx PA). IEHP will review the Form within 24 hours (with all needed paperwork). If you have a question about your Rx PA Form, call IEHP Member Services at 1-800-440-IEHP (4347). If you need a prescription filled after hours, on weekends, or on holidays, your pharmacy may dispense a three-day supply of Formulary and non-formulary medicine based on the pharmacist's clinical judgment. Medications included in IEHP's Formulary may have FDA-approved generic versions. IEHP mandates



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generic dispensation for all quality generic products. If your doctor believes you need a brand name drug instead, your doctor will need to submit a Rx PA Form to request IEHP's approval of dispensing the brand name drug.

If you need a refill on your prescription, call your doctor or pharmacy at least three days before you run out. If you run out of a medically necessary medication, your pharmacist may give you enough to last until the refill is authorized or denied. Medications on IEHP's Formulary require your doctor, not the pharmacy, to submit the Rx PA Form directly to IEHP. If you are taking what was once an approved IEHP drug but is now off the list, you can still take this medication as long as your doctor thinks the Formulary choice may not be used and the medication is still safe and works.

If you have a question about the status of your Rx PA Form, call IEHP Member Services at 1-800-440-IEHP (4347).

You can get non-emergency pharmacy access information after IEHP's hours by calling IEHP 24-hour Nurse Advice Line at 1-888-244-IEHP (4347) or TTY line at 1-866-577-8355.

Covered drugs

Your provider can prescribe drugs that are on the IEHP preferred drug list (PDL), subject to exclusions and limitations. The IEHP PDL is sometimes called a Formulary. Drugs on the Formulary are safe and work for their prescribed use.

The IEHP Pharmacy and Therapeutics (P&T) Subcommittee determines which drugs are listed on the IEHP Formulary. The P&T Subcommittee develops, manages, updates, and administers the Formulary. The P&T Subcommittee meets at least 4 times a year to keep the IEHP Formulary current. They decide which new drugs to add and which old ones to remove. They review many studies, clinical trials and other sources. They first look for drugs that work. When choosing between two or more drugs that have the same results, other factors are considered, like cost and how easy it is to deliver. They make recommendations about procedures for medical review of non-formulary drug requests.

Other utilization management processes the P&T Subcommittee reviews include quantity limits, step therapy and therapeutic interchange.

- For some drugs, we limit the amount of the drug you can have. This is called a quantity limit. For example, we might limit how much of a drug you can get each time you fill your prescription. Step-therapy is a coverage rule that requires you to try another drug first before we will cover the drug you are asking for. Therapeutic interchange is a process in which one drug is replaced by another drug within the same therapeutic class. Updating the IEHP Formulary helps to make sure that the drugs on it are safe and work.
- If your doctor thinks you need to take a drug that is not on this list, your doctor will



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need to call IEHP to ask for pre-approval before you get the drug.

To find out if a drug is on the IEHP Formulary or to get a copy of the Formulary, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). You may also find the Formulary at www.iehp.org.

Sometimes IEHP needs to approve a drug before a provider can prescribe it. IEHP will review and decide these requests within 24 hours.

- A pharmacist or hospital emergency room may give you a 72-hour emergency supply if they think you need it. IEHP will pay for the emergency supply.
- If IEHP says no to the request, IEHP will send you a letter that lets you know why and what other drugs or treatments you can try.

Exclusions and Limitations

IEHP does not cover the following:

- Drugs or medications prescribed solely for cosmetic reasons
- Over-the-counter medications (unless approved by IEHP)
- Non-FDA approved medications
- Investigational medications
- Medications excluded from the Federal coverage (i.e., erectile dysfunction drugs)
- Medications carved out by Fee-for-Service Medi-Cal
- Therapies and medical equipment excluded from the Federal coverage or carved out by Fee-for-Service Medi-Cal (i.e., erectile dysfunction medical equipment)

The Plan shall not exclude coverage for a drug because the drug is prescribed for a different use than what that drug has been approved for by the federal Food and Drug Administration (FDA), provided that all of the following conditions have been met:

- The drug is approved by the FDA,
- The drug is prescribed by a participating licensed health care worker for the treatment of a medical condition,
- The drug is prescribed by a participating licensed health care worker for the treatment of a chronic and seriously debilitating condition, the drug is medically necessary to treat that condition, and the drug is on the plan Formulary. If the drug is not on the plan Formulary and your pharmacy or doctor believes a generic should not be substituted, your doctor will need to submit a Rx PA Form to IEHP for review.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with IEHP. You can find a list of pharmacies that work with IEHP in the IEHP Provider Directory at www.iehp.org. You can also find a pharmacy near you by calling IEHP Member



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your IEHP Member ID card. Make sure the pharmacy knows about all medicines you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

Rehabilitative and habilitative services and devices*

The plan covers:

- ***Acupuncture***

IEHP covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of the needles) are limited to two services per month, in combination with audiology, chiropractic, occupational therapy and speech therapy services. IEHP may pre-approve (prior authorization) additional services as medically necessary. Additional services can be provided through IEHP pre-approval (prior authorization) from American Specialty Health (ASH). You may contact ASH at 1-800-678-9133 (TTY 1-877-710-2746).

- ***Audiology (hearing)***

IEHP covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services. IEHP may pre-approve (prior authorization) additional services as medically necessary.

- ***Behavioral health treatments***

Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual.

BHT services teach skills using behavioral observation and reinforcement, or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence and are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.



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- ***Cancer clinical trials****

IEHP covers a clinical trial if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health, the FDA, the Department of Defense or the Veterans Administration.

