18. PROVIDER NETWORK

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

**APPLIES TO:**

A. This policy applies to all IEHP Healthy Kids Providers.

**POLICY:**

A. PCPs may have a maximum of two (2) unique IEHP Provider Affiliation Numbers, except in rural areas where PCP coverage is limited due to geographic location at the discretion of IEHP. PCPs may have a maximum of three (3) unique IEHP Healthy Kids Provider Affiliation Numbers at the discretion of IEHP.

**PROCEDURES:**

A. A PCP must spend a minimum of twenty (20) hours per week at each participating location with the exception of Residency teaching clinics who may be exempt from the minimum twenty (20) hour on site requirement for PCPs as outlined in Policy 6C, “Residency Teaching Clinics” and Policy 6D, “Rural Clinics.”

B. Attending physicians receiving Membership assignment as a PCP at a residency teaching clinic or at a rural clinic must be on-site a minimum of eight (8) hours per week.

C. A PCP is allowed a maximum of two (2) unique Provider Affiliation Numbers under the following circumstances:
   1. The PCP has two (2) offices within IEHP’s service area and spends a minimum of twenty (20) hours per week at each site.
   2. The PCP has one office but admits and/or has an admitter to two (2) IEHP contracted Hospitals that are both located within the PCP’s geography, as deemed by IEHP.
   3. The above is allowed as long as the PCP is contracted with an IPA that meets the criteria specified in Policies 18F, “Specialty Panel” and 18H, “Hospital Affiliations.”

D. Given the above criteria, a PCP may join a maximum of two (2) different IPAs, and/or may admit Members to a maximum of two (2) IEHP contracted Hospitals to comply with the two (2) Provider Affiliation Numbers rule, with exception of PCPs with rural clinics which are allowed three (3) Provider Affiliation Numbers as long as they fit the criteria outlined in Policy 6D, “Rural Clinics.”
18. PROVIDER NETWORK

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

E. IEHP will allow PCPs to have two (2) IPA affiliations at one (1) site linked to one (1) hospital as long as that IPA meets the criteria specified in Policies 18F, “Specialty Panel” and 18H, “Hospital Affiliations.”

F. IEHP verifies IPA and Hospital affiliation privileges and geographic distribution as stated in Policy 5D, “Hospital Privileges.”
18. PROVIDER NETWORK

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

**APPLIES TO:**

A. This policy applies to all IEHP Healthy Kids Providers.

**POLICY:**

A. State regulations or IEHP requirements ensure that its contracted network satisfies the following full-time equivalent (FTE) Provider to Member ratios:
   1. Primary Care Physicians (PCP) 1 : 2,000
   2. Physician Extenders 1 : 1,000

B. State regulations also require that FTE physician supervisor to non-physician medical practitioners (Physician Extenders) ratios do not exceed the following:
   1. Nurse Practitioners (NP) 1 : 4
   2. Certified Nurse Midwives (CNM) 1 : 3
   3. Physician Assistants (PA) 1 : 4
   4. Maximum of four (4) Non-Physician Medical Practitioners in any combination that does not include more than three (3) midwives.

C. IEHP has adopted the above FTE ratios for all Providers serving all Members.

D. PCPs are defined as family practice, internal medicine, pediatrics, general practice or OB/GYN physicians.

E. Non-physician medical practitioners, also known as physician extenders, are defined as NPs, CNMs and PAs

F. All Members must receive access to all covered services without restriction based on race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), disability, genetic information, or source of payment.

G. IEHP requires Providers to provide covered services to all Members assigned to them at an appropriate facility without imposing restrictions as listed in policy F.

H. IEHP ensures the participation of a broad range of safety net and traditional Providers, within its service areas by maintaining contracts with and active outreach to these Providers.
18. PROVIDER NETWORK

A. Primary Care Physician (PCP)

2. Enrollment Limits

I. IEHP will include any safety net or traditional Provider that meets credentialing and/or quality standards, and is willing to provide services under the same terms and conditions that the plan requires for similar Providers.

J. PCPs have an enrollment limit of 2,000 Members. Assignment beyond 2,000 Members handled on a case by case basis. PCPs with physician extenders may be assigned a maximum of 6,000 Members under the IEHP Plan, in accordance with the above standards. All PCPs must be willing to accept a minimum potential enrollment of 500 Members, unless otherwise approved.

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

PROCEDURES:

A. Each PCP is listed in the IEHP data system as having an enrollment limit of 2,000 Members. If a PCP has two (2) IEHP Provider Affiliation Numbers, each Provider Affiliation Number is assigned an enrollment limit that when combined total of 2,000 Members maximum.

B. For each physician extender supervised by a PCP at the same location, the number of potential assigned Members can be increased by 1,000 Members per physician extender, up to a maximum of 6,000 potential Members in total.

C. IEHP must receive a copy of the physician extender’s license and a copy of the Supervisory certificate and Delegation of Services Agreement between the physician and physician extender, if applicable, in order to increase the PCP’s enrollment limit.

D. PCPs must meet all applicable statutory and regulatory requirements for the supervision of physician extenders.

E. Only one PCP can be designated the supervising physician for a physician extender. Physician extenders are allowed a maximum of two (2) supervisors respectively at two (2) unique locations.

F. As stated in Policy 9A, “Access Standards,” a PCP must be physically on-site a minimum of twenty (20) hours per week for each approved PCP site.

G. Providers are required to offer the same hours of operation for appointments or walk in to all patients regardless of line of business.
18. PROVIDER NETWORK

A. Primary Care Physician (PCP)

2. Enrollment Limits

H. All participating PCPs must be willing to accept a minimum of 500 Members in all contracted lines of business, unless otherwise approved. PCPs reaching the minimum limit may elect to not participate in the auto assignment process and Member choice process by contacting IEHP.

I. PCPs are listed in the IEHP Provider Directory and receive Members through auto assignment and Member choice, unless otherwise requested.

1. PCPs requesting age restrictions outside of those listed in Policy 5A, “IEHP Practitioner Guidelines,” do not receive Members through auto assignment.

J. A PCP can limit the growth of his/her IEHP enrollment by requesting in writing to NOT be listed in the IEHP Provider Directory and to NOT be included in the auto assignment process for defaulted Members upon reaching the minimum requirement of 500 Members, unless otherwise approved.

K. Once the PCP’s enrollment limit is met, the PCP is closed to new Member enrollment until the PCP’s Membership drops below the maximum level.

L. At least annually, IEHP assesses its network capacity as it pertains to the standards stated herein. IEHP takes corrective action as necessary with Providers to ensure its network continuously satisfies IEHP and legislative requirements.

M. On an ongoing basis, IEHP reviews and monitors its overall PCP capacity to ensure adequate access regardless of enrollment limits.

N. If IEHP is notified or otherwise becomes aware that a safety net or traditional Provider is within its service area but not currently contracted, IEHP staff actively outreaches to that Provider to obtain a contract. If the Provider meets credentialing and/or quality standards, and is willing to participate under the terms and conditions for similar Providers, IEHP will contract with that Provider.
18. PROVIDER NETWORK

B. Provider Directory

APPLIES TO:

A. This policy applies to all IEHP Healthy Kids Providers.

POLICY:

A. IEHP publishes a Provider Directory on a semi-annual basis.

B. Each Provider Directory contains information on PCPs, OB/GYNs and Vision Providers who have been credentialed and are contracted with IEHP directly or through a subcontracted agreement with network IPAs.

C. Each PCP is listed individually in the Provider Directory to help facilitate the selection process by the Member.

D. Based on IEHP PCP/IPA affiliations, a PCP can be listed twice in the Provider Directory, with the exceptions of those practitioners who also service IEHP rural areas.

E. A PCP with two (2) IPA/Hospital affiliations, credentialled and board certified in two (2) IEHP approved specialties, can be listed a maximum of four (4) times in the Provider Directory.

F. A listing of all contracted IPAs, Hospitals, OB/GYN Providers, Vision Providers, Urgent Care Centers and Pharmacies are included in the Provider Directory.

G. IEHP also maintains a Web-based Provider Directory to provide Members with the most updated IEHP provider network including PCPs, OB/GYNs, Hospitals, Urgent Care Centers and Pharmacies.

PROCEDURES:

A. IEHP publishes and distributes the Provider Directory on a semi-annual basis to provide existing and potential Members with current information and changes in IEHP’s network.

B. Members, potential Members or other requestors can receive the IEHP Provider Directory through the following:

1. Healthy Kids Members receive a Provider Directory in the IEHP Pre-enrollment packet.

2. IEHP mails a copy of the Provider Directory directly to new Members upon enrollment with IEHP.

3. Members, potential Members, or other requestors may call IEHP Member Services Department directly at (800) 440-4347 to receive a copy within ten (10) days.
18. PROVIDER NETWORK

B. Provider Directory

4. Members can also access the Web-based Provider Network Directory online at www.iehp.org. All network updates are reflected on web-based Provider Directory the same day.

C. The IEHP Provider Directory contains information regarding IEHP’s network practitioners, the following elements which are subject to change based on Program requirements, including but not limited to:

1. Name;
2. Street Address, City and Zip Code;
3. Phone Number;
4. Affiliated Hospital;
5. Affiliated IPA/Clinic;
6. City or Region;
7. Specialty;
8. IEHP Assigned Number;
9. National Provider Identifier (NPI);
10. Languages (other than English) spoken by clinical staff including physician;
11. Business Hours and Days of operations;
12. Bus Route Information;
13. Access for Members with disabilities;
14. Providers who are open “after hours” are ‘bolded’; and
15. Footnote for any practitioner temporarily not accepting new Members or non-standard age ranges.

D. The Provider Directory also includes instructions for Members on how to use the Directory for selecting a practitioner.

E. IEHP maintains 100% verification of the elements listed above by faxing verification requests and calling each practitioner that doesn’t respond to the written request.
F. Due to population mix in Riverside and San Bernardino Counties, IEHP evaluates the Spanish speaking capability of practitioner’s and their staff who have indicated they have capabilities to speak Spanish, at the time of entry into the network and annually through language competency audits, before this designation is listed in the Provider Directory as outlined in Policies 15C1 “Cultural and Linguistic Services - Foreign Language Capabilities”, and 15C2 “Cultural and Linguistic Services – Spanish Language Competency Audits” for more information.

G. During the production of a new Provider Directory, IEHP posts a report on the secure Provider website of the most current listing of contracted and credentialed PCPs and OB/GYNs, including their Hospital affiliation. All IPAs must examine these lists carefully in order to ensure the validity and integrity of the information provided.

H. Any errors in the information listed should be reported to IEHP Provider Services within five (5) days of receipt in order to update the Directory.

I. PCPs listed in the IEHP database with a status of “closed” (not accepting enrollment are not included in any updates to the printed IEHP Provider Directory.
18. PROVIDER NETWORK

C. PCP, Vision and Behavioral Health Provider Network Changes

APPLIES TO:
A. This policy applies to all IEHP Healthy Kids Providers.

POLICY:
A. PCP must provide sixty (60) days advance written notice to IEHP and their IPA regarding any changes in their operations including address, IPA and/or hospital affiliations.
B. Vision Providers must provide sixty (60) days advance written notice to IEHP of any changes in their clinic operation.
C. Behavioral Health Providers (except those serving the HK-Riverside County Members) must provide sixty (60) days advance written notice to IEHP of any changes in their clinic operation.
D. IPAs are required to submit coverage plans sixty (60) days in advance of the effective date whenever they are notified that a subcontracted PCP is relocating or terminating their IPA affiliation as outlined in Policy 18D1, “IPA Reported PCP Changes - PCP Termination.”
E. IEHP allows changes in Hospital and IPA affiliations; however PCPs should review their current contractual clauses regarding contract termination with their IPA before terminating the agreement.

