NEW YOU IN 2022!

At IEHP, we love the new year and what it represents: a clean slate full of hope and promise.

A new year is a new chance to make better, healthier choices to improve our lives. It means regular Doctor visits for preventive care and immunizations, like the flu shot, COVID-19 vaccines, boosters, and more.

That’s what the first issue of The Pulse for 2022 is all about—a happy and healthy new you!
2022 PREVENTIVE CARE CHECKLIST

Set up an annual check-up with your Doctor and start 2022 on the right track. No matter your age, it is vital to see your Doctor to discuss which health screenings you need to have this year. To help you reach your goals, here’s your Preventive Care Checklist.

- Check your Doctor and set up your annual check-up.
- Review the health screenings listed here. Think about which tests you might need, based on your age, gender and other risk factors.
- Talk to your Doctor about your health check-up plan and choose your screenings.
- Set up your tests and record the dates on your calendar!
- Your health check-up plan may include health education classes! From staying on track with your pregnancy to managing your chronic illness, our free classes can help you learn what habits can keep you well – both your body and your mind – and reach your health goals. For upcoming classes, visit www.iehp.org under Upcoming Events, or call IEHP Member Services to learn more.

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One of the best preventive health care measures you can take right now is getting your COVID-19 vaccine and booster shots.

Safe, free, and effective COVID-19 vaccines are now available to everyone in California who is at least 5 years old, regardless of your immigration or health care status.

For Members who want the vaccine or booster, IEHP recommends My Turn online at myturn.ca.gov. If you don’t have internet access, call the State’s COVID-19 Hotline at 1-833-422-4255. TTY users should call 711.

Heart disease is big in my family. What steps can I take to avoid it?

While you can’t change certain risk factors, like family history, your gender or age, here are a few ways you can help lower your risk for heart disease.

1. **See your Doctor** – Visit your Doctor on a regular basis for check-ups and preventive health screenings.

2. **Maintain a healthy weight** – Extra weight, especially around your middle, can increase your risk of heart disease. Your Doctor can help you determine a healthy weight for you.

3. **Stop smoking** – Three key risk factors for heart disease are high blood pressure, high cholesterol and smoking. If you smoke, stopping now is a great way to reduce your risk for heart disease.

4. **Control stress** – Many people cope with stress in unhealthy ways, like smoking, drinking and overeating. Find healthy ways to deal with stress, like exercise, reading and meditation.

5. **Exercise daily** – Between 30-60 minutes a day is ideal. If it’s been a while since you have been that active, you might need to work toward this goal. But it’s worth it. Talk to your Doctor about what’s best for your health.

Mail your questions to – Ask the Doctor –
IEHP, P.O. Box 1800, Rancho Cucamonga, CA 91729-1800
IEHP helped me get my life back...

Alyssa H. of Redlands works full time and goes to school. Her three beautiful kids are the light of her life. So, when she noticed she couldn’t play with them or pick them up without feeling back pain, she knew it was time to seek help.

"I called IEHP to learn about my benefits and figure out what to do," Alyssa told IEHP. "After explaining my situation to Member Services, they worked with me to find a provider who specialized in my condition."

IEHP helped Alyssa find the right Doctor to get the care she needed.

“Since the surgery, Alyssa said, “my quality of life is better than ever. I can finally be with my kids again without suffering in pain.”

Alyssa is one of the many IEHP Members whose life is improved by the services IEHP provides.

"Without IEHP’s help, I don’t know what I would have done," Alyssa added. "I’m so grateful for IEHP and the providers who helped me get my life back."

Mission
We heal and inspire the human spirit.

Vision
We will not rest until our communities enjoy optimal care and vibrant health.

Values
We do the right thing by:
- Placing our Members at the center of our universe.
- Unleashing our creativity and courage to improve health and well-being.
- Bringing focus and accountability to our work.
- Never wavering in our commitment to our Members, Providers, Partners, and each other.
IEHP VOICE ID COMING SOON

Coming soon, IEHP Members will have an easy, secure way to confirm who they are when calling IEHP. This cutting-edge service is called IEHP Voice ID, which can identify who is calling based on their voice. Just like facial and fingerprint scanning, speech tones can be stored in a secure database and used to identify a caller’s unique voice.

Why is this better?
IEHP Voice ID is more secure than passwords, eye scans and other systems. It also makes phone calls to IEHP go a lot faster. Callers will no longer need to answer a series of personal questions to prove who they are. The system will recognize the voices of those callers who opt-in. What used to take up to 3 minutes will now occur in less than 30 seconds!

How do Members enroll?
Once IEHP Voice ID is launched, Members can call IEHP to enroll. IEHP Member Services may also ask callers if they would like to opt in. The service is free and will not be used without your permission.

MEDI-CAL BENEFITS COVERED BY INLAND EMPIRE HEALTH PLAN (IEHP)

Outpatient (ambulatory) services
The Provisional Postpartum Care Extension Program has been replaced with the new Postpartum Care Extension Program.

The Postpartum Care Extension Program
The Postpartum Care Extension Program provides extended coverage for Medi-Cal members during both the pregnancy and after pregnancy.

The Postpartum Care Extension Program extends coverage by IEHP for up to 12 months after the end of the pregnancy regardless of income, citizenship, or immigration status and no additional action is needed.

Rapid Whole Genome Sequencing
Rapid Whole Genome Sequencing (rWGS), including individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing, is a covered benefit for any Medi-Cal member who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. rWGS is an emerging method of diagnosing conditions in time to affect ICU care of children one year of age or younger. If your child is eligible for California Children’s Services (CCS), CCS may be responsible for covering the hospital stay and the rWGS.
MEDI-CAL PRESCRIPTION BENEFIT HAS CHANGED

As of January 1, 2022, your Medi-Cal covered prescriptions are handled by Medi-Cal Rx instead of IEHP. Here’s what you need to know:

What’s changed?
The Department of Health Care Services is working with a new contractor to provide Medi-Cal Rx services. The company is called Magellan Medicaid Administration, Inc. or just Magellan. There will be no change in how you pay for your medicine with Magellan. Your Doctors and pharmacies know about the change and know what to do.

What should you do?
Always bring your IEHP Member Card AND your Medi-Cal Benefits Identification Card (BIC) with you to your pharmacy. If you haven’t yet, you will be getting a new IEHP Member Card with Magellan’s phone number. If you need a new BIC card, call your County office. The phone numbers are numbers listed at the bottom of the page.

What if you have questions?
Please call the 24-Hour Medi-Cal Rx