- ***Cardiac rehabilitation****

IEHP covers inpatient and outpatient cardiac rehabilitative services.

- ***Custodial Care****

Care given mainly to help with the activities of daily living (which may include nursing care, training in personal hygiene, and other forms of self-care or supervisory care by a Doctor in a facility); or care given to a Member who is mentally or physically disabled, and: (1) Who is not under specific medical, surgical, or psychiatric treatment to reduce the disability to the extent necessary to allow the patient to live outside an institution providing such care, (2) When, even if they get the treatment, there is no possibility that the disability will be so reduced.

- ***Durable medical equipment (DME)****

IEHP covers the purchase or rental of medical supplies, equipment and other services with a prescription from a doctor. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability. IEHP does not cover comfort, convenience or luxury equipment, features and supplies.

- ***Enteral and parenteral nutrition****

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. IEHP covers enteral and parenteral nutrition products when medically necessary.

- ***Hearing aids****

IEHP covers hearing aids if you are tested for hearing loss and have a prescription from your doctor. IEHP may also cover hearing aid rentals, replacements and batteries for your first hearing aid. Medi-Cal limits the total cost of hearing aid benefit services, including sales tax, to \$1,510 per Member per fiscal year (July 1 – June 30). Replacement of hearing aids that are lost, stolen or irreparably damaged due to events beyond the Member's control is not included in the \$1,510 maximum benefit cap.



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- **Home health services***

IEHP covers health services provided in your home, when prescribed by your doctor and found to be medically necessary.

- **Medical supplies, equipment and appliances***

IEHP covers medical supplies that are prescribed by a doctor.

- **Occupational therapy***

IEHP covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to two services per month in combination with acupuncture, audiology, chiropractic, podiatry and speech therapy services. IEHP may pre-approve (prior authorization) additional services as medically necessary.

- **Orthotics/prostheses***

IEHP covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. This includes implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

- **Ostomy and urological supplies***

IEHP covers ostomy bags, urinary catheters, draining bags, irrigation supplies and adhesives. This does not include supplies that are for comfort, convenience or luxury equipment or features.

- **Physical therapy***

IEHP covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medicines.

- **Pulmonary rehabilitation***

IEHP covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

- **Reconstructive Services***

IEHP covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are



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those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.

- **Skilled nursing facility services***

IEHP covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24-hour per day basis.

- **Speech therapy***

IEHP covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic, and occupational therapy. IEHP may pre-approve (prior authorization) additional services as medically necessary.

- **Transgender Services***

IEHP covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.

Laboratory and radiology services*

IEHP covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures are covered based on medical necessity.

Preventive and wellness services and chronic disease management

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Family planning services
- Health Resources and Service Administration's Bright Futures recommendations
- Preventive services for women recommended by the Institute of Medicine
- Smoking cessation services
- United States Preventive Services Task Force A and B recommended preventive services

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include some methods of birth control approved by the FDA. IEHP's PCP and ob/gyn specialists are available for family planning services.

For family planning services, you may also choose a doctor or clinic not connected with IEHP without having to get pre-approval from IEHP. Services from an out-of-network provider not



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related to family planning may not be covered. To learn more, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts one year. It can last for a second year for members who qualify. The program-approved lifestyle supports and techniques include, but are not limited to:

- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback
- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet program eligibility requirements to join DPP. Call IEHP to learn more about the program and eligibility.

Sensitive care

Minor consent services

If you are under 18 years old, you can go to a doctor without consent from your parents or guardian for these types of care:

- Outpatient mental health (only minors 12 years or older) for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy
- Family planning/birth control (except sterilization)
- Sexual assault
- HIV/AIDS prevention/testing/treatment (only minors 12 years or older)
- Sexually transmitted infections prevention/testing/treatment (only minors 12 years or older)
- Drug and alcohol abuse treatment (only minors 12 years or older)

The doctor or clinic does not have to be part of the IEHP network and you do not need a referral from your PCP to get these services. For help finding a doctor or clinic that offer these services, or for help getting to these services, you can call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). You may also call the 24-Hour Nurse Advice Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355).

Minors can talk to a representative in private about their health concerns by calling the 24-Hour



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Nurse Advice Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355).

Adult sensitive services

As an adult, you may not want to go to your PCP for certain sensitive or private care. If so, you may choose any doctor or clinic for these types of care:

- Family planning
- HIV/AIDS testing
- Sexually transmitted infections

The doctor or clinic does not have to be part of the IEHP network. Your PCP does not have to refer you for these types of service. For help finding a doctor or clinic giving these services, you can call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). You may also call the 24-Hour Nurse Advice Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355).

The doctor or clinic does not have to be part of the IEHP network. Your PCP does not have to refer you for these types of service. For help finding a doctor or clinic giving these services, you can call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). You may also call the 24-Hour Nurse Advice Line at 1-888-244-IEHP (4347) (TTY 1-866-577-8355).

Substance use disorder services

The plan covers:

- Alcohol misuse screenings and behavioral health counseling interventions for alcohol misuse

Pediatric services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services.
 - If you or your child are under 21 years old, IEHP covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.
 - IEHP will make appointments and provide transportation to help children get the care they need.
 - Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help your doctor look for any problems with your medical, dental, vision, hearing, mental health, and any substance use disorders. IEHP covers screening services (including lead blood level assessment) any time there is a need for them, even if it is not during your regular check-up. Also, preventive care can be shots you or your child need.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

IEHP must make sure that all enrolled children get needed shots at the time of any health care visit.