PROCEDURES:
PCP Change in Affiliations
A. PCPs must send written notification informing IEHP and their IPAs of a change in IPA and/or hospital affiliation sixty (60) days prior to the effective date of the change. PCPs must send written notification informing IEHP and their IPAs of a change in Hospital affiliation sixty (60) days prior to the effective date of change.
B. IPAs have sixty (60) days from the effective date of a PCP’s IPA affiliation change to submit the initial credentialing packet to IEHP. Failure to do so will result in freezing of PCP to new membership assignment or possible termination.
C. For IPA changes, IEHP verifies that the new IPA has an approved specialty network in accordance with Policy 18F, “Specialty Panel;” if the hospital changes the new IPA has an approved hospital link and the new PCP has privileges or admitting arrangements in place at the new Hospital; the PCP current referral log as outlined in Policy 14C1a, “Review Procedures – Primary Care Physician (PCP) Referral – Referral Tracking Log” and a signature page of the agreement between the PCP and IPA has been submitted to
18. PROVIDER NETWORK

C. PCP, Vision and Behavioral Health Provider Network Changes

IEHP by the new IPA. Once all information is verified, the new affiliation is accepted and processed then the PCP is assigned a new Provider Affiliation Number.

D. Members are transferred from the old Provider/IPA Affiliation Number to the new Provider/IPA Affiliation Number on the first day of the month when the change is deemed effective by IEHP.
   1. An IPA change becomes effective on the first of the month following sixty (60) days from the date notification is received by IEHP, unless other were approved.
   2. A Hospital change becomes effective on the first of the month following sixty (60) days from the date notification is received by IEHP, unless other were approved.

E. Once all information is verified, IEHP sends a letter to the PCP with a copy to the old IPA, new IPA, old Hospital and new Hospital, if applicable, informing the PCP of his/her new Provider Affiliation Number, effective date of the change, and status of his/her membership (See Attachment, “Notification of Change Letter” in Section 18).

F. The above procedures for Member assignment may be modified due to circumstances that, in the judgment of the IEHP Chief Medical Officer or Chief Network Officer, are in the best interest of the Member.

PCP Changes in Office Location

A. IPAs and PCPs must provide written notification to IEHP that a PCP is relocating to another office within IEHP’s geographic service area sixty (60) days prior to the relocation.

B. If a sixty (60) days advance notice is not received, the PCP is closed to auto assignment, not member choice enrollment for a period of sixty (60) days from the date IEHP received notification from the IPA.

C. When geographically appropriate, Members remain with the PCP unless the PCP moves to a different geographic area, defined as ten (10) miles, from the PCP’s old location.

D. If a PCP moves to a different geographic area, IEHP reassigns Members to a new PCP that has the capacity and can accommodate the affected Member. IEHP cannot guarantee that a Member remains part of the IPA’s network.

E. If the PCP practiced in a hospital-based clinic, county clinic, teaching clinic, Federally Qualified Health Center (FQHC), or other site IEHP determined to function as a clinic in which PCPs are employed, the Member is re-assigned to another IEHP PCP at that site.

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

C. PCP, Vision and Behavioral Health Provider Network Changes

Vision and Behavioral Health (BH) Provider Change in Office Location

A. Vision and BH Providers (except those serving the HK-Riverside County Members) must submit written notification to IEHP that they are relocating to another office within IEHP’s geographic service area sixty (60) days prior to the relocation.

B. If a sixty (60) days advance notice is not received, the Vision and/or BH Provider is closed to IEHP Members for a period of sixty (60) days from the date IEHP received notification from the Vision and/or BH Provider, as applicable.

Vision and Behavioral Health (BH) Provider Termination

A. Vision Provider or Associate Providers and BH Provider (except those serving the HK-Riverside County Members) no longer interested in participation in the IEHP network must submit a sixty (60) days written notice of intent to terminate in accordance with contractual requirements.

B. Members currently under the care of a BH Provider will have their care transitioned as deemed appropriate by IEHP’s Behavioral Health department.
18. PROVIDER NETWORK

D. IPA Reported PCP Changes
   1. PCP Termination

APPLIES TO:

A. This policy applies to all IEHP Healthy Kids Providers.

POLICY:

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

PROCEDURES:

A. IEHP requires an advance sixty (60) days written notification from the IPA that a PCP is terminating as an IEHP network PCP whether voluntary or involuntary, if possible. The notice must include a coverage plan where applicable, and supporting documentation/letter from PCP as to reason for termination.

1. Upon receipt of the sixty (60) days advance notification, IEHP works with the IPA to develop a coverage plan in order to determine Member transfers.

2. IEHP reviews submitted coverage plans and either approves, denies, or requests additional information within five (5) working days of the receipt of information from the IPA.

3. If the same PCP status (i.e., age limitations, geographic location, etc.) as that of the original PCP cannot be achieved, or an acceptable coverage plan is not received thirty (30) days prior to the effective date of termination of a PCP, IEHP reassigns these Members to a new PCP within IEHP’s geographic service area who has the capacity and can accommodate the affected Members. IEHP does not guarantee that Members remain part of the IPA’s network.

4. Once all information is verified and an appropriate PCP is established for Member transfer, IEHP sends a letter to the Member notifying him/her of the impending termination and of the new PCP assignment. The letter informs Members of their right to select their own PCP (See Attachments, “Member PCP Term Notification Letter – English” and “Member PCP Term Notification Letter – Spanish” in Section 18). Notification to the Members occurs thirty (30) days prior to the
18. PROVIDER NETWORK

D. IPA Reported PCP Changes

   1. PCP Termination

   effective date of the impending termination.

   5. Notification of the change is also sent to the IPA and PCP confirming the
termination date and transfer of Members (See Attachment, “Compliant
Termination Letter” and “Non Compliant Complaint Termination Letter” in
Section 18).

B. In situations where less than sixty (60) days advance notice is received, but an approved
coverage plan is accepted, IEHP makes a good faith effort to allow the Member up to
thirty (30) days to make an alternate PCP change.

   1. The IPA may provide coverage by a PCP not credentialed for participation in the
IEHP network as stated in Policy 18I, “Leave of Absence.”

   2. If the PCPs status (i.e., age limitations, geographic location, etc.) cannot be achieved,
IEHP reassigned these Members to a new PCP within IEHP’s geographical service area
that has the capacity and can accommodate the affected Members. IEHP does not
guarantee that Members remain part of the IPA’s network.

   3. Upon verification of all information and an appropriate PCP is selected for Member
transfer, IEHP sends a letter to the Member notifying him/her of the impending
termination and of the new PCP assignment. The letter informs the Member of his/her
right to select another PCP (See Attachments, “Member PCP Term Notification Letter
– English” and “Member PCP Term Notification Letter – Spanish” in Section 18).
Notification to the Member occurs thirty (30) days prior to the effective date of the
impending termination.

   4. Once IEHP establishes an effective date for the PCP termination and Member transfer,
IEHP sends the IPA and PCP written notification regarding the effective date of the
termination and transfer of Members who have not selected a PCP (See Attachment,
“Compliant Termination Letter” in Section 18).

C. IEHP monitors IPAs compliance with the written notification required as part of the IPA
Performance Evaluation Tool as stated in Policy 23A “IPA Performance Evaluation.”
18. PROVIDER NETWORK

D. IPA Reported PCP Changes
   2. Specialty Practitioner Termination

APPLIES TO:

A. This policy applies to all IEHP Healthy Kids Providers.

POLICY:

A. All IPAs must provide IEHP with a sixty (60) days advance written notice of any significant changes in the IPA’s network, including the termination of a specialty practitioner.

B. IEHP requires IPAs to notify Members in writing thirty (30) days prior to the effective date of a specialist’s termination, or determination by the IPA to terminate a specialist.

C. IEHP retains the right to obligate the IPA to continue care uninterrupted with the same specialist for existing Members:
   1. Who are undergoing treatment for an acute condition or serious chronic condition through the current period of active treatment or for up to ninety (90) days, whichever is shorter. Existing care may continue beyond the ninety (90) days if necessary for a safe transfer to another practitioner.
   2. Who are currently undergoing treatment for a high-risk pregnancy or a pregnancy that has reached the second or third trimester pregnancy until postpartum services related to the delivery are completed. Care may be extended beyond postpartum care if necessary for a safe transfer to another practitioner.

D. IPAs are not required to continue care with practitioners terminated for quality issues, fraudulent behavior or criminal activity.

E. IEHP monitors IPA compliance with all notification requirements on an annual basis.

PROCEDURES:

A. IPAs must provide IEHP with a sixty (60) days advance written notice of the termination of a specialty practitioner from the IEHP network. IPAs are responsible for identifying Members currently under the care of a terming specialist, and providing ongoing care as noted below.
   1. The written notification from the IPA to IEHP must include a list of all the Members who have seen the specialist two or more times in the preceding twelve (12) month period, are currently under on-going care, or have an open referral, as well as a copy of the notification letter sent to Members as stated below.
18. PROVIDER NETWORK

D. IPA Reported PCP Changes
   2. Specialty Practitioner Termination

B. IPAs must send written notification to Members thirty (30) days prior to the effective date of the specialist’s termination or a determination by the IPA to terminate the specialty practitioner’s affiliation with the IPA or IEHP (See Attachments, “Specialist Termed Member Notification - English” and “Specialist Termed Member Notification – Spanish” in Section 18). As applicable, the notice to Members must include the right of the Member to continue care under the specialist as outlined in Policy 17C, “Continuity of Care.” The written notification from the IPA must be sent to all Members that:
   1. Have seen the specialist two (2) or more times within the preceding twelve (12) month period, or
   2. Are currently under on-going care, or
   3. Have an open referral.

C. After receiving written notification from the IPA, the specialty practitioner is terminated in IEHP’s system with the effective date of the termination.

D. IEHP reserves the right to make final decisions regarding continuity of care for all Members.

E. Members have the right to review IEHP final decisions, as well as obtain copies of this policy. Members desiring review of a decision, or wanting a copy of this policy, should contact IEHP at (800) 440-4347.

F. IEHP monitors IPA compliance with Specialist Termed notification requirements on a quarterly and annual basis, as part of its oversight of the IPA’s specialty network, as outlined in Policy 18F, “Specialty Panel,” and 5C, “IEHP Quality Oversight of Participating Practitioners.”

G. IEHP monitors IPA compliance with notification requirements on an annual basis, as part of the IPA performances evaluation tool, as outlined in Policy 23A, “IPA Performance Evaluation.”
18. PROVIDER NETWORK

E. Management Services Organization (MSO) Changes

**APPLIES TO:**

A. This policy applies to all IEHP Healthy Kids Providers.

**POLICY:**

A. IEHP evaluates all MSO’s that are contracted with IPAs to ensure that they can meet IEHP operational requirements and standards.

B. Any IPA wishing to contract with a new MSO must provide adequate notice to IEHP so that a pre-contractual audit can be performed to ensure that the MSO can meet IEHP operational requirements and standards.

C. Prior to being included in IEHP’s Provider network, the IPA or MSO must meet IEHP’s contractual, financial, administrative and quality standards.

D. IEHP performs an on-site audit of the IPA or MSO to review information provided in the Precontractual response.

E. In the event that an IPA wishes to change MSOs the IPA must provide IEHP a ninety (90)-day advance written notice of the change.

F. The new MSO will be subject to a Precontractual audit prior to approval.

G. The IPA must submit a transition plan of services fifteen (15) days prior to change from the existing MSO to the new MSO.

