

Medi-Cal

IEHP Member Handbook

Guide to Medi-Cal Benefits for 2023



IEHP Member Handbook Guide

The Member Handbook, also called the Combined Evidence of Coverage (EOC), tells you about your Medi-Cal coverage with Inland Empire Health Plan (IEHP).

- It helps you understand your benefits and services and how to use them.
- It explains your rights and responsibilities as an IEHP Member.
- It is also a summary of IEHP's rules and policies and based on the contract between IEHP and the California Department of Health Care Services (DHCS).

Use this guide below to help you find important information about benefits and services in your IEHP Member Handbook. You can find the complete Member Handbook at www.iehp.org. You can also call IEHP Member Services to have a Member Handbook sent to you. If you have any questions, please call IEHP Member Services at 1-800-440-IEHP (4347), Monday–Friday, 7am–7pm, and Saturday–Sunday, 8am–5pm. For TTY users call, 1-800-718-4347 or 711.

You can get the Member Handbook and other plan materials free of charge and in other languages. You can get this information in alternative formats, such as braille, 18-point large font and audio.

Prospective Members can view or receive the Member Handbook from our IEHP website or call IEHP Member Services.

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2 & 103	Interpreter services	IEHP provides oral interpretation services from a qualified interpreter, on a 24-hour basis, at no cost to you. Help is available 24 hours a day, 7 days a week. For language help or to get this handbook guide in a different language, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347 or 711). The call is toll free.
19	How your plan works	IEHP works with the State of California to help you get the health care you need. IEHP contracts with Independent Physician Associations (IPAs) to provide healthcare services. An IPA is a group of PCPs, specialists, and other providers of health care services. Your PCP may be part of an IPA. Your PCP, along with IEHP or the IPA, directs the care for all your medical needs. This includes referrals (prior authorizations) to see specialists or get medical services, like lab tests, x-rays, and/or hospital care.
24 – 25	Costs, Member costs & For Members with long-term care and a share of cost	IEHP serves Members who qualify for Medi-Cal. IEHP Members do not have to pay for covered services within IEHP's Provider network. Some Members may have a share of cost per month (called monthly premium). The amount you pay depends on your income and resources. Contact IEHP Member Services or review the IEHP Member Handbook at www.iehp.org .



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25	If you receive a bill from a health care provider	If you get billed for covered services, or you paid for a service that you think IEHP should cover, you can file a claim. Call IEHP Member Services for help and more information on how to file.
29	Primary Care Provider (PCP)	You will get most of your care from your PCP. Your PCP will give you all your routine and preventive care. You must choose a PCP within 30 days of enrolling in IEHP. If you do not choose a PCP within 30 days of enrollment, IEHP will assign you to a PCP. If you are assigned to a PCP and want to change, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347 or 711). The change happens the first day of the next month. To change your PCP, call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347 or 711). Or use our online Member Portal.
33 – 34	Out-of-network providers who are inside the service area or Outside the service area	<p>Out-of-network providers are those who do not have a Provider contract to work with IEHP. Except for emergency care, you may have to pay for care for out-of-network providers if the services have not been approved by IEHP. If you need help with out-of-network services, call IEHP Member Services for more information.</p> <p>If you are outside of the IEHP service area and need care that is not an emergency or urgent, call your PCP right away or call IEHP Member Services. For emergency care, call 911 or go to the nearest hospital's emergency room. IEHP covers out-of-network emergency care. If you are traveling internationally outside of Canada or Mexico and need emergency care, IEHP will not cover your care in most cases. If you have questions about out-of-network or out-of-service area care, call IEHP Member Services or call the 24-Hour Nurse Advice Line.</p>
35	Doctors & Hospitals	If you need a specialist and it is medically necessary, your PCP will refer you to a specialist in the IEHP network. Your PCP will send a referral to IEHP or IPA for review. You must get an approval from IEHP or your IPA before you can see a specialist. If you need hospital care and it's not an emergency, your PCP will decide which hospital you go to and will require pre-approval. You will need to go to a hospital in the network which can be found in the Provider Directory.
36	Provider directory	<p>The IEHP Provider Directory lists providers that participate in the IEHP network. The network is the group of providers that work with IEHP. The IEHP Provider Directory lists hospitals, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, and Rural Health Clinics (RHCs).</p> <p>The Provider Directory has IEHP in-network provider names, specialties, addresses, phone numbers, business hours and languages spoken. If you want information about a doctor's</p>