- When a problem physical or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and IEHP is responsible for paying for the care, then IEHP covers the care at no cost to you. These services include:
 - Doctor, nurse practitioner, and hospital care
 - Shots to keep you healthy
 - Physical, speech/language, and occupational therapies
 - Home health services, which could be medical equipment, supplies, and appliances
 - Treatment for vision and hearing, which could be eyeglasses and hearing aids
 - Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities
 - Case management, targeted case management, and health education
 - Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance.
- If the care is medically necessary and IEHP is not responsible for paying for the care, then IEHP will help you get the right care you need. These services include:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, which could be orthodontics
 - Private duty nursing services

Vision services*

The plan covers:

- Routine eye exam once every 24 months; IEHP may pre-approve (prior authorization) additional services as medically necessary.
- Eyeglasses (frames and lens) once every 24 months; contact lens when required for medical conditions such as aphakia, aniridia and keratoconus.

Limitations

- Single vision lenses only.
- Members under 18 automatically get polycarbonate lenses.
- Contacts in lieu of glasses only if medically necessary.



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Non-emergency medical transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) when you physically or medically are not able to get to your medical, dental, mental health and substance use disorder appointment by car, bus, train or taxi, and the plan pays for your medical or physical condition. Before getting NEMT, you need to request the service through your doctor, and they will prescribe the correct type of transportation to meet your medical condition.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. IEHP allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, IEHP will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

NEMT must be used when:

- It is physically or medically needed as determined with a written authorization (Physicians Certification Statement — PSC) by a doctor; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- You need help from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.
- It is approved in advance by IEHP with a written authorization (Physicians Certification Statement — PSC) by a doctor.

To ask for NEMT services that your doctor has prescribed, please call IEHP at 1-800-440-IEHP (4347) (TTY 1800-718-4347) **or** American Logistics Company (ALC) at 1-855-673-3195 **at least 5 working days** (Monday-Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

Limits of NEMT

There are no limits for receiving NEMT to or from medical, dental, mental health and substance use disorder appointments covered under IEHP when a provider has prescribed it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

Transportation will not be provided if your physical and medical condition allows you to get to your medical appointment by car, bus, taxi or other easily accessible method of transportation. Transportation will not be provided if the service is not covered by Medi-Cal. A list of covered services is in this Member Handbook. Transportation is not covered outside of the network or service are unless pre-authorized by IEHP.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Cost to member

There is no cost when transportation is arranged by IEHP.

Non-medical transportation (NMT)

You can use non-medical transportation (NMT) when you are:

- Traveling to and from (roundtrip) an appointment for a Medi-Cal service authorized by your provider.
- Picking up prescriptions and medical supplies.

IEHP approves the use of a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. IEHP gives mileage reimbursement when all other transit services are exhausted, prior approval by IEHP is provided, and transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

Before getting approval for mileage reimbursement, you must state to IEHP by phone, by email or in person that you tried to get all other reasonable transportation choices and could not get one. IEHP allows the lowest cost NMT type that meets your medical needs.

To request NMT services that your provider authorized, call IEHP at 1-800-440-IEHP (4347) (TTY 1-800-718-4347) or American Logistics Company (ALC) at 1-855-673-3195 **at least 5 working days** (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NMT

There are no limits for receiving NMT to or from medical, dental, mental health and substance use disorder appointments when a provider has authorized it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- The service is not covered by Medi-Cal.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Cost to member

There is no cost when transportation is authorized by IEHP.

Long-Term Services and Supports (LTSS)

IEHP covers these LTSS benefits for members who qualify:

- Skilled nursing facility services as approved by IEHP
- Home and Community-Based Services as approved by IEHP

Telehealth services

IEHP may be able to provide some of your services through telehealth. Telehealth is a way of receiving services without being in the same physical location as your provider. Telehealth may involve having a live video conversation with your provider. Or telehealth may involve sharing information with your provider without a live conversation. It is important that both you and your provider agree that the use of telehealth for a particular service is appropriate for you. You can contact IEHP to determine which types of services IEHP may be able to provide to you through telehealth.

Coordinated Care Initiative (CCI) benefits

This is a list of minimum Coordinated Care Initiative (CCI) benefits. For details on CCI benefits, please go to the Coordinated Care Initiative (CCI) section of this handbook.

The plan covers:

- A network of providers working together for you
- A personal care coordinator who will make sure you get the care and support you need
- A customized review of your health needs and care plan
- One health insurance card
- A nurse advice line to call 24 hours a day, 7 days a week

What your health plan does not cover**Other services you can get through Fee-For-Service (FFS) Medi-Cal**

Sometimes IEHP does not cover services, but you can still get them through FFS Medi-Cal. This section lists these services. To learn more, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Specialty mental health services

County mental health plans provide specialty mental health services (SMHS) to Medi-Cal beneficiaries who meet medical necessity rules. SMHS may include these outpatient, residential and inpatient services:

- Outpatient services:
 - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
 - Medication support services
 - Day treatment intensive services
 - Day rehabilitation services
 - Crisis intervention services
 - Crisis stabilization services
 - Targeted case management services
 - Therapeutic behavioral services
 - Intensive care coordination (ICC)
 - Intensive home-based services (IHBS)
 - Therapeutic foster care (TFC)
- Residential services:
 - Adult residential treatment services
 - Crisis residential treatment services
- Inpatient services:
 - Acute psychiatric inpatient hospital services
 - Psychiatric inpatient hospital professional services
 - Psychiatric health facility services

To learn more about specialty mental health services the county mental health plan provides, you can call the county. To find all counties' toll-free phone numbers online, visit <https://www.dhcs.ca.gov/individuals/Pages/MHPCContactList.aspx#i>.