H. If the MSO does not meet IEHP standards, the IPA is not allowed to transition to the new MSO. For new IPAs, failure to have an MSO or in house staff and procedure that meet minimum standards will result in all contracting efforts being halted.

I. In the event that a MSO contracted with an IPA experiences significant operational or financial failures that result in the termination of the IPA, IEHP reserves the right to eliminate the MSO or its principals for future management services for any of our currently contracted or new IPAs.

J. If the MSO is providing management services for more than one currently contracted IPA in the IEHP network and is undergoing significant operational or financial failures a review will be performed to ensure that the MSO is meeting IEHP operational requirements and standards for each contracted IPA.

K. If the MSO is providing management services for more than one currently contracted IPA in the IEHP network and is in good standing, a new precontractual audit may be waived.

**PROCEDURES:**
18. PROVIDER NETWORK

E. Management Services Organization (MSO) Changes

A. In the event an IPA decides to change its MSO, the IPA must:
   1. Provide IEHP with a ninety (90) days advance written notice if the MSO is not currently affiliated with IEHP; or
   2. Provide IEHP with a sixty (60) days advance written notice if the MSO is already affiliated with IEHP;
   3. Provide IEHP with a copy of the signed MSO agreement; and
   4. Submit the applicable, revised sections of the Precontractual for services that the new MSO is responsible for performing on behalf of the IPA.

B. IEHP requires any MSO to have:
   1. Been in business for at least two (2) years;
   2. Managed a minimum of two fully capitated HMO contracts for two (2) years;
   3. A local satellite office or be available to travel to the two (2) counties, when necessary;
   4. Capitation payments sent directly to the IPA;
   5. Performed management services that meet or exceed the performance of the previous MSO, if applicable, as measured by the outcome of the Medical Management Audit and subsequent audits as appropriate.

C. Prior to the effective date of change in management, IEHP performs an on-site audit of the new MSO.

D. If the IPA/MSO is unable to pass the IEHP audit, the IPA/MSO is required to contract with an existing IEHP MSO to continue participation in the IEHP network.

E. Failure by the IPA to comply with the above notification requirements may result in the IPA being frozen to new enrollment and network expansion, may incur financial penalties or may be terminated from the IEHP network.

F. IEHP does not approve of new MSO’s that have significant ownership or officer overlap with the IPA owners or officers.

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<td>Chief Title: Chief Network Officer</td>
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18. PROVIDER NETWORK

F. Specialty Panel

APPLIES TO:

A. This policy applies to all IEHP Healthy Kids Providers.

POLICY:

A. State Regulators mandate the types of specialists required in IEHP’s network (See Attachment, “Provider Network Checklist” in Section 18 for required specialties).

B. A specialist is defined as a physician who is board certified or has training that meets ABMS requirements in the specialty of medical care provided.

C. All Members must receive access to all covered services without restriction based on race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), disability, genetic information, or source of payment.

D. IEHP requires IPAs to provide covered services to all Members assigned to them at an appropriate facility without imposing restrictions as listed in Policy C.

E. IEHP requires IPAs to submit a complete listing of their specialty network including specialists, contracted hospitalists, admitters, extenders and ancillary Providers, to identify the IPA’s current Provider network.

F. IEHP monitors the specialty network including specialists, hospitalists, admitters, extenders and ancillaries, for each affiliated Hospitals on a semi-annual basis.

G. Prior to establishing a “link” to a network hospital and prior to receiving enrollment in a given geographic area:
   1. All IPAs must have a complete specialty network of physicians including hospitalists or admitters and ancillary Providers, contracted and credentialed, that have privileges at IEHP contracted hospitals.
   2. IEHP requires IPAs to have all mandated IEHP specialists under contract within fifteen (15) miles or thirty (30) minutes of a Member’s residence, via public or private transportation.

H. IEHP has identified its high-volume specialists as OB/GYNs, Orthopedic and General Surgeons and Physical Therapists based on demographics and number of encounters. To ensure that Members have adequate access to such high-volume specialists, IEHP maintains the following minimum ratios of high-volume specialty practitioners to Members:
   1. OB/GYNs 1: 4,200
18. PROVIDER NETWORK

F. Specialty Panel

2. Orthopedics 1: 20,000
3. General Surgeons 1: 15,000
4. Physical Therapists 1: 20,000

I. To ensure that Members have adequate access to behavioral health practitioners IEHP maintains the following minimum ratios of behavioral health practitioners to Members:

1. Mental Health Practitioners 1: 7,000
2. Marriage and Family Therapist to Members 1: 7,000
3. Licensed Clinical Social Worker to Members 1: 7,000
4. Psychiatrists to Members 1: 7,000
5. Psychologists to Member 1: 7,000

PROCEDURES:

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

1. Cardiology;
2. Gastroenterology;
3. General Surgery;
4. Neurology;
5. OB/GYN;
6. Orthopedics; and
7. Otolaryngology.

B. Prior to receiving enrollment at this established link the IPA must ensure that the following specialty network of physicians are contracted and credentialed within the local geographic service area of the linked Hospital (See Attachment, “Hospital Geographic Service Areas” in Section 18, for geography coverage):

1. Allergy;
2. Cardiac/Thoracic Surgery;
3. Dermatology;
4. Endocrinology;
18. PROVIDER NETWORK

F. Specialty Panel

5. Infectious Disease;
6. Nephrology;
7. Neurosurgery (if the Hospital provides this service);
8. Oncology/Hematology;
9. Ophthalmology;
10. Pediatric Subspecialties;
11. Pediatric Surgery;
12. Physical Medicine;
13. Plastic Surgery;
14. Podiatry;
15. Pulmonary Medicine;
16. Rheumatology; and
17. Urology.

C. If the network hospitals within the affiliated Hospital’s local geography do not offer these services, the IPA is not required to have the corresponding specialty in place as outlined above, but must make regionally appropriate arrangements with other Hospitals in the IEHP network.

D. In the event that a Member is at the linked Hospital and requires a consult from a specialty physician that the IPA does not have under contract at that Hospital, the IPA must arrange and pay the specialist for the consulting services rendered at the rate required by the specialist.

E. Specialists are required to offer the same hours of operation for appointments or walk in to all patients, regardless of line of business.

F. In the event that a Member must be transferred to another hospital due to a lack of a contracted specialist that is available at the hospital, the IPA will be financially responsible for the transfer transportation costs.

G. In certain instances when services required are unavailable within the IEHP network, the IPA must arrange for the provision of specialty services from Providers outside the contracted network to ensure uninterrupted care to Members and timely access as outlined in Policy 9A, “Access Standards.” IPA must initiate and execute a Letter of Agreement (LOA) for services rendered outside the network. IPA must ensure that the cost to the Member should be no greater than it would be if the services were provided in-network.
18. PROVIDER NETWORK

F. Specialty Panel

H. On a semi-annual basis, IEHP posts the IPA’s specialty network rosters on its secure Provider website including adult/pediatric hospitalists, adult/pediatric admitters, extenders, and ancillary Providers submitted previously by the IPA to IEHP that identifies the IPA’s current Provider network that includes:

1. Provider name;
2. Address;
3. Phone number;
4. License number;
5. Specialty type;
6. Hospital affiliations;
7. IPA credentialing committee dates;
8. For obstetricians only, the hospitals they deliver; and
9. IPAs are required to verify and update the information. Specific reporting requirements are delineated in Policy 5C, “IEHP Quality Oversight of Participating Practitioners.”

I. IPAs are required to update all information located on the secure Provider website within thirty (30) days of the information being made available online.

J. Failure of the IPA to complete the required updates in a timely manner including written termination notifications of specialist as stated in Policy 18D2, “IPA Reported PCP Changes - Specialty Practitioner Termination,” may result in freezing the IPA for a period up to sixty (60) days.

K. IEHP reviews the information provided by the IPA and tracks the specialty network including adult/pediatric hospitalists, adult/pediatric admitters, extenders, and ancillary Providers of each IPA geographically to identify any “holes,” missing required specialist(s) or lacking hospital or geographic coverage.

L. Upon identification of such deficiencies, IEHP contacts the IPA and provides written notification and documentation outlining the deficiencies and specifying the timeframe to cure those deficiencies.

M. Depending on the impact to either the Member or Hospital, IEHP may immediately freeze the affected contracted PCPs contracted with the IPA from receiving any new enrollment until such deficiencies are corrected.

N. If the IPA is unable to correct the deficiencies within the allotted timeframe, IEHP may transfer the existing enrollment from the affected IPA to other IPAs that have adequate specialty networks and terminate the linkage.
18. PROVIDER NETWORK

F. Specialty Panel

O. No enrollment is given to any new PCP until the IPA’s specialty network at the affiliated hospital has been approved by IEHP.

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<td>Chief Title: Chief Network Officer</td>
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18. PROVIDER NETWORK

G. Provider Resources

APPLIES TO:

A. This policy applies to all IEHP Healthy Kids Providers.

POLICY:

A. IEHP provides various informational resources to Providers to assist them in carrying out their contractual obligations. Among those resources are the following:
   1. Joint Operations Meeting (JOMs)
   2. Care Management Teams
   3. IEHP Provider Relations Team
   4. Provider Services Representatives (PSRs)
   5. Nurse Educators
   6. IEHP University
   7. Provider Newsletter (The Heartbeat)
   8. Provider Staff Newsletter (Scrub Talk)
   9. Special Provider Notices
   10. IEHP Website - www.iehp.org
   11. Other resources as made available

B. IEHP expects IPAs to communicate IEHP’s policies and procedures to contracted PCPs and specialists. In most cases, IEHP sends correspondence directly to IPAs, relying on them to disseminate the information to its practitioners in a timely manner.

C. Some situations require that IEHP directly notify PCPs or specialists. In such situations, IEHP uses its best efforts to provide IPAs with a copy of the correspondence five (5) days prior to mailing to practitioners, when applicable.

D. IEHP provides clinical performance data and Member experience data or results, as applicable when requested by Providers and/or Delegates.

E. Additionally, IEHP communicates directly to Providers on information or program updates through newsletters, physician surveys, blast fax, fliers, Provider website and other programs where IEHP works directly with Providers. Such communications are delivered directly to participating Providers, IPAs, and Hospitals concurrently. Prior notification is not provided by IEHP in these cases.

F. On instances where Providers are unable to receive faxes, IEHP communications or updates are mailed or e-mailed directly to the Providers depending on their preference. Provider Services Admin Team maintains an exception table list of these Providers with their mailing
address or email address.

G. It is crucial to the success of each Provider to develop relationships and communication between its practitioners, ancillary Providers, and contracted partners.

**PROCEDURES:**

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

B. Care Management Teams:
   
   1. IEHP has Care Management Teams that serve as an informational resource for IEHP Team Members, Providers, and contracted IPAs.
   
   2. Care Management Teams are comprised of Care Management Nurses and Coordinators.
   
   3. An Interdisciplinary Care Team (ICT) is offered to Members to coordinate delivery of services and benefits when a need is demonstrated and in accordance with Member’s functional status, assessed need and Care Plan. Members may request an ICT meeting at anytime through communication with IEHP or Delegate staff. The Care Manager coordinates invitation notices to Providers and caregivers as needed.

   4. Member, Provider and practitioner issues, excluding Member eligibility, should be directed to the Care Management Teams. These issues may include:
      
      a. Access issues
      
      b. Case management
      
      c. Discharge planning
      
      d. Coordination of care
      
      e. Medical care standards
      
      f. Waiver programs
18. PROVIDER NETWORK

G. Provider Resources

C. IEHP Provider Relations Team

1. The IEHP Provider Team serves as an information resources for IEHP Member Services Representatives, Providers (both participating and nonparticipating), contracted IPAs, Hospitals and Ancillary Providers.