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39 – 41	Payment	<p>You do not have to pay for your approved covered services from an approved Provider. If you get a bill, call IEHP Member Services. You are not responsible to pay a provider for any amount owed by IEHP for any covered service. Exclusions may apply to emergency care or urgent care; you may have to pay for care from providers who are not in the network.</p>														
41 – 42	Referrals	<p>When your PCP thinks you need a specialized treatment or supplies, your PCP will need to get a referral from IEHP and/or medical group (IPA). A referral means that you must get approval from IEHP and/or medical group. Changes to your PCP may impact referrals that have already been approved. If you have a health problem that needs special medical care for a long time, you may need a standing referral. This allows you to go to the same specialist more than once without getting a referral each time. Call IEHP Member Services if you have trouble getting a referral or want a copy of the IEHP referral policy.</p> <p>You do not need a referral for:</p> <ul style="list-style-type: none"> • PCP visits • Obstetrics/Gynecology (OB/GYN) visits • Urgent or emergency care visits 														



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		<ul style="list-style-type: none"> • Adult sensitive services, such as sexual assault care • Family planning services (to learn more, call Office of Family Planning Information and Referral Service at 1-800-942-1054) • HIV testing and counseling (12 years or older) • Sexually transmitted infection services (12 years or older) • Chiropractic services (a referral may be required when provided by out-of network FQHCs, RHCs and Individualized Health Care Plan (IHCPs)) • Initial mental health assessment (therapy and psychiatry) • Acupuncture (the first two services per month; additional appointments will need a referral) • Podiatry services • Eligible dental services • Out of area renal dialysis • Preventive services • Biomarker testing for advanced or metastatic stage 3 or 4 cancers
42	Pre-approval (prior authorization)	For some types of care, your PCP or specialist will need to ask for a prior authorization, prior approval, or pre-approval. It means that IEHP must make sure that the care is medically necessary or needed based on appropriateness of care and services and existence of coverage.
45	Utilization Management (UM) processes	<p>IEHP has specific processes for Utilization Management (UM). IEHP has guidelines or criteria that are used in specific cases to approve or deny requested health care services. In all cases, a Medical Director is required to take the Member's needs into account when making decisions to approve or deny requested health care services.</p> <p>The UM staff are on hand between 8am and 5pm during working days to talk about any UM issues. UM staff will always identify themselves by name, title, and organization name when calling or returning your calls. You can also call DHCS at 1-888-452-8609.</p>
47	Urgent Care	Urgent care is not for an emergency or life-threatening condition. It is for services to prevent serious damage to your health from a sudden illness, injury, or complication of a condition you already have. For urgent care services, contact your PCP, our 24-hour Nurse Advice Line, www.iehp.org , or call IEHP Member Services to help you find the nearest location and for out of the area care. If you need care after normal business hours or holidays, the IEHP 24-Hour Nurse Advice Line is available 24 hours a day, seven days a week at 1-888-244-4347. For TTY, call 711.



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47	Emergency care	Emergency care is for life-threatening medical and behavioral health conditions. If you don't get care right away, your health could be in danger. For emergency care, call 911 or go to the nearest hospital's emergency room (ER). Emergency care does not need a pre-approval. Care for non-life-threatening emergency within 6 hours, go to the nearest hospital's emergency room (ER).
52	What your health plan covers	Your covered services are free if they are medically necessary and provided by an in-network provider. IEHP may cover medically necessary services from an out-of-network provider but that must be requested. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury. For a list of limited services refer to the Member Handbook.
55	Medi-Cal Benefits covered by IEHP	IEHP offers these types of services: outpatient (ambulatory) services, telehealth services, mental health services (outpatient), emergency services, hospice and palliative care, hospitalization, maternity and newborn care, rehabilitative and habilitative (therapy) services and devices, laboratory and radiology services, preventive and wellness services and chronic disease management, Diabetes Prevention Program (DPP), substance use disorder treatment services, pediatric services, vision services, non-emergency medical transportation (NEMT), non-medical transportation (NMT), long-term services and supports (LTSS), and transgender services.
64	Behavioral Health Treatment (BHT)	BHT includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual. BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.
70	Substance use disorder screening services	IEHP covers alcohol misuse screenings, illicit drug screenings and behavioral health counseling interventions for alcohol misuse.
74	Complex Care Management (CCM) program	If you are sick or have a serious illness, IEHP will work with you and your Doctor to make sure you get the care you need. The IEHP Behavioral Health and Care Management Team (BHCMT) can help you if you have a serious illness, like heart disease, lung disease, kidney disease, AIDS, Hepatitis C, spinal injury, or other chronic problems. The IEHP CMT can help you manage your condition and medicines, coordinate your care by working with your doctors, and can help you get any needed medical equipment. An Interdisciplinary Care Team (ICT) can also help you with your personal plan