Substance use disorder services

County mental health plans provide:

- Outpatient substance use disorder services, including residential treatment services.
- For help finding more information on substance use disorder services, provided by the county mental health plan, you can call the county.
 - Riverside: 1-800-499-3008
 - San Bernardino: 1-909-421-4601
- To locate all counties toll-free phone numbers online, visit <http://www.dhcs.ca.gov/individuals/Pages/MHPCContactList.aspx>



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Dental services

IEHP does not contract with Medi-Cal to provide dental services. Dental services are not covered by IEHP. However, you can get Medi-Cal dental services through Denti-Cal (which is Medi-Cal's Dental Program) that include:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planning
- Periodontal maintenance
- Complete and partial dentures
- Orthodontics for children who qualify

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922). You may also visit the Medi-Cal Dental Program website at www.smilecalifornia.org.

Institutional long-term care

IEHP covers long-term care for the month you enter a facility and the month after that. IEHP does **not** cover long-term care if you stay longer.

Regular Medi-Cal covers your stay if it lasts longer than the month after you enter a facility. To learn more, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

Services you cannot get through IEHP or Medi-Cal

There are some services that neither IEHP nor Medi-Cal will cover, including:

- California Children's Services (CCS)
- Childhood Lead Poisoning
- Human Immunodeficiency Virus (HIV) and AIDS Drugs
- Local Education Agency (LEA) Services
- Pediatric Day Health Care
- Psychotherapeutic Drugs
- State Serum Alpha Fetoprotein Testing Program
- Targeted Case Management (TCM) Services
- Treatment of Tuberculosis



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

- Women, Infant and Children (WIC) Supplemental Food Program
- Cosmetic surgery

Read each of the sections below to learn more. Or call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

California Children’s Services (CCS)

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If IEHP or your PCP believes your child has a CCS condition, he or she will be referred to the CCS county program to be assessed for eligibility.

CCS program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS condition. IEHP will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

IEHP does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services and equipment.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with health conditions such as:

- | | |
|-----------------------------------|--|
| ▪ Congenital heart disease | ▪ Hearing loss |
| ▪ Cancers | ▪ Cataracts |
| ▪ Tumors | ▪ Cerebral palsy |
| ▪ Hemophilia | ▪ Seizures under certain circumstances |
| ▪ Sickle cell anemia | ▪ Spina bifida |
| ▪ Thyroid problems | ▪ Rheumatoid arthritis |
| ▪ Diabetes | ▪ Muscular dystrophy |
| ▪ Serious chronic kidney problems | ▪ AIDS |
| ▪ Liver disease | ▪ Severe head, brain or spinal cord injuries |
| ▪ Intestinal disease | ▪ Severe burns |
| ▪ Cleft lip/palate | ▪ Severely crooked teeth |
| ▪ Spina bifida | |

The State pays for CCS services. If your child is not eligible for CCS program services, he or she will keep getting medically necessary care from IEHP.

To learn more about CCS, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Childhood Lead Poisoning

Case management provided by county health departments.

Human Immunodeficiency Virus (HIV) and AIDS Drugs

Drugs that are listed in the Medi-Cal Provider Manual: two-plan model, capitated/ non-capitated drugs section, which lists excluded HIV/AIDS drugs.

Local Education Agency (LEA) Services

Assessment services provided to a Member who qualifies for LEA services. Any LEA services provided pursuant to an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP) or LEA services provided under an Individualized Health and Support Plan (IHSP).

Pediatric Day Health Care

A day program of less than 24 hours that is individualized and family centered.

Psychotherapeutic Drugs

Drugs that are listed in the Medi-Cal Provider Manual, (MCP): Two plan model, capitated/ Noncapitated Drugs section, which lists excluded psychiatric drugs.

State Serum Alphafetoprotein Testing Program

Laboratory services provide under the State serum alphafetoprotein testing program administered by the Genetic Disease Branch of California Department of Public Health.

Targeted Case Management (TCM) Services

If determined eligible, Members will be referred to a Regional Center or local government health program as appropriate for the provision of TCM services.

Treatment of Tuberculosis

Your IEHP Doctor will decide if you need care for tuberculosis. If care is needed, you will be sent to a local health department. Your Doctor oversees follow up care.

Women, Infant and Children (WIC) Supplemental Food Program

Your IEHP Doctor will look at the nutritional needs of pregnant, breast-feeding and postpartum women, as well as infants and children. Eligible Members will be referred to the local WIC program. WIC gives food vouchers and education on nutrition. Your doctor will record, plan, and check up on patients sent to the local WIC program.

Cosmetic Surgery

IEHP does not cover cosmetic surgery to change the shape of normal structures of the body in order to improve appearance.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

How to get excluded and limited Medi-Cal services

To get excluded and limited services that are not covered by IEHP but covered by Regular Medi-Cal, you find a Medi-Cal Provider who offers these services and take your blue and white Medi-Cal ID card when you go to that Provider.

If you have questions about how to get services that are covered by Regular Medi-Cal, call IEHP Member Services at 1-800-440-IEHP (4347) or TTY 1-800-718-4347.

Other programs and services for people with Medi-Cal

There are other programs and services for people with Medi-Cal, including:

- Coordinated Care Initiative (CCI)
- Organ and tissue donation
- Diabetes Prevention Program (DPP)
- Health Homes Program (HHP)

Read each of the sections below to learn more about other programs and services for people with Medi-Cal.