2. The IEHP Provider Relations Team is comprised of Provider Services Representatives and Call Center Representatives.

3. Provider and practitioner issues, including Member eligibility, should be directed to the IEHP Provider Relations Team. These issues may include:
   a. Access issues
   b. Pay for Performance (P4P)
   c. Reconciliation of capitation to eligibility
   d. Benefits
   e. Credentialing Issues
   f. Provider Network Issues
   g. Encounter Data
   h. Claims
   i. Prior Authorization (EAuth)
   j. Vision Issues
   k. Vision Authorizations
   l. Referral Authorization status
   m. Request for in-service training
   n. Behavioral Health
   n. Website Issues

D. Provider Services Representatives:

1. IEHP Provider Services Representatives (PSRs) are trained in accordance with regulations set forth by the State Programs Regulations.

2. IEHP Provider Services Representatives provide detailed information about IEHP benefits, IEHP programs, and managed care concepts to IEHP Providers and serve as the focal point for Provider office staff to obtain information about IEHP programs, DHCS, CMS and other regulatory issues, as applicable.

3. For the purposes of semi-annual visits the Provider Services Representatives are assigned geographic areas to visit IEHP Providers. Provider Services Representatives are assigned by IPA or geographically for directly contracted Providers.
18. PROVIDER NETWORK

G. Provider Resources

4. On an initial, semi-annual and Provider requested basis, Provider Services Representatives provide training to providers and their staff covering an array of topics, including but not limited to:
   a. Encounter Data Submission Requirements
   b. Prior Authorization Requests
   c. Website Tools
      1) Electronic Referrals
      2) Health Education Referrals
      3) Care Plans
      4) Member Health Records
      5) Online Formulary search
      6) Staying Healthy Assessment (SHA)
      7) Model of Care (MOC) Training
      8) Member Preventive Care Rosters
      9) ICD Code Training
   d. Claims
      1) Provider Dispute Resolution (PDR) Process
      2) Correct Billing Entities and Division of Financial Responsibility
      3) Prohibition of balance billing Members
   e. Program updates and communication
      1) Review of blast faxes sent in previous quarter

5. Providers and their staff are encouraged to ask questions with their IEHP Provider Services Representatives, especially to help the staff understand complex State regulations concerning Healthy Kids Program beneficiaries.

E. Nurse Educators

1. Nurse Educators develop Provider Trainings for areas determined to be of concern such as HEDIS measures, Quality Improvement initiatives and Medical Record documentation.

2. Provider on-site trainings to the Provider network in areas determined to be of concern. Coordinate trainings with other departments such as Provider Services, Contracting and Medical Management.
18. PROVIDER NETWORK

G. Provider Resources

3. Perform Facility Site Audit and Medical Record Audits trainings for Primary Care Physicians.

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

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

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

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

J. IEHP Website – [www.iehp.org](http://www.iehp.org)
   1. IEHP’s website is a valuable business tool created to provide our Providers with twenty-four (24) hours, seven (7) days a week access to IEHP resources.
2. IEHP’s website has an enhanced security system that provides additional levels of security to Providers. These features ensure HIPAA privacy, security compliance and limit employee access to claims, clinical, P4P and other reimbursement information.

3. Providers are encouraged to use the IEHP website in an effort to go 100% paperless.

4. To monitor compliance, each month the IEHP’s Application Support Team generates Website Statistics Report for management review. It provides online activity summary of providers who have accessed various pages of the website. The Director of Provider Services distributes the report to the appropriate Provider Services staff to analyze data and propose follow up actions as needed.

5. IEHP strives to provide our Provider Network with all the tools necessary to deliver the highest quality of care. These include:
   a. Non Secure Site
      1) Doctor Search
      2) Manuals
         • Benefits Manual
         • EDI Manual
         • Provider PNP Manual
      3) P4P Program
         • Overview
         • P4P Correspondences
         • P4P Forms
         • Schedules
      4) Forms
         • IEHP no longer supplies forms to Providers. Forms are available online at www.iehp.org. Providers are expected to obtain forms from the website in lieu of requesting delivery of forms from their PSR.
            o PM 160s
            o Staying Healthy Assessment (SHA) Forms
            o Pediatric Growth Charts
            o All other forms provided online
      5) Vision
         • Vision Forms
18. PROVIDER NETWORK

G. Provider Resources

- Vision Updates

6) Health Education
- Health Education Programs
- Health Education Brochures
- Health Education Resources

7) Pharmaceutical Services
- Clinical Information
  - Clinical Practice Guidelines
  - Diabetes DME Coverage
  - Disease Therapy Management Program
  - High Risk Medications
  - Prior Authorization Drug Treatment Criteria
  - Pharmacy Pain Management
  - Safety Resources
- Drug MAC
- IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)
- IEHP Medicare DualChoice (HMO SNP)
- Formulary
- PER Submission Tool
- Pharmacy Forms and Manuals
- Pharmacy P4P Program
- Pharmacy PA Universal Form
- Provider Communications

8) Compliance
- Fraud Prevention
- Frequently Asked Questions
- Contact the Office of the Inspector
- General

9) Behavioral Health (BH)
18. PROVIDER NETWORK

G. Provider Resources

- BH Quick Reference Guide
- BH FAQ
- Behavioral Health Forms
- BH Updates

10) Utilization Management Criteria

11) Health Plan Updates
- Cal MediConnect Plan
- Immunization Updates
- Flu Updates
- BH Updates
- P4P Updates

12) Stroke Recovery Center

13) Newsletters
- Heartbeat
- Scrub Talk

14) Additional Resources
- California Children Services (CCS)
- Fraud Prevention
- Medi-Cal Rates and Codes
- ADA and Beyond
- Medicare Physician Fee Schedule
- Online Cultural Competency Training
  - Office of Minority Health – [https://cccm.thinkculturalhealth.hhs.gov/](https://cccm.thinkculturalhealth.hhs.gov/)
- Services for Teen Patients
- Medicare Physician Fee Schedule
18. PROVIDER NETWORK

G. Provider Resources

- Contracted Urgent Care Facilities
- Code of Business Conduct and Ethics
- LabCorp Patient Service Centers
- Partnering with Providers

15) Educational Opportunities
- Compliance Training
- ICD-10 Resources
- Code of Business Conduct and Ethics
- SPD Awareness Training
- Staying Healthy Assessment (SHA) Training
- Model of Care (MOC) Training

16) Join our Provider Team
- Provider Network Enhancement Fund
- IPA
- Vision
- Hospital
- DME
- PCP and Specialist
- Ancillary
- Behavioral Health

b. Secure Site Login

1) Provider Alerts
   - Nurse Advice Line
   - Behavioral Health Specialist
   - Hospital/ER Services
   - Care Plans

2) Eligibility and Rosters
   - Assigned Roster
   - Encounter Data Report
18. PROVIDER NETWORK

G. Provider Resources

- Preventive Care Rosters
- Initial Health Assessment
- Health Management Rosters
- CCS Roster
- Nurse Advice Line
- Early Start Roster
- Direct Specialty Roster (For Direct Contracted Providers only)
- Direct Ancillary Roster (For Direct Contracted Providers only)

3) Encounter

4) Pay for Performance (P4P)
   - P4P Entry
   - P4P Status

5) Claims Status

6) Authorization Request (For Direct Contracted Providers only)

7) Authorization Status

8) Behavioral Health
   - Claims Submission
   - Authorization Forms
   - Coordination of Care
   - Authorization Status
   - Member History

9) Health Education
   - Health & Wellness
   - Referral
   - Referral Status
   - Health Management Rosters

10) Capitation Reports
    - Capitation Summary
    - Capitation Detail
18. PROVIDER NETWORK

G. Provider Resources

11) Remittance Advice
   • Claims RA’s
   • P4P RA’s

12) Screening, Brief Intervention and Referral for Treatment (SBIRT)

13) Vision
   • Claims Entry
   • Claims Status
   • VER Submission
   • VER Status
   • Diabetes Care

13) Pharmacy
   • PER Status
   • Medi-Cal Formulary
   • Medicare Formulary

14) Administration
18. PROVIDER NETWORK

H. Hospital Affiliations

APPLIES TO:

A. This policy applies to all IEHP Healthy Kids Providers.

POLICY:

A. To ensure that a contracted Hospital is fully participating in the IEHP network, the IPA must have a minimum of five (5) PCPs and must, as a group, be capable of providing care to Members of all ages and genders and, who admit to the designated hospital or have an admitting arrangement. The PCPs must be contract and credentialed by the IPA who links to the contracted Hospital, as delineated in Policy 18F, “Specialty Panel.”

B. IEHP may choose to approve an IPA to have less than the minimum five (5) individual PCP requirements due to geographic needs of Members and/or to avoid the potential monopolistic situation with its IPA and/or to ensure the opportunity for substantial participation of traditional Providers in the health care delivery system.

C. Each PCP office must be within fifteen (15) miles or thirty (30) minutes from the affiliated hospital. The office must also be in the same county as the affiliated hospital and you must not pass a different hospital to get to the affiliated hospital. In rural areas or in specific situations, IEHP may approve PCP links to hospitals outside of these standards.

D. An IPA, is not eligible to receive enrollment at a specific hospital until they have met all criteria as listed above.

PROCEDURES:

A. IPAs must submit complete PCP credentialing information to IEHP for those PCPs meeting the requirements of A above, as specified in Section 5, “Credentialing and Recredentialing.”

B. Upon receipt of the credentialing information, IEHP reviews each packet in accordance with Section 5, “Credentialing and Recredentialing” and verifies that the IPA has:

1. A minimum of five (5) PCPs who, as a group, are capable of providing care to Members of all ages and genders, who admit to the designated Hospital or have admitting arrangements.

2. A complete specialty network under contract to see Members at the designated Hospital, as stated in Policy 18F, “Specialty Panel.”

C. If the IPA does not have the required five (5) PCPs who meet the above criteria, IEHP contacts the IPA with the following options:
18. PROVIDER NETWORK

H. Hospital Affiliations

1. Designate another IEHP approved Hospital affiliation for the PCP in the interim until the IPA has the required five (5) PCPs contracted at the designated Hospital.

2. Pend the PCP until the IPA has the required five (5) PCPs contracted at the designated Hospital.

3. Remove the PCP’s application for participation with IEHP.

D. If Option C1 is chosen, for a new PCP, IEHP schedules a facility review and upon receipt of a passing score, the PCP is eligible to receive Member assignment.

E. If Option C2 is chosen, for a new PCP, IEHP holds the pended file for six (6) months. If after six (6) months the IPA has been unable to contract with five (5) PCPs to admit to the designated Hospital, IEHP designates the PCP file as inactive and does not establish a Hospital link.

F. If an existing PCP terminates affiliation with an IPA or Hospital, resulting in the IPA having less than a group of five (5) PCPs who are capable of providing care to Members of all ages and genders, the IPA must contract and credential another PCP prior to the PCP’s termination date in order to maintain compliance with this policy before IEHP initiates termination of the IPA’s Hospital affiliation and transfer of Membership.

G. In addition, if IEHP does not receive the required sixty (60) days advance notice of the practitioner termination, IEHP may freeze the IPA during this transition period as stated in Policy 18D1, “IPA Reported PCP Changes – PCP Termination.”

H. In the event of the above, IEHP works with those PCPs affected by the termination to help retain the patient/physician relationship.