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		<p>of care. An ICT consists of your PCP, Nurse care manager, Behavioral Health care manager (when needed), and others who support your health care needs.</p> <p>There are several ways that you can be referred into IEHP’s Complex Care Management program such as:</p> <ul style="list-style-type: none"> ▪ A Medical Management Referral (example: A nurse from IEHP’s Nurse Advice Line thinks you would benefit from the program,) ▪ A Discharge Planner Referral (example: If you are being discharged from a hospital and have many complicated needs) ▪ A Member or Caregiver Referral (example: You can call IEHP to ask for a Complex Care Manager’s help) ▪ A Practitioner Referral (example: Your doctor can make a referral on your behalf) <p>Call IEHP Member Services if you are interested in enrolling or feel that you or your caregiver would benefit from being in the program, or talk to your doctor if you would like to learn more about this no-cost Complex Care Management Program, speak with your ICT, create a personal plan of care, or if you just need help with your health care. Call 1-800-440-IEHP (4347) (TTY 1-800-718-4347), Monday–Friday, 7am–7pm, and Saturday–Sunday, 8am–5pm.</p> <p>How to opt into the CCM Program: First, we will need to complete a health survey with you to assess your needs. This will help determine if you are eligible for the program. If you are eligible for the program and wish to opt in, you will be automatically enrolled. If you are not eligible for the CCM program but want more information on other Care Management Services available, please contact Member Services at 1-800-440-4347. After enrollment into the CCM program, you will be assigned a Primary Case Manager. The Case Manager will contact you at least once every 30 days to discuss your health goals. They will also assist you with a plan to meet those goals. To get started, call IEHP Member Services at 1-800-440-IEHP (4347), Monday–Friday, 7am–7pm, and Saturday–Sunday, 8am–5pm. TTY users should call 1-800-718-4347.</p> <p>How to opt out of the CCM Program: Once enrolled you may opt out of the program at any time. Simply contact IEHP Member Services at 1-800-440-4347 and let them know you no longer wish to be involved with the program. Be sure to notify your Case Manager as well.</p>
76	Enhanced Care Management (ECM)	IEHP covers Enhanced Care Management (ECM) services for Members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health



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		<p>services, community-based Long-Term Services and Supports (LTSS) for member with chronic conditions and referrals to available community resources.</p> <p>You may be contacted if you qualify for the program. If qualified, you will be able to choose to opt in or out of this program. You can also call IEHP, or talk to your doctor or clinic staff, to find out if you can receive ECM services.</p>
77	Other Medi-Cal programs and services	Sometimes IEHP does not cover services, but you can still get them through Regular or Straight Medi-Cal (called FFS Medi-Cal). To learn more, call IEHP Member Services.
77 – 78	Prescription drugs covered by Medi-Cal Rx	<p>Most prescription drugs are covered by Medi-Cal Rx, some drugs may be covered by IEHP. Your provider can prescribe you drugs that are on the Medi-Cal Rx Contract Drugs List.</p> <p>To find out if a drug is on the Contract Drug List or to get a copy of the Contract Drug List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711), visit the Medi-Cal Rx website at www.Medi-CalRx.dhcs.ca.gov/home/, or call IEHP Member Services at 1-800-440-IEHP (4347), Monday–Friday, 7am–7pm, and Saturday–Sunday, 8am–5pm. TTY users should call 1-800-718-4347 or 711.</p>
78	Pharmacies	If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at www.Medi-CalRx.hcs.ca.gov/home/ . You can also find a pharmacy near you by calling Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711). Or call IEHP Member Services at 1-800-440-IEHP (4347), Monday–Friday, 7am–7pm, and Saturday–Sunday, 8am–5pm. TTY users should call 1-800-718-4347 or 711.
80	Specialty mental health services	<p>Some mental health services are provided by county mental health plans instead of IEHP. These include specialty mental health services (SMHS) for Medi-Cal members who meet criteria for SMHS. SMHS may include these outpatient, residential and inpatient services:</p> <p>Outpatient services:</p> <ul style="list-style-type: none"> • Mental health services • Medication support services • Day treatment intensive services • Day rehabilitation services • Crisis intervention services • Crisis stabilization services



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		<ul style="list-style-type: none"> • Targeted case management services • Therapeutic behavioral services (covered for members under 21 years old) • Intensive care coordination (ICC) (covered for members under 21 years old) • Intensive home-based services (IHBS) (covered for members under 21 years old) • Therapeutic foster care (TFC) (covered for members under 21 years old) <p>Residential services:</p> <ul style="list-style-type: none"> • Adult residential treatment services • Crisis residential treatment services <p>Inpatient services:</p> <ul style="list-style-type: none"> • Acute psychiatric inpatient hospital services • Psychiatric inpatient hospital professional services • Psychiatric health facility services
82	Services you cannot get through IEHP or Medi-Cal	<p>Some services that neither IEHP nor Medi-Cal will cover, include: experimental services, fertility preservation, In Vitro Fertilization (IVF), permanent home modifications, vehicle modifications, cosmetic procedures and treatment, hygiene item, foot care, hearing aid loaners, or any other items detailed by the Medi-Cal Provider Manual.</p> <p>This is not a complete list. Services that are not listed as a covered benefit and are not covered by Medi-Cal are not covered by IEHP. To learn more, call IEHP Member Services.</p>
84	Evaluation of new and existing technologies	<p>Our Medical Directors identify new medical or behavioral procedures, treatment, drugs, and devices on a regular basis. They present research data to the IEHP Utilization Management (UM) Subcommittee of IEHP Pharmacy & Therapeutics (P&T) Subcommittee, where Doctors review the technology and suggest whether it can be added as a new benefit. If approved by the IEHP Quality Management Committee, IEHP will add the new technology as a covered benefit for our Members. To learn more about this review of new technology, call IEHP Member Services.</p>
86	Child and youth well care	<p>Child and youth members under 21 years old can get special health services as soon as they are enrolled. This makes sure they get the right preventive care and services upon enrollment.</p>