Coordinated Care Initiative (CCI)

The California Coordinated Care Initiative (CCI) works to improve care coordination for dual eligibles (people who qualify for both Medi-Cal and Medicare). CCI has two main parts:

Cal MediConnect

The Cal MediConnect program aims to improve care coordination for dual eligibles. It lets them enroll in a single plan to manage all of their benefits, instead of having separate Medi-Cal and Medicare plans. It also aims for high-quality care that helps people stay healthy and in their homes for as long as possible.

Managed Long-Term Services and Supports (MLTSS)

All Medi-Cal beneficiaries, including dual eligibles, must join a Medi-Cal managed care health plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

To learn more about CCI, call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347.

Organ and tissue donation

Anyone can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at organdonor.gov.

Health Homes Program

IEHP covers Health Homes Program (HHP) services for members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health services, and community-based Long-Term Services and Supports (LTSS) for members with chronic conditions.

You may be contacted if you qualify for the program. You can also call IEHP, or talk to your doctor or clinic staff, to find out if you can receive HHP services.

You may qualify for HHP if:

- You have certain chronic health conditions. You can call IEHP to find out the conditions that qualify, and you meet one of the following:
 - You have three or more of the HHP eligible chronic conditions
 - You stayed in the hospital in the last year
 - You visited the emergency department three or more times in the last year; or
 - You do not have a place to live.

You do not qualify to receive HHP services if:

- You receive hospice services; or
- You have been residing in a skilled nursing facility for longer than the month of admission and the following month.

Covered HHP services

HHP will give you a care coordinator and care team that will work with you and your health care providers, such as your doctors, specialists, pharmacists, case managers and others, to coordinate your care. IEHP provides HHP services, which include:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social supports

Cost to member

There is no cost to the member for HHP services.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Care coordination

IEHP offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

Evaluation of new and existing technologies

IEHP is always looking for ways to take better care of our Members. That is why IEHP has a process in place that review new technology for medical or behavioral procedures, drugs, and devices for any added benefits.

Our Medical Directors identify new medical or behavioral procedures, treatment, drugs, and devices on a regular basis. They present research data to the IEHP Utilization Management (UM) Subcommittee or IEHP Pharmacy & Therapeutics (P&T) Subcommittee, where Doctors review the technology and suggest whether it can be added as a new benefit. If approved by the Utilization Management (UM) Subcommittee or Pharmacy & Therapeutics (P&T) Subcommittee, the new technology is then presented to the Quality Management Committee for final approval. Once approved by the IEHP Quality Management Committee, IEHP will add the new technology as a covered benefit for our Members. To learn more about this review of new technology, please call IEHP Member Services at 1-800-440-IEHP (4347).



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

5. Rights and responsibilities

As a member of IEHP, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of IEHP.

Your rights

IEHP members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including Covered Services, practitioners, providers, and member rights and responsibilities.
- To be able to choose a primary care provider within IEHP's network.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To make recommendations about the organization's member rights and responsibilities policies.
- To receive care coordination.
- To request an appeal of decisions to deny, defer or limit services or benefits.
- To receive oral interpretation services for their language.
- To receive free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To disenroll upon request. Members that can request expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs.
- To access Minor Consent Services.
- To receive written member-informing materials in alternative formats (such as braille,



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large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).

- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To receive information and have a discussion on available treatment options and alternatives regardless of cost or benefit coverage, presented in a manner appropriate to your condition and ability to understand.
- To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by IEHP, your providers or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Service Facilities, midwifery services, Rural Health Centers, sexually transmitted disease services and Emergency Services outside IEHP's network pursuant to the federal law.
- If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact IEHP Member Services, and if you have further questions, you are encouraged to contact the **Department of Managed Health Care**, which protects HMO consumers, by telephone at its toll-free number, **1-888-HMO-2219 (1-888-466-2219)**, or at a TTY number for the hearing impaired at **1-877-688-9891**, or online at **www.hmohelp.ca.gov**.

Your responsibilities

IEHP members have these responsibilities:

- Be familiar with and ask questions about your health plan coverage. If you have a question about your coverage, call IEHP Member Services at 1-800-440-IEHP (4347).
- Follow the advice and care procedures provided by your Doctor, IEHP, and the program. If you have a question about these procedures, call IEHP Member Services at 1-800-440-IEHP (4347).
- Request interpreter services at least 5 working days before a scheduled appointment.
- Call your Doctor or pharmacy at least 3 days before you run out of medicine.
- Cooperate with your Doctor and staff and treat them with respect. This includes being on time for your visits or calling your Doctor if you need to cancel or reschedule an appointment.
- Understand that your Doctor's office may have limited seating for patients and caregivers



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only.

- Give accurate information to IEHP, your Doctor, and any other Provider. This helps you get better care.
- Understand your health needs and be a part of your health care decisions. Ask your Doctor questions if you do not understand and involve in developing treatment goals.
- Work with your Doctor to make plans for your health care.
- Follow the plans and instructions for care that you have agreed on with your Doctor.
- Notify IEHP and your Doctor if you want to stop the plans and instruction you have agreed on or want to stop participating in health management programs.
- Immunize your children by age 2 years and always keep your children's immunizations up to date.
- Call your Doctor when you need routine or urgent health care.
- Care for your own health. Live a healthy lifestyle, exercise, eat a good diet, and don't smoke.
- Avoid knowingly spreading disease to others.
- Use IEHP's grievance process to file a complaint. Call IEHP Member Services at 1-800-440-IEHP (4347) to file a complaint.
- Report any wrongdoing or fraud to IEHP by calling the Compliance Hotline at 1-866-355-9038 or the proper authorities.
- Understand that there are risks in getting health care and limits to what can be done for you medically.
- Understand that it is a health care Provider's duty to be efficient and fair in caring for you as well as other patients.