I. IEHP monitors the IPA/Hospital link on a monthly basis. If the IPA cannot contract and credential another PCP to complete a group of five (5) PCPs who are capable of providing care to Members of all ages and genders, the IPA/Hospital link may be frozen up to a period of ninety (90) days. If the IPA/Hospital link is not compliant within a ninety (90) days timeframe, the IPA/Hospital link maybe terminated.

J. The above procedure for IPA/Hospital link termination may be modified due to circumstances that in the judgment of the IEHP Chief Medical Officer or the Senior Director of Provider Services is not in the best interest of the Member.

K. In the absence of a contract between an IPA and a hospital, the IPA may be required to use the rates that exist in the contract between the hospital and IEHP. IEHP will periodically update the IPA of any such hospital arrangements.

L. In certain instances when emergency medical condition arises that requires medical care, to ensure uninterrupted care to Members from a Specialist not currently contracted, IEHP reserves the right to impose payment requirements on the IPA at the IEHP specified rate.
18. PROVIDER NETWORK

H. Hospital Affiliations

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

I. Leave of Absence

APPLIES TO:

A. This policy applies to all IEHP Healthy Kids Providers.

POLICY:

A. IPAs must ensure adequate coverage for PCPs on leaves of absence for less than two (2) weeks.
B. IPAs must submit written coverage plans to IEHP for any PCP that is scheduled to be on a leave of absence greater than two (2) weeks.
C. IPAs must ensure that PCP completes the IEHP PCP leave of absence coverage form and return it to their Provider Services Representative (See Attachment, ”IEHP PCP Leave of Absence Coverage Form” in Section 18).
D. In general, leaves of absence by PCPs greater than ninety (90) days require transfer of assigned Members to another PCP.
E. A leave of absence is defined as a complete absence from the PCP practice for medical, personal or other reasons, including vacation.

PROCEDURES:

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

I. Leave of Absence

2. If the covering PCP is not at the same location as the PCP on leave, the plan for informing Members of the covering PCP’s name, phone number and office address.

3. The timeframe coverage is needed.

4. Any significant change in schedule or hours of coverage from the original PCP site.

D. For PCPs on a leave of absence greater than ninety (90) days, the IPA must submit either:
   1. A plan for reassigning Members to another credentialed IEHP PCP within appropriate geographic proximity and specialty type of PCP; or
   2. A specific request to keep the assigned Members with the original PCP with supporting documentation as to why this is in the best interest of the Members and including a plan for interim coverage.

E. If a PCP has an unexpected leave of absence or leaves the practice without providing notice, the IPA may submit a non-IEHP credentialed PCP as part of the coverage plan if the following information for the covering PCP is submitted to IEHP within three (3) working days of the unexpected leave of absence:
   1. Copy of Provider application
   2. Copy of current DEA
   3. Copy of current malpractice certificate
   4. Copy of current medical license
   5. Copy of supervising PA certificate if applicable

F. IPAs must provide IEHP a written Member transfer plan within five (5) days when a PCP leaves his/her practice without timely notice.
   1. If the IPA plans to have current Members transferred to the covering PCP who is not credentialed for participation in the IEHP network, complete credentialing information must be submitted to IEHP within four (4) weeks of the original event.

G. IEHP reviews all of the above submitted plans and either approves, denies, or requests additional information within five (5) working days of the receipt of the information from the IPA. If the coverage plan is denied, IEHP may determine reassignment of the Members.

H. PCPs must complete an IEHP PCP leave of absence coverage form at the time of recredentialing so that IEHP has a record of who will provide services during the PCP’s future leave of absence. The PCP must advise the PSR of any changes to this plan if they occur in the interim.
18. PROVIDER NETWORK

I. Leave of Absence

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18. PROVIDER NETWORK

J. IEHP Termination of PCPs, Specialists, Vision, Behavioral Health Providers

APPLIES TO:

A. This policy applies to all IEHP Healthy Kids Providers.

POLICY:

A. IEHP involuntarily terminates PCPs, Specialists, Vision, and Behavioral Health Providers from the IEHP network due to reasons delineated in credentialing and site audit policies.

B. IEHP notifies Members in writing thirty (30) days prior to the effective date of the determination by IEHP to remove a PCP from participation in the IEHP network.

C. IEHP or IPA is required to notify Members of a specialist’s termination from the IEHP network upon receipt of notice from IEHP of the determination to remove a specialist from participation in the IEHP network. The notification to Members must occur no later than thirty (30) days prior to the effective date of the termination.

D. IEHP retains the right to obligate the IPA to continue to provide medical services for existing Members in accordance with Policy 17C, “Continuity of Care.”

PROCEDURES:

PCP Termination

A. If IEHP is initiating the termination of the PCP due to site review failure, expiration of any credentialing requirements, insufficient access, peer review or quality of care issues or other reasons deemed appropriate by IEHP, and all appeal levels have been exhausted, IEHP notifies the PCP and the IPA (if applicable) that he/she is being terminated from participation in the IEHP network and the effective date of the termination (See Attachment, ”Peer Review Termination Letter” in Section 18). A copy of the notification to the PCP is sent to the IPA.

B. IEHP sends affected Members a letter notifying them of the PCP termination no later than thirty (30) days prior to the effective date (See Attachments, ”Member PCP Termination Notification Letter – English” and ”Member PCP Termination Notification Letter – Spanish” in Section 18). The letter provides the Member with the opportunity to contact IEHP to select a different PCP at least thirty (30) days prior to the effective date of termination of the Member’s current PCP from the IEHP network.

1. In situations where immediate termination of the PCP is required, IEHP makes a good faith effort to allow Members sufficient notice to select a new PCP, however, in order to ensure that there is no interruption in care for the Member, IEHP may immediately transfer the Member and allow the Member to select a
18. PROVIDER NETWORK

J. IEHP Termination of PCPs, Specialists, Vision, Behavioral Health Providers

PCP retroactively.

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

D. If Members cannot be transferred within the IPA network due to age limitations or geographic location, IEHP reassigns these Members to a new PCP within IEHP’s geographic service area who has the capacity and can accommodate the affected Members. IEHP does not guarantee that Members remain part of the IPA’s network.

E. Once IEHP establishes an effective date for the PCP termination and Member transfer, IEHP:
   1. Sends the IPA written notification regarding the effective date of termination and transfer of Members who have not selected a PCP (See Attachments, ”Compliant Termination Letter” and “Non Compliant Termination Letter” in Section 18).
   2. Sends the affected Members a letter notifying them of the change in PCP thirty (30) days in advance of the new effective date. The letter again informs Members of their right to select their own PCP (See Attachments, “Member PCP Termination Notification Letter – English” and “Member PCP Termination Notification Letter – Spanish” in Section 18). Members may contact IEHP Member Services at (800) 440-4347 to select another PCP.

Specialist Termination

A. If IEHP is initiating the termination of a specialist due to peer review or quality of care issues and expiration of any credentialing requirements, IEHP notifies the specialist and their IPA (if applicable) that he/she is being terminated from the IEHP network and the effective date of termination (See Attachment,”Peer Review Termination Letter, in Section 18).

B. Upon receipt of the termination notice from IEHP, the IPA must notify Members of the termination in accordance with Policy 18D2, “IPA Reported PCP Changes - Specialty Practitioner Termination.” The notice to Members must be sent no later than thirty (30) days prior to the effective date and must include the option for Members to continue care with their existing Provider for up to ninety (90) days in accordance with Policy 17C, “Continuity of Care.” A sample Member notification is included as Attachment, ”Specialist Termed Member Notification - English and ”Specialist Termed Member Notification - Spanish” in Section 18.

Vision Provider Termination

A. If IEHP is initiating the termination of the Vision Provider due to site review failure, expiration of any credentialing requirements, peer review or quality of care issues or
18. PROVIDER NETWORK

J. IEHP Termination of PCPs, Specialists, Vision, Behavioral Health Providers

other reasons deemed appropriate by IEHP, and all appeal levels have been exhausted, IEHP notifies the Vision Provider that he/she is being terminated from participation in the IEHP network and the effective date of the termination (See Attachment, “Peer Review Termination Letter” in Section 18).

Behavioral Health Provider Termination

A. If IEHP is initiating the termination of the Behavioral Health Provider due to site review failure, expiration of any credentialing requirements, peer review or quality of care issues or other reasons deemed appropriate by IEHP, and all appeal levels have been exhausted, IEHP notifies the Behavioral Health Provider that he/she is being terminated from participation in the IEHP network and the effective date of the termination (See Attachment, “Peer Review Termination Letter” in Section 18).
18. PROVIDER NETWORK

K. Hospital Network Participation Standards

APPLIES TO:

A. This policy applies to all IEHP Healthy Kids Providers.

POLICY:

A. IEHP is responsible for the initial and ongoing assessment of Hospitals directly contracted with IEHP.

B. Prior to contracting, IEHP verifies the services available, accreditation status, license, and standing with regulatory bodies in compliance with the most current NCQA standards.

C. IEHP reconfirms the status of all contracted Hospitals concurrently upon expiration and every contract renewal period, but no less than every three (3) years.

D. IEHP maintains the appropriate records to document the verification process for contracted Hospitals per the most recent NCQA guidelines and IEHP requirements.

PROCEDURES:

A. Hospitals must submit evidence of services provided, accreditation status, license status, and regulatory standing at the time the Hospital applies to participate in IEHP’s network. Copies of the Hospital’s accreditation certificate, license and most recent regulatory audit results satisfy this requirement.

B. To contract with and remain in the IEHP network, the Hospital must provide:

1. Inpatient Services:
   a. Intensive Care Unit
   b. Medical Service, Surgical Service or combined Medical/Surgical Service
   c. Pediatric Service
   d. Obstetrics/Perinatal Unit (or established arrangements for care approved by the IEHP Chief Medical Officer)

2. Outpatient Services:
   a. Basic Emergency Department physician on-duty, or
   b. Standby Emergency Department (applicable only for Hospitals located in remote areas), with IEHP Chief Medical Officer approval.

C. If Hospital offers Behavioral Health Services, the following applies:

1. Inpatient Services:
   a. Inpatient hospitalization in semi-private accommodation, unless a private room is medically necessary
18. PROVIDER NETWORK

K. Hospital Network Participation Standards

b. Secure inpatient psychiatric unit
c. Psychiatric and substance abuse services
d. Ancillary services and supplies, including laboratory and x-ray services
e. Administration of outpatient prescription drugs (take home medications) in instances where continuation of hospital-based treatment must not be interrupted: three (3) days supply minimum.
f. Administration of blood, blood plasma, or its derivatives, including cost of blood, blood plasma, or its derivatives

2. Outpatient Services:

a. Structured outpatient Behavioral Health Program
b. Partial hospitalization services
c. Others

D. The Hospital must be accredited by one of the following accrediting agencies:

1. The Joint Commission
2. American Osteopathic Association (AOA)
3. Behavioral Health Facility: Commission of Accreditation of Rehabilitation Facilities (CARF)
4. Det Norske Veritas Healthcare (DNV)
5. Center for Improvement in Healthcare Quality (CIHQ)

E. If a Hospital is accredited by an agency not listed above, the Hospital and IEHP must agree upon an alternate solution that meets IEHP’s requirements, including the requirement to complete a site review of the Hospital, as applicable, in addition to meeting other standards as defined by IEHP.

F. Non-accredited Hospitals are not allowed to participate in IEHP’s network.

G. As part of the application review process, and again during each contract renewal period but no less than every three (3) years, IEHP verifies that each Hospital has:

1. A current and unencumbered license;
2. Current certification from The Joint Commission, AOA, CARF, or DNV, as applicable, or an alternative accreditation as determined by IEHP;
3. No Medicare/Medicaid sanctions against them.