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86	Pediatric Services (Children under age 21)	<p>Members under 21 years old are covered for needed care. IEHP covers medically necessary services to treat or ameliorate defects and physical, mental diagnosis. Some covered services include well-child visits and teen check-ups (important visits children need), immunizations (shots), mental health services, health and preventive education, lab tests, including blood lead poisoning testing and vision services.</p> <p>These services are called Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Please refer to your Member Handbook for more covered pediatric services.</p>
91	Reporting and solving problems	<p>You can use the IEHP grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.</p>
92 – 93	Complaints	<p>A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from IEHP or a provider. There is no time limit to file a complaint. You can file a complaint with us at any time by phone, in writing or online. If you need help filing your complaint, we can help you. We can give you free language services. Please call IEHP Member Services for help.</p>
93 – 94	Appeals	<p>An appeal is different from a complaint. An appeal is a request for IEHP to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you or your authorized representative can file an appeal. Your PCP can also file an appeal for you with your written permission. You must file an appeal within 60 calendar days from the date on the NOA you received. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date IEHP says services will stop. You can file an appeal by phone, in writing or online. Please call IEHP Member Services for help.</p> <p>An Independent Medical Review (IMR) is when an outside doctor who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with IEHP. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision, but you only have 120 days to request a State Hearing so if you want an IMR and a State hearing file your complaint as soon as you can. Here is how to ask for an IMR. The California Department of Managed Health Care is responsible for regulating</p>



Call IEHP Member Services at 1-800-440-IEHP (4347). TTY 1-800-718-4347. IEHP is here Monday–Friday, 7am–7pm, and Saturday–Sunday, 8am–5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

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		<p>health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347 or 711) and use your health plan’s grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department’s internet website https://www.dmhc.ca.gov/ has complaint forms, IMR application forms and instructions online.</p>
100 – 101	Rights and Responsibilities – Your rights	<p>IEHP Members have these rights:</p> <ul style="list-style-type: none"> • To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information. • To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities. • To participate in decision making with providers regarding your own health care, including the right to refuse treatment. • To voice grievances, either verbally or in writing, about the organization or the care you got. • To ask for an appeal of decisions to deny, defer or limit services or benefits. • A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage. • To make recommendations about IEHP’s member rights and responsibilities policy.
102	Your Responsibilities	<p>IEHP Members have the responsibility to follow the advice and care procedures provided by your Doctor, IEHP, and the program. If you have questions about these procedures, call IEHP Member Services.</p> <p>IEHP Members have the responsibility to give accurate information to IEHP, your Doctor, and any other Provider. This helps you get better care. Also, IEHP Members have the responsibility to understand your health needs and be a part of your health care decisions. Ask your Doctor questions if you do not understand and involve in developing treatment goals.</p>



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103	Notice of non-discrimination	<p>Free language services are offered to people whose first language is not English. If you need these services, contact IEHP Member Services at 1-800-440-IEHP (4347) or 1-800-718-4347 for TTY users, Monday–Friday, 7am–7pm, and Saturday–Sunday, 8am–5pm for help.</p> <p>Discrimination is against the law. IEHP follows state and federal civil rights laws. IEHP does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.</p>
106	Notice of privacy practices	<p>IEHP will keep your medical information confidential. This includes any medical records, computer data, reports, or records about you or your health care. You have the right to keep your medical information and records confidential, unless you say differently. You also have the right to review, request corrections to, and receive a copy of your medical records from your Doctor or health care provider. Whenever your medical records need to be released for any reason, you will be contacted for your permission.</p> <p>IEHP will keep your confidential information private within IEHP because only certain employees are permitted to have access to your confidential information. You have the right to access your confidential medical information. IEHP will provide you with access and an accounting of disclosures upon request. You also have the right to amend your confidential medical information and request restrictions on the use and disclosure of your confidential medical information.</p> <p>Please refer to your Notice of Privacy Practices for further information regarding IEHP’s Privacy Practices.</p>



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We heal and inspire the human spirit.

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