Notice of privacy practices

A STATEMENT DESCRIBING IEHP POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST

IEHP will keep your medical information confidential. This includes any medical records, computer data, reports, or records about you or your health care. You have the right to keep your medical information and records confidential, unless you say differently. You also have the right to review, request corrections to, and receive a copy of your medical records from your Doctor or protected health information. Contact IEHP Member Services at 1-800-440-IEHP (4347) for help.

Some of the things IEHP does to keep your information private:

- IEHP Doctors and their staff are required to treat your medical records and personal information with care and privacy.
- Whenever your medical records need to be released for any reason, you will be contacted



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for your permission. You can say “who” may receive your records.

- IEHP will not reveal any medical information to anyone other than the Member, the Member’s legal guardian, or someone the Member has appointed. If you have appointed someone to represent you, that person should have your written permission to act on your behalf. If there is a situation where your health may be in danger, IEHP will get reasonable verification of your permission. For information on how to appoint a representative, including a foster parent, please contact IEHP Member Services at 1-800-440-IEHP (4347) or complete the “Appointment of Representative” form found on the IEHP website at www.iehp.org.
- If an appointed representative calls IEHP Member Services, he or she will be asked for information confirming Member identity before any questions can be answered. This includes the IEHP Member ID number, Member Social Security Number, date of birth, and address.
- IEHP will only release Member and eligibility information to our contracted Providers after that Provider has given positive identification.
- IEHP will not reveal confidential Member’s information except for Member treatment, payments, or health care operations. Every precaution is taken so that information transmitted is handled in a confidential manner. Transfer of such information is allowable under current regulations.
- IEHP will not disclose confidential information that is not used for treatment, payment, or health care operations without your full approval.
- IEHP will keep your confidential information private within IEHP because only certain employees are permitted to have access to your confidential information.
- You have the right to access your confidential medical information. IEHP will provide you with access and an accounting of disclosures upon request. You also have the right to amend your confidential medical information and request restrictions on the use and disclosure of your confidential medical information.
- IEHP takes its commitment to confidentiality seriously and has policies in place at IEHP that protect your confidential information secure from oral, written, or electronic disclosure or access.
- You have the right to report any incident that you believe results in an unauthorized disclosure of confidential information. You should report the incident to IEHP by calling the Compliance Hotline at 1-866-355-9038.

Please refer to your Notice of Privacy Practices for further information regarding IEHP’s Privacy Practices, or call IEHP Member Services at 1-800-440-IEHP (4347) for a copy of the Notice of Privacy Practices or visit IEHP’s website at www.iehp.org located on the bottom of the homepage



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services IEHP provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

- Personal Injury Program at <http://dhcs.ca.gov/PI>
- Workers Compensation Recovery Program at <http://dhcs.ca.gov/WC>

To learn more, call 1-916-445-9891.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to beneficiaries. IEHP will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

You must apply for and keep other health coverage (OHC) that is available to you for free or is state-paid coverage. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. If you do not report changes to your OHC promptly, and because of this, receive Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice about estate recovery

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums, nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

To learn more about the estate recovery, call 1-916-650-0490. Or get legal advice.

Notice of Action

IEHP will send you a Notice of Action (NOA) letter any time IEHP denies, delays, terminates or modifies a request for health care services. If you disagree with the plan's decision, you can always file an appeal with IEHP.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

6. Reporting and solving problems

There are two kinds of problems that you may have with IEHP:

- A **complaint** (or **grievance**) is when you have a problem with IEHP or a provider, or with the health care or treatment you got from a provider
- An **appeal** is when you don't agree with IEHP's decision not to cover or change your services

You can use the IEHP grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact IEHP first to let us know about your problem. Call us between 8am to 5pm, Monday through Friday at IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347) to tell us about your problem. This will not take away any of your legal rights. We will also not discriminate or retaliate against you for complaining about us. Letting us know about your problem will help us improve care for all members.

If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the **California Department of Managed Health Care (DMHC)** at **1-888-HMO-2219 (TTY 1-877-688-9891)**.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, between 8:00 a.m. and 5:00 p.m. at **1-888-452-8609**.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call IEHP Member Services at **1-800-440-IEHP (4347) (TTY 1-800-718-4347)**.

To report incorrect information about your additional health insurance, please call Medi-Cal Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-800-541-5555.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from IEHP or a provider. There is no time limit to file a complaint. You can file a complaint with us at any time by phone, in writing or online.

- **By phone:** Call IEHP at IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347) between 8am to 5pm, Monday through Friday. Give your health plan ID number, your name and the reason for your complaint.
- **By mail:** Call IEHP at IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

IEHP
ATTN: Grievance and Appeals Department
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800

Your doctor's office will have complaint forms available.

- **Online:** Visit the IEHP website. Go to www.iehp.org.

If you need help filing your complaint, we can help you. We can give you free language services. Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call IEHP about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next working day, you may not receive a letter.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call us at IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). We will make a decision within 72 hours of receiving your complaint.

Appeals

An appeal is different from a complaint. An appeal is a request for IEHP to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

(NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you can file an appeal. Your PCP can also file an appeal for you with your written permission.

You must file an appeal within 60 calendar days from the date on the NOA you received. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date IEHP says services will stop. When you request the appeal, please tell us that you want to continue receiving services.

You can file an appeal by phone, in writing or online:

- **By phone:** Call IEHP at IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347) between 8am to 5pm, Monday through Friday. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call IEHP at IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:

IEHP
ATTN: Grievance and Appeals Department
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800

Your doctor's office will have appeal forms available.