H. IEHP expects the Hospital to maintain its accreditation and license status in good standing and/or current at all times during the Hospital’s participation in the IEHP network. The Hospital is responsible for providing IEHP with copies of its renewed
18. PROVIDER NETWORK

K. Hospital Network Participation Standards

license and accreditation within thirty (30) days of expiration of the license and accreditation.

I. On a monthly basis, the Contracts Administration Coordinator, or designee reviews the Medical Suspended and Ineligible list to verify Hospitals contracted with the Plan have no Medicaid sanctions via the following website:

http://www.medi-cal.ca.gov/default.asp

J. Additionally, once a month, the Contracts Administration Coordinator, or designee, researches the authorized government websites to verify Hospitals contracted with the Plan have no Medicare/Medicaid sanctions via the following website:

http://www.sam.gov for System for Award Management (SAM)

K. Licensing and Accreditation must be re-verified at a minimum every three (3) years from the date of the original verification to confirm the Hospital continues to be in good standing with the State and Federal regulatory bodies.

L. IEHP reserves the right to perform facility site audits when quality of care issues arise and to deny Hospital’s participation in the IEHP network if IEHP requirements are not met.

M. If during the contract period, IEHP becomes aware of a change in the accreditation, license or certification status, or sanctions or other legal or remedial actions have been taken against any Hospital, IEHP informs the Hospital in writing that it is in violation of its contract with IEHP and begins the cure process.
18. PROVIDER NETWORK

L. Providers Charging Members

APPLIES TO:

A. This policy applies to all IEHP Healthy Kids Providers.

POLICY:

A. A “Health Care Provider” means any practitioner or professional person, acute care hospital organization, health facility, ancillary provider or other person or institution licensed by the State to deliver or furnish health care services directly to the Member.

B. IEHP prohibits contracted health care providers from charging and/or collecting payment from a Commercial Member, or other persons on behalf of the Member, for missed appointments.

C. IEHP prohibits contracted Health Care Providers from charging and/or collecting payment from a Commercial Member, or other persons on behalf of the Member, for filling out forms related to the delivery of medical care. Any Provider of health care services shall not seek reimbursement nor attempt to obtain payment for the cost of those covered health care services from the eligible applicant or recipient, or any person other than the department or a third-party payor who provides a contractual or legal entitlement to health care services.

D. According to California Health and Safety Code, Section 123110.b, any Member or Member’s representative shall be entitled to copies of all or any portion of the Member medical records that he or she has a right to inspect, upon presenting a written request to the Health Care Provider specifying the records to be copied, together with a fee to defray the cost of copying, that shall not exceed twenty-five ($0.25) cents per page or fifty ($0.50) cents per page for records that are copied from microfilm and any additional reasonable clerical costs incurred in making the records available. The Health Care Provider shall ensure that the copies are transmitted within fifteen (15) days after receiving the written request.

E. In circumstances where charging a Member for completion of a form is allowed, fees should be nominal and not to exceed twenty-five ($0.25) cents per page with a maximum charge allowed of twenty ($20) dollars.

F. Under no circumstances can a Health Care Provider deny or refuse service to an IEHP Member for non-payment of missed appointments, lack of payment for co-payment and owe balance or deductibles, as applicable.

G. Any contracted Health Care Provider who is furnished documentation of a person’s enrollment in the Commercial program, shall not seek reimbursement nor attempt to obtain payment for any covered services provided to the IEHP Member other than the participating health plan.

H. IEHP Members are not liable for any portion of a bill provided by a Health Care Provider, except non-covered benefits, items, or services.
18. PROVIDER NETWORK

L. Providers Charging Members

PROCEDURES:

A. A Health Care Provider cannot charge or bill a Commercial Member or IEHP for a covered service, except to:
   1. Collect payments due under legal entitlement;
   2. Bill a long-term care patient for the amount of his liability, or;
   3. Collect co-payments

B. A missed appointment is not a co payment or a service therefore, Providers cannot charge IEHP Members for missed appointments.

C. The following procedures will be in followed when a Provider attempts to charge a Member for any missed appointment:
   1. IEHP will call the Provider and educate regarding the inappropriate practice of charging for a missed appointment.
   2. If a Provider insists on charging the Members, IEHP will send a letter educating the Provider. At IEHP’s sole discretion, IEHP can provide the Member with a toll free number to report the Provider for fraud.
   3. If a Provider continues the practice of charging for missed appointments, IEHP will request that a DHCS Fraud Investigator contact the Provider.
   4. Under no circumstances can a Provider deny service to a Member for non-payment of a missed appointment charge.

D. Provider of Service cannot charge or collect payments at anytime for filling out any of the following forms, or required medical documentation:
   1. WIC referral forms;
   2. PM160 Well Child Visit form;
   3. Lead Testing questionnaire;
   4. Prescriptions;
   5. Yellow Cards and/or any request for the documentation of a Member’s immunization history;
   6. Other forms related to the delivery of medical care;
   7. Any forms required for a Member to qualify as eligible for Medi-Cal including, but not limited to, Cal Works Forms (CW 61 or an equivalent); and
   8. Any forms to facilitate transportation.
18. PROVIDER NETWORK

L. Providers Charging Members

E. Providers can charge IEHP Members a nominal fee for filling out any of the following forms:
   1. History and Physical form that is school specific and the PM160 will not meet the school requirement;
   2. Sports Physical; and
   3. Disability forms.

F. A Health Care Provider that is not paid at billed charges may not pursue any balance billing or collection actions against any IEHP Member. Such collections actions may include:
   1. Sending or mailing bills to IEHP Member;
   2. Calling any IEHP Member with demands to pay outstanding balance;
   3. Referrals to collection agency.

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

REFERENCE:

A. California Health and Safety Code, Section 123110.b.
18. PROVIDER NETWORK

M. Outsourcing Standards and Requirements

**APPLIES TO:**

A. This policy applies to all Healthy Kids IPAs in IEHP’s network who outsource 1) services requiring the use and/or disclosure of IEHP protected health information (“PHI”) or personally identifiable information (“PII”), as those terms are defined under HIPAA and/or California law; and 2) services requiring physician licensure, in providing services to IEHP.

**POLICY:**

A. Outsourcing is a business practice where a service is performed from an outside organization either offshore or onshore. The outsourced vendor provides services to contracted IPAs in IEHP’s network.

1. Onshore Outsourcing: obtaining services from a third-party outside the delegated IPA but within the United States.

2. Offshore Outsourcing: obtaining services from a third-party outside the delegated IPA and outside of the United States.

B. With respect to the outsourcing of IEHP PHI and/or PII, the delegated IPAs must perform due diligence on any vendors considered for outsourcing PHI and/or PII before any agreements or contracts are executed to ensure such agreements comply with IEHP’s established standards and requirements.

1. Delegated IPAs must ensure that any vendor to whom it has outsourced services involving IEHP PHI or PII complies with all applicable state and federal privacy laws, such as the Health Insurance Portability and Accountability Act (“HIPAA”).

2. Delegated IPAs are prohibited from outsourcing any services that involve PHI and/or PII to offshore vendors.

3. Any delegated IPAs wishing to outsource any service involving PHI and/or PII must obtain written approval from IEHP prior to utilizing such vendors as outlined in PROCEDURE, below. Without prior written approval from IEHP, the IPA is not permitted to outsource any of the work outlined in the IPA Agreement. If services were ongoing prior to IPA’s contract with IEHP, IPA shall seek immediate approval by IEHP to apply retrospectively.

C. With respect to the outsourcing of physician services (i.e. utilization management services), the delegated IPAs must ensure compliance with all State of California requirements regarding in-state physician licensure.

D. IEHP is firmly committed to complying with all applicable legal and contractual obligations under all state and federal programs, laws, regulations, and directives.
applicable to Medi-Cal, Medicare and other lines-of-business in which IEHP may choose to participate. As a result, delegated IPAs outsourcing services involving IEHP PHI and/or PII, or physician services, are expected to respect and comply, and also require their vendors to comply, with all such applicable obligations.

**PROCEDURES:**

A. As to outsourcing of business services/activities involving IEHP PHI and/or PII: Delegated IPAs seeking to obtain approval of a vendor who will use and/or disclose IEHP PHI and/or PII shall submit a written request to approve same to IEHP.

1. IEHP will approve or deny the vendor within thirty (30) days of receiving the information detailed in Section C., below.

2. Once IPA has conducted the due diligence outlined below, IPA shall submit a written report detailing the findings.

3. IPA shall first conduct a background check and verify vendor’s services through a minimum of two (2) references. The background check shall consist of:
   a. Corporate history, reputation, capabilities and financial stability.
   b. Any subcontracted or outsourced activities provided or currently being provided to comparable entities.
   c. Assessment of what information/tools is necessary for the vendor to deliver the said product and/or service, and whether the vendor maintains such information/tools.

4. Should vendor pass the step outlined in subsection 1, above, the delegated IPA shall perform a detailed assessment of the vendor’s ability to maintain data security (i.e. administrative, technical, and physical safeguards required by HIPAA). This assessment may include but is not limited to:
   a. Review of the entity’s current data security and compliance training program.
   b. Review of technical specifications of anti-virus, firewall and other software being utilized to prevent intrusion.
   c. Review of company’s policy on securing communications.
   d. Review of company’s policy on fraud, waste and abuse.

5. If the vendor’s ability to maintain data security has been successfully assessed, the delegated IPA and the vendor shall enter into an agreement (subject to IEHP’s approval) that, at minimum, addresses the following:
   a. The product and/or service to be delivered by the vendor to IPA.
b. A statement clearly indicating vendor’s agreement to comply with all applicable provisions under HIPAA and California law relating to the privacy and/or security of the IEHP PHI.

6. Decisions to accept the vendor to whom the IPA wishes to outsource business services/activities involving IEHP PHI and/or PII are subject to review by the IEHP Compliance Department and approval by IEHP’s Chief Network Officer and/or Senior Director of Provider Services.

B. As to outsourcing of physician services: Delegated IPAs shall be required to ensure compliance of all vendors as outlined under “Policy, Item C” and shall demonstrate such compliance if requested by IEHP.

C. Final Decision:

1. IEHP reserves the right to request, modify or terminate the delegated IPA agreement at any time if IPA is non-compliant with IEHP’s requirements under this policy.
APPLIES TO:

A. This policy applies to all IPAs providing care to IEHP Healthy Kids Members.

POLICY:

A. The Medical Director identifies IPA network gaps in primary and specialty care coverage and ensures access to care for IEHP Members. He or she maintains an open professional relationship with the IPA physician network.

B. The Medical Director is highly encouraged to network with IEHP and other Medical Directors to stay current with recent managed care/industry trends and best practices and act as the communicator back to their organization.

C. The Medical Director serves as the physician liaison between the IPA, health plan, skilled nursing facilities (SNFs), hospitals and other network Providers.

D. The Medical Director should be involved in tracking and trending of potential fraud, waste and abuse involving IEHP Members and Providers.

E. The Medical Director shall serve as chair for clinical committees such as Credentialing, Utilization Management (UM), Quality Management (QM), or Peer Review committees, as applicable.

F. The Medical Director should promote innovative solutions toward achieving the triple aim for IEHP Members.

G. Preference should be given to hiring Medical Directors with Primary Care experience.

PROCEDURES:

Utilization Management

A. The Medical Director timely and personally reviews all potential authorization denials and partial approvals (modifications) for:

1. Correct clinical decision making;

2. Correct application of IEHP approved criteria using the hierarchy appropriate to the line of business per Policy 14A, “Utilization Management Delegation and Monitoring”; and

3. Use of denial language that is simple and at the appropriate grade level, ensuring that both the denial reason and specific criteria not met are understood by the IEHP Member.