- **Online:** Visit the IEHP website. Go to www.iehp.org.

If you need help filing your appeal, we can help you. We can give you free language services. Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

Within 5 days of getting your appeal, we will send you a letter letting you know we received it. Within 30 days, we will tell you our appeal decision.

If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). We will make a decision within 72 hours of receiving your appeal.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

What to do if you do not agree with an appeal decision

If you filed an appeal and received a letter from IEHP telling you we did not change our decision, or you never received a letter telling you of our decision and it has been past 30 days, you can:

- Ask for a **State Hearing** from Department of Social Services, and a judge will review your case.
- Ask for an **Independent Medical Review (IMR)** from DMHC, and an outside reviewer who is not part of IEHP will review your case.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below have more information on how to ask for a State Hearing or an IMR.

Independent Medical Reviews (IMR)

An IMR is when an outside reviewer who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with IEHP. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may then request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger.

Here is how to ask for an IMR. The term "grievance" is for "complaints" and "appeals":

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-440-IEHP (4347) (TTY 1-800-718-4347)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

(1-877-688-9891) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with people from the DSS. A judge will help to resolve your problem. You can ask for a State Hearing only if you have already filed an appeal with IEHP and you are still not happy with the decision or if you have not received a decision on your appeal after 30 days, and you have not requested an IMR.

You must ask for a State Hearing within 120 days from the date on the notice telling you of the appeal decision. Your PCP can ask for a State Hearing for you with your written permission and if he or she gets approval from DSS. You can also call DSS to ask the State to approve your PCP's request for a State Hearing.

You can ask for a State Hearing by phone or mail.

- **By phone:** Call the DSS Public Response Unit at 1-800-952-5253 (TTY 1-800-952-8349).
- **By mail:** Fill out the form provided with your appeals resolution notice. Send it to:
California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347).

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. IEHP must follow what the judge decides.

If you want the DSS to make a fast decision because the time it takes to have a State Hearing would put your life, health or ability to function fully in danger, you or your PCP can contact the DSS and ask for an expedited (fast) State Hearing. DSS must make a decision no later than 3 business days after it gets your complete case file from IEHP.

Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it.

Provider fraud, waste and abuse includes:



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service

Fraud, waste and abuse by a person who gets benefits includes:

- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

IEHP Compliance Mailbox: IEHP Compliance Officer
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800
Compliance Hotline: (866) 355-9038
Email: compliance@iehp.org
Fax: (909) 477-8536



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am to 5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

7. Important numbers and words to know

Important phone numbers

- IEHP Member Services: 1-800-440-IEHP (4347) (TTY 1-800-718-4347)
- 24-Hour Nurse Advice Line: 1-888-244-IEHP (4347) (TTY 1-866-577-8355)

Words to know

Active labor: The period of time when a woman is in the three stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

Acute: A medical condition that is sudden, requires fast medical attention and does not last a long time.

Appeal: A member's request for IEHP to review and change a decision made about coverage for a requested service.

Benefits: Health care services and drugs covered under this health plan.

California Children's Services (CCS): A program that provides services for children up to age 21 with certain diseases and health problems.

California Health and Disability Prevention (CHDP): A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth who qualify have access to regular health care. Your PCP can provide CHDP services.

Case manager: Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

Certified Nurse Midwife (CNM): An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.

Chronic condition: A disease or other medical problem that cannot be completely cured or that



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gets worse over time or that must be treated so you do not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Service Facility or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about IEHP, a provider, or the quality of care or quality of services provided. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months, if the provider and IEHP agree.

Copayment: A payment you make, generally at the time of service, in addition to the insurer's payment.

Coverage (covered services): The health care services provided to members of IEHP, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

DHCS: The California Department of Health Care Services. This is the State office that oversees the Medi-Cal program.

Disenroll: To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

DMHC: The California Department of Managed Health Care. This is the State office that oversees managed care health plans.

Durable medical equipment (DME): Equipment that is medically necessary and ordered by your doctor or other provider. IEHP decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

Early and periodic screening, diagnosis and treatment (EPSDT): EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early.

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:



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- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a body function
- Cause a body part or organ to not work right

Emergency room care: An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to receive emergency medical care.

Enrollee: A person who is a member of a health plan and receives services through the plan.

Excluded services: Services not covered by IEHP; non-covered services.

Family planning services: Services to prevent or delay pregnancy.

Federally Qualified Health Center (FQHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

Fee-For-Service (FFS): This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept “straight” Medi-Cal and bill Medi-Cal directly for the services you got.

Follow-up care: Regular doctor care to check a patient’s progress after a hospitalization or during a course of treatment.

Formulary: A list of drugs or items that meet certain criteria and are approved for members.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Grievance: A member’s verbal or written expression of dissatisfaction about IEHP, a provider, or the quality of care or services provided. A complaint is the same as a grievance.

Habilitation services and devices: Health care services that help you keep, learn or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll you in or disenroll you from the health plan.

Health care providers: Doctors and specialists such as surgeons, doctors who treat cancer or doctors who treat special parts of the body, and who work with IEHP or are in the IEHP network. IEHP network providers must have a license to practice in California and give you a service IEHP covers.

You usually need a referral from your PCP to go to a specialist. Your PCP must get pre-approval from IEHP before you get care from the specialist.



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You do **not** need a referral from your PCP for some types of service, such as family planning, emergency care, ob/gyn care or sensitive services.

Types of health care providers:

- Audiologist is a provider who tests hearing.
- Certified nurse midwife is a nurse who cares for you during pregnancy and childbirth.
- Family practitioner is a doctor who treats common medical issues for people of all ages.
- General practitioner is a doctor who treats common medical issues.
- Internist is a doctor with special training in internal medicine, including diseases.
- Licensed vocational nurse is a licensed nurse who works with your doctor.
- A counselor is a person who helps you with family problems.
- Medical assistant or certified medical assistant is a non-licensed person who helps your doctors give you medical care.
- Mid-level practitioner is a name used for health care providers, such as nurse-midwives, physician assistants or nurse practitioners.
- Nurse anesthetist is a nurse who gives you anesthesia.
- Nurse practitioner or physician assistant is a person who works in a clinic or doctor's office who diagnoses, treats and cares for you, within limits.
- Obstetrician/gynecologist (ob/gyn) is a doctor who takes care of a woman's health, including during pregnancy and birth.
- Occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.
- Pediatrician is a doctor who treats children from birth through the teen years.
- Physical therapist is a provider who helps you build your body's strength after an illness or injury.
- Podiatrist is a doctor who takes care of your feet.
- Psychologist is a person who treats mental health issues but does not prescribe drugs.
- Registered nurse is a nurse with more training than a licensed vocational nurse and who has a license to do certain tasks with your doctor.
- Respiratory therapist is a provider who helps you with your breathing.
- Speech pathologist is a provider who helps you with your speech.

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Health Risk Assessment (HRA): A way for our Care Team to find out your concerns or problems that our nurse and social work Care Managers can help you with.

Home health care: Skilled nursing care and other services given at home.



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Home health care providers: Providers who give you skilled nursing care and other services at home.

Hospice: Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness (not expected to live for more than 6 months).

Hospital: A place where you get inpatient and outpatient care from doctors and nurses.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Inpatient care: When you have to stay the night in a hospital or other place for the medical care you need.

Long-term care: Care in a facility for longer than the month of admission.

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. IEHP is a managed care plan.

Medical home: A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

Medically necessary (or medical necessity): Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under the age of 21, Medi-Cal services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

Member: Any eligible Medi-Cal member enrolled with IEHP who is entitled to receive covered services.

Mental health services provider: Licensed individuals who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals and other providers contracted with IEHP to



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provide care.

Network provider (or in-network provider): Go to “Participating provider.”

Non-covered service: A service that IEHP does not cover.

Non-emergency medical transportation (NEMT): Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. IEHP pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

Non-formulary drug: A drug not listed in the drug Formulary.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider.

Non-participating provider: A provider not in the IEHP network.

Orthotic device: A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

Out-of-area services: Services while a member is anywhere outside of the service area.

Out-of-network provider: A provider who is not part of the IEHP network.

Outpatient care: When you do not have to stay the night in a hospital or other place for the medical care you need.

Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies and supplements

Palliative care: Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness.

Participating hospital: A licensed hospital that has a contract with IEHP to provide services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by IEHP’s utilization review and quality assurance policies or IEHP’s contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with IEHP to offer covered services to members at the time a member receives care.



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Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

Plan: Go to “Managed care plan.”

Post-stabilization services: Services you receive after an emergency medical condition is stabilized.

Pre-approval (or prior authorization): Your PCP must get approval from IEHP before you get certain services. IEHP will only approve the services you need. IEHP will not approve services by non-participating providers if IEHP believes you can get comparable or more appropriate services through IEHP providers. A referral is not an approval. You must get approval from IEHP.

Premium: An amount paid for coverage; cost for coverage.

Prescription drug coverage: Coverage for medications prescribed by a provider.

Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter (OTC) drugs that do not require a prescription.

Preferred drug list (PDL): A chosen list of drugs approved by this health plan from which your doctor may order for you. Also called a Formulary.

Primary care: Go to “Routine care.”

Primary care provider (PCP): The licensed provider you have for most of your health care. Your PCP helps you get the care you need. Some care needs to be approved first, unless:

- You have an emergency.
- You need ob/gyn care.
- You need sensitive services.
- You need family planning care.

Your PCP can be a:

- General practitioner
- Family practitioner
- Nurse practitioner
- Internist
- Ob/gyn
- Physician assistant
- Pediatrician
- FQHC or RHC
- Clinic

Prior authorization (pre-approval): A formal process requiring a health care provider to get approval to provide specific services or procedures.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the IEHP network.



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Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.

Public health services: Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: Doctor qualified in the area of practice appropriate to treat your condition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral: When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval.

Routine care: Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.

Sensitive services: Medically necessary services for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.

Serious illness: A disease or condition that must be treated and could result in death.

Service area: The geographic area IEHP serves. This includes the counties of Riverside and San Bernardino.

Skilled nursing care: Covered services provided by licensed nurses, technicians and/or therapists during a stay in a Skilled Nursing Facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals may give.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.



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Specialty mental health services:

- Outpatient services:
 - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
 - Medication support services
 - Day treatment intensive services
 - Day rehabilitation services
 - Crisis intervention services
 - Crisis stabilization services
 - Targeted case management services
 - Therapeutic behavioral services
 - Intensive care coordination (ICC)
 - Intensive home-based services (IHBS)
 - Therapeutic foster care (TFC)
- Residential services:
 - Adult residential treatment services
 - Crisis residential treatment services
- Inpatient services:
 - Acute psychiatric inpatient hospital services
 - Psychiatric inpatient hospital professional services
 - Psychiatric health facility services

Terminal illness: A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

Triage (or screening): The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider if network providers are temporarily not available or accessible.



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