B. The Medical Director provides his or her wet signature on all denials and partial approvals (modifications) due to lack of medical necessity.
18. PROVIDER NETWORK

N. IPA Medical Director Standards

C. The Medical Director is immediately available for any urgent or expedited decisions.

D. The Medical Director provides clinical expertise for Members requiring complex medical care, higher level of care and out of network services.

E. The Medical Director consults with IPA physicians to ensure correct utilization of UM criteria and initiates outreach to Providers showing a pattern of inappropriate authorization requests.

F. The Medical Director ultimately ensures that IEHP Members receive any medically necessary services including cases when criteria language appears vague or non-specific.

Quality and Care Management

A. The Medical Director:

1. Is immediately available to consult on all complex care management and care coordination cases as needed;

2. Reviews all Provider and IPA grievances for adverse trends or potential Quality of Care (QOC) issues;

3. Reaches out to Providers as necessary to ensure timely response to grievance inquiries;

4. Has input on all QOC cases with understanding of community standards for medical care.

5. Has oversight of the IPA Quality Improvement process, policy and strategy; and

6. Has fundamental understanding of National Committee on Quality Assurance (NCQA) metrics, Medi-Cal (or Medicare) regulations and is involved in the IPA metric improvement strategy.
### 18. PROVIDER NETWORK

**Attachments**

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HEALTH AND SAFETY CODE - HSC

DIVISION 106. PERSONAL HEALTH CARE (INCLUDING MATERNAL, CHILD, AND ADOLESCENT) [123100 - 125850] (Division 106 added by Stats. 1995, Ch. 415, Sec. 8.)

PART 1. GENERAL ADMINISTRATION [123100 - 123223] (Part 1 added by Stats. 1995, Ch. 415, Sec. 8.)

CHAPTER 1. Patient Access to Health Records [123100 - 123149.5] (Chapter 1 added by Stats. 1995, Ch. 415, Sec. 8.)

123110. (a) Notwithstanding Section 5328 of the Welfare and Institutions Code, and except as provided in Sections 123115 and 123120, any adult patient of a health care provider, any minor patient authorized by law to consent to medical treatment, and any patient representative shall be entitled to inspect patient records upon presenting to the health care provider a written request for those records and upon payment of reasonable clerical costs incurred in locating and making the records available. However, a patient who is a minor shall be entitled to inspect patient records pertaining only to health care of a type for which the minor is lawfully authorized to consent. A health care provider shall permit this inspection during business hours within five working days after receipt of the written request. The inspection shall be conducted by the patient or patient's representative requesting the inspection, who may be accompanied by one other person of his or her choosing.

(b) Additionally, any patient or patient's representative shall be entitled to copies of all or any portion of the patient records that he or she has a right to inspect, upon presenting a written request to the health care provider specifying the records to be copied, together with a fee to defray the cost of copying, that shall not exceed twenty-five cents ($0.25) per page or fifty cents ($0.50) per page for records that are copied from microfilm and any additional reasonable clerical costs incurred in making the records available. The health care provider shall ensure that the copies are transmitted within 15 days after receiving the written request.

(c) Copies of X-rays or tracings derived from electrocardiography, electroencephalography, or electromyography need not be provided to the patient or patient's representative under this section, if the original X-rays or tracings are transmitted to another health care provider upon written request of the patient or patient's representative and within 15 days after receipt of the request. The request shall specify the name and address of the health care provider to whom the records are to be delivered. All reasonable costs, not exceeding actual costs, incurred by a health care provider in providing copies pursuant to this subdivision may be charged to the patient or representative requesting the copies.

(d) (1) Notwithstanding any provision of this section, and except as provided in Sections 123115 and 123120, any patient or former patient or the patient's representative shall be entitled to a copy, at no charge, of the relevant portion of the patient's records, upon presenting to the provider a written request, and proof that the records are needed to support an appeal regarding eligibility for a public benefit program. These programs shall be the Medi-Cal program, social security disability insurance benefits, and Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP) benefits. For purposes of this subdivision, "relevant portion of the patient's records" means those records regarding services rendered to the patient during the time period beginning with the date of the patient's initial application for public benefits up to and including the date that a final determination is made by the public benefits program with which the patient's application is pending.

(2) Although a patient shall not be limited to a single request, the patient or patient's representative shall be entitled to no more than one copy of any relevant portion of his or her record free of charge.

(3) This subdivision shall not apply to any patient who is represented by a private attorney who is paying for the costs related to the patient's appeal, pending the outcome of that appeal. For purposes of this subdivision, "private attorney" means any attorney not employed by a nonprofit legal services entity.

(e) If the patient's appeal regarding eligibility for a public benefit program specified in subdivision (d) is successful, the hospital or other health care provider may bill the patient, at the rates specified in subdivisions (b) and (c), for the copies of the medical records previously provided free of charge.
(f) If a patient or his or her representative requests a record pursuant to subdivision (d), the health care provider shall ensure that the copies are transmitted within 30 days after receiving the written request.

(g) This section shall not be construed to preclude a health care provider from requiring reasonable verification of identity prior to permitting inspection or copying of patient records, provided this requirement is not used oppressively or discriminatorily to frustrate or delay compliance with this section. Nothing in this chapter shall be deemed to supersede any rights that a patient or representative might otherwise have or exercise under Section 1158 of the Evidence Code or any other provision of law. Nothing in this chapter shall require a health care provider to retain records longer than required by applicable statutes or administrative regulations.

(h) This chapter shall not be construed to render a health care provider liable for the quality of his or her records or the copies provided in excess of existing law and regulations with respect to the quality of medical records. A health care provider shall not be liable to the patient or any other person for any consequences that result from disclosure of patient records as required by this chapter. A health care provider shall not discriminate against classes or categories of providers in the transmittal of X-rays or other patient records, or copies of these X-rays or records, to other providers as authorized by this section.

Every health care provider shall adopt policies and establish procedures for the uniform transmittal of X-rays and other patient records that effectively prevent the discrimination described in this subdivision. A health care provider may establish reasonable conditions, including a reasonable deposit fee, to ensure the return of original X-rays transmitted to another health care provider, provided the conditions do not discriminate on the basis of, or in a manner related to, the license of the provider to which the X-rays are transmitted.

(i) Any health care provider described in paragraphs (4) to (10), inclusive, of subdivision (a) of Section 123105 who willfully violates this chapter is guilty of unprofessional conduct. Any health care provider described in paragraphs (1) to (3), inclusive, of subdivision (a) of Section 123105 that willfully violates this chapter is guilty of an infraction punishable by a fine of not more than one hundred dollars ($100). The state agency, board, or commission that issued the health care provider's professional or institutional license shall consider a violation as grounds for disciplinary action with respect to the licensure, including suspension or revocation of the license or certificate.

(j) This section shall be construed as prohibiting a health care provider from withholding patient records or summaries of patient records because of an unpaid bill for health care services. Any health care provider who willfully withholds patient records or summaries of patient records because of an unpaid bill for health care services shall be subject to the sanctions specified in subdivision (i).

(Amended by Stats. 2001, Ch. 325, Sec. 1. Effective January 1, 2002.)
[Date]

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

RE: Change in Hospital Affiliation

Dear [PCP Name]:

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

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

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

Sincerely,

[PSR Name]
Provider Services Representative

cc: [Hospital]
[IPA]
Susie White, Senior Director of Provider Services, IEHP
[First Name, Last Name], Provider Relations Manager, IEHP
[IPA File]
[PCP File]
[Date]

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

RE: Change in IPA Affiliation

Dear Dr. [PCP Name]:

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

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

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

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

Sincerely,

[PSR Name]
Provider Services Representative

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

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

RE: [PCP Name & Number] TERMINATION

Dear [IPA Contact Name]:

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

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

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

Sincerely,

[PSR Name]
Provider Service Representative

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

[IPA Contact Name] or [Provider Name]
[IPA NAME]
[Address]
[CITY, STATE ZIP]

RE:  [PCP NAME] – Enrollment Status Change

Dear [IPA Contact Name/Provider Name]:

This letter is to inform you that Dr. [PCP NAME] PCP status has been changed to “Closed” for Member enrollment. This change will become effective as of [DATE].

Under IEHP Policy 18 A2, the maximum amount of enrollment that Dr. [PCP NAME] is eligible for is [NUMBER} Members. Currently Dr. [PCP NAME] has [NUMBER] Members and [NUMBER] physician extenders in IEHP’s system. If Dr. [PCP NAME] has additional physician extenders who have not been credentialed, please submit their credentialing applications to increase Dr. [PCP NAME] Member capacity. A maximum of four supervised mid-levels is allowed per PCP to increase capacity to a maximum of 6000 Members.

IEHP will continue to monitor Dr. [PCP NAME]’s enrollment numbers. If Dr. [PCP NAME]’s membership should drop below the maximum amount allowable, IEHP will open Dr. [PCP NAME] to enrollment. This would include Auto Assignment, HCO Enrollment, Family Assignment and Member Choice.

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

Sincerely,

PSR NAME
Provider Services Representative

cc:  PCP
     IPA
     Susie White, Senior Director of Provider Services, IEHP
     Esther Iverson, Provider Relations Manager, IEHP
     PCP File
# HOSPITAL GEOGRAPHIC SERVICE AREAS

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Hospital of San Bernardino</td>
<td>S1</td>
</tr>
<tr>
<td>St. Bernardine Medical Center</td>
<td>S1</td>
</tr>
<tr>
<td>Hemet Valley Medical Center</td>
<td>R3</td>
</tr>
<tr>
<td>John F. Kennedy Memorial Hospital</td>
<td>R6, E1,E2</td>
</tr>
<tr>
<td>Menifee Valley Medical Center</td>
<td>R5</td>
</tr>
<tr>
<td>Moreno Valley Community Hospital</td>
<td>R1</td>
</tr>
<tr>
<td>Desert Regional Medical Center</td>
<td>R6,E1,E2</td>
</tr>
<tr>
<td>Loma Linda University Medical Center - Murrieta</td>
<td>R5</td>
</tr>
<tr>
<td>Loma Linda University Medical Center</td>
<td>S1</td>
</tr>
<tr>
<td>Temecula Valley Hospital Inc</td>
<td>R5</td>
</tr>
<tr>
<td>Loma Linda University Children’s Hospital</td>
<td>S1</td>
</tr>
<tr>
<td>Arrowhead Regional Medical Center</td>
<td>S1</td>
</tr>
<tr>
<td>Parkview Community Hospital Medical Center</td>
<td>R1</td>
</tr>
<tr>
<td>Kaiser Fontana</td>
<td>S1</td>
</tr>
<tr>
<td>Kaiser Riverside</td>
<td>R1</td>
</tr>
<tr>
<td>Corona Regional Medical Center</td>
<td>R4,R5</td>
</tr>
<tr>
<td>Riverside County Regional Medical Center</td>
<td>R1</td>
</tr>
<tr>
<td>Victor Valley Global Medical Center</td>
<td>S3</td>
</tr>
<tr>
<td>Riverside Community Hospital</td>
<td>R1</td>
</tr>
<tr>
<td>Pomona Valley Hospital Medical Center</td>
<td>S2</td>
</tr>
<tr>
<td>Rancho Springs Medical Center</td>
<td>R5</td>
</tr>
<tr>
<td>Inland Valley Regional Medical Center</td>
<td>R5</td>
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<tr>
<td>Redlands Community Hospital</td>
<td>S1</td>
</tr>
<tr>
<td>San Gorgonio Memorial Hospital</td>
<td>R2</td>
</tr>
<tr>
<td>Montclair Hospital Medical Center</td>
<td>S2</td>
</tr>
<tr>
<td>Barstow Community Hospital</td>
<td>E7</td>
</tr>
<tr>
<td>Mountains Community Hospital</td>
<td>E3</td>
</tr>
<tr>
<td>Eisenhower Medical Center</td>
<td>R6,E1,E2</td>
</tr>
<tr>
<td>St Mary Medical Center</td>
<td>S3</td>
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<tr>
<td>Hospital</td>
<td>Geographic Service Area</td>
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<tr>
<td>----------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Chino Valley Medical Center</td>
<td>S2</td>
</tr>
<tr>
<td>Desert Valley Hospital</td>
<td>S3</td>
</tr>
</tbody>
</table>

**HOSPITAL GEOGRAPHIC SERVICE AREAS**

**R1 Riverside Proper**

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

**R2 The Pass**

- Banning, Beaumont, Cabazon, Calimesa, Cherry Valley, Eden Hot Springs, San Gorgonio

**R3 Hemet Region**

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

**R4 Corona Region**

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

**R5 Temecula Region**

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

**R6 Low Desert**

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

**S1 San Bernardino Proper**
Bloomington, Colton, Fontana, Grand Terrace, Highland, Patton, Rialto, San Bernardino, Bryn Mawr, Crafton, Loma Linda, Crestmore, Muscoy, Verdemont, Mentone Redlands, Yucaipa

S2  **West End San Bernardino**

Alta Loma, Chino, Chino Hills, Etiwanda, Guasti, Montclair, Mount Baldy, San Antonio Heights, Ontario, Pomona, Rancho Cucamonga, Upland, Claremont

S3  **High Desert**

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

E1  **Blythe**

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

E2  **Yucca/Morongo Valley**

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

E3  **Mountains**

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

E6  **Colorado River**

Blythe, Big River, Parker Dam

E7  **Barstow**

Baker, Barstow, Daggett, Fort Irwin, Hinkley, Ludlow, Yermo, Newberry Springs, Desert Center, Lenwood, Helendale
IEHP PCP Leave of Absence Coverage Form

In compliance with IEHP Provider Policy 18.1 Leave of Absence, which requires an adequate coverage plan for all leaves of absence from my practice greater than two (2) weeks,

I, ____________________________, have entered into an Agreement with

__________________________________________________ who will be available to my

IEHP patients for direction of care during my absence.

_________________________________

(Covering Provider’s Name /or Group Name)

(can be reached at ____________________________,

(Telephone #)

located at ____________________________________________________________________

(Address)

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

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

__________________________________________

Physician Name

__________________________________________

Date
[Date]

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

RE: [PCP NAME & NUMBER] TERMINATION

Dear [IPA Contact Name]:

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

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

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

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

Sincerely,

PSR Name
Provider Services Representative

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

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

Your new doctor number is [Provider Affiliation #].

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

Thank you for your continued participation with IEHP.

Sincerely,

[PSR Name]
Provide Services Representative

cc:  [Old IPA Name]
     [New IPA Name]
     [First Name Last Name], Senior Director of Provider Services, IEHP
     [First Name Last Name], Provider Relations Manager, IEHP
DATE

CERTIFIED MAIL

PHYSICIAN NAME
ADDRESS
CITY, STATE ZIP

RE: IEHP Participation

Dear PHYSICIAN NAME:

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

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

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

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

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

IEHP will report the final decision of the IEHP Governing Board, to the Medical Board of California and/or the National practitioner Data Bank, as required under California business and professions Codes subsection 805 and 45 of Federal Regulations, Part 60.
Should you wish to discuss this matter further, please feel free to contact me at (909) (PHONE NUMBER)

Sincerely,

CHIEF MEDICAL OFFICER’S NAME
Chief Medical Officer, IEHP

cc: IPA MEDICAL DIRECTOR’S NAME, IPA NAME
[NAME], Senior Director of Provider Services, IEHP
[NAME], Provider Relations Manager, IEHP
Provider Services Representative, IEHP
PCP File
# PROVIDER NETWORK CHECK LIST

## PRIMARY CARE PROVIDERS

<table>
<thead>
<tr>
<th>Provider Type</th>
<th># Contracted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice</td>
<td></td>
</tr>
<tr>
<td>General Practice</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
</tr>
<tr>
<td>OB/GYN (PCP)</td>
<td></td>
</tr>
</tbody>
</table>

## SPECIALISTS (mandated)

<table>
<thead>
<tr>
<th>Specialty Type</th>
<th># Contracted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td></td>
</tr>
<tr>
<td>Cardiology*</td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td></td>
</tr>
<tr>
<td>Endocrinology</td>
<td></td>
</tr>
<tr>
<td>Gastroenterology*</td>
<td></td>
</tr>
<tr>
<td>Infectious Disease</td>
<td></td>
</tr>
<tr>
<td>Nephrology</td>
<td></td>
</tr>
<tr>
<td>Neurology*</td>
<td></td>
</tr>
<tr>
<td>OB/GYN*</td>
<td></td>
</tr>
<tr>
<td>Oncology/Hematology</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>Orthopedics*</td>
<td></td>
</tr>
<tr>
<td>Otolaryngology*</td>
<td></td>
</tr>
<tr>
<td>Physical Med./Rehab.</td>
<td></td>
</tr>
<tr>
<td>Podiatry</td>
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</tr>
<tr>
<td>Pulmonary Medicine</td>
<td></td>
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<td>Rheumatology</td>
<td></td>
</tr>
<tr>
<td>Surgery:</td>
<td></td>
</tr>
<tr>
<td>General*</td>
<td></td>
</tr>
<tr>
<td>Cardiac/Cardiovascular/Cardiothoracic</td>
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</tr>
<tr>
<td>Neuro</td>
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<td>Pediatric</td>
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<tr>
<td>Plastic</td>
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</tr>
<tr>
<td>Urology</td>
<td></td>
</tr>
<tr>
<td>Pediatric Subspecialties**</td>
<td></td>
</tr>
</tbody>
</table>

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

** Core Specialty not required to establish Medicare link (affiliation).
September 3, 2015

Dear «Greeting02»,

«Greeting03» current Primary Care Doctor is Dr. «OLDPCPNAME» located at «OldPCPAdd», «OldPCPCity». We want to let you know that as of «mleffec», Dr. «OLDPCPNAME» will no longer serve IEHP Members.

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

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

Dr. «NEWPCPNAME»
«NewPAdd»
«NewPCity», «NewPState» «NewPZip»
«NewPPhone»

«NewHos»
«NewHosAdd»
«NewHosCity», «NewHosSte» «NewHosZip»
«NewHosPhne»

We will mail you a new IEHP Card. If you do not get the new card, please call IEHP Member Services toll-free «MbrSvcPhn», TTY 1(800) 718-4347.

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

Sincerely,

Member Services
Inland Empire Health Plan
OPS_01_EA_TRM_«old_pcp»

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

¿Prefiere esta información en Español? Llame a Servicios para Miembros de IEHP al «MbrSvcPhn».
ML0020500453901
Padre O Tutor De Valerye Trevizo
13875 Boeing St Apt 3
Moreno Valley, CA 92553 8516

03 de septiembre de 2015

Estimado/a Padre O Tutor:

El Doctor Principal de Valerye es el Dr. Mary D Castro ubicado en 22675 Alessandro Blvd, Moreno Valley. Queremos dejarle saber que a partir de 02 / 01 / 2009, el Dr. Mary D Castro ya no seguirá atendiendo a Miembros de IEHP.

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

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

Dr. Leon Mizrahi  
«NewPAdd»  
Thermal, CA 92274  
(760)397 2501

John F Kennedy Memorial Hosp  
47111 Monroe St  
Indio, CA 92201  
(760)347 6191

Le enviaremos por correo su nueva tarjeta de IEHP. Si no recibe la tarjeta nueva, por favor llame a Servicios para Miembros de IEHP gratis al 1-800-440-IEHP(4347), TTY 1(800) 718-4347.

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

Sinceramente,

Servicios para Miembros  
Inland Empire Health Plan  
OPS_01SA_TRM_C253074

**MAS INFORMACION IMPORTANTE acerca de Facturación, Autorizaciones de Servicios, y su derecho de Atención Continua esta impresa al reverso de esta carta. Por favor asegúrese de leer esta información.**

Prefer this information in English? Call IEHP Member Services at 1-800-440-IEHP(4347).
September 3, 2015

Dear «Greeting02»,

A change in our Provider Network has occurred, which might affect your healthcare. Dr. «SpecName», «Pddesc2» Specialist, located at «PAdd1» , «PCity», will no longer be serving IEHP members effective «MLEffec».

To make sure there is no interruption in your health care, we suggest that you contact your Primary Care Doctor immediately for help in choosing a new «Pddesc2» Specialist, if necessary.

If you are currently undergoing treatment, it may be possible for you to continue seeing Dr. «SpecName» until your Primary Care Doctor can make other arrangements for a new «Pddesc2» Specialist. It is very important that you discuss finding a new «Pddesc2» Specialist with your Primary Care Doctor as soon as possible.

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

To find out more about your rights regarding this matter please look on the reverse side of this letter.

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

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

Sincerely,

Member Services
Inland Empire Health Plan
OPS_25_EA_SPT «SpecID»

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

¿Prefiere esta información en Español? Llame a servicios para Miembros de IEHP al «MbrSvcPhn».
03 de septiembre de 2015

Estimado(a) «Greeting02»:

Ha ocurrido un cambio en nuestra Red de Proveedores, el cual podría afectar su atención médica. El Dr. «SpecName», «Pddesc2», ubicado en «PAdd1» «PAdd2», «PCity» ya no prestará sus servicios a los Miembros de IEHP a partir del «MLEffec».

Para asegurarnos de que no exista interrupción en su atención médica, le sugerimos que se comunique inmediatamente con su Doctor de Cuidado Primario para que le ayude a elegir a un nuevo especialista «Pddesc2», de ser necesario.

Si actualmente usted está recibiendo tratamiento, puede ser posible que continúe atendiéndose con el Dr. «SpecName» hasta que su Doctor de Cuidado Primario pueda coordinar que usted sea atendido por un nuevo especialista «Pddesc2». Es muy importante que usted hable con su Doctor de Cuidado Primario lo más pronto posible para encontrar un nuevo especialista en «Pddesc2».

Por favor no espere más – este cambio puede afectar su atención médica; comuníquese hoy con su Doctor de Cuidado Primario para que le puedan programar una cita con un nuevo especialista.

Para obtener más información sobre sus derechos en relación a este asunto, por favor consulte el reverso de esta carta.

Si tiene alguna pregunta, ya sea sobre esta carta o acerca de lo que debe hacer, comuníquese a nuestra línea gratuita de Servicios para Miembros de IEHP al «MbrSvcPhn», TTY 1(800) 718-4347.

Puede estar seguro de que sus beneficios permanecerán intactos. Gracias por confiar en IEHP para cuidar de sus necesidades médicas.

Atentamente,

Servicios para Miembros
Inland Empire Health Plan
OPS_25_SA_SPT «SpecID»

**IMPORTANTE INFORMACION ADICIONAL sobre facturación, autorizaciones para servicios, y su derecho de continuidad de atención se indica al reverso de esta carta. Por favor asegúrese de leer esta información.**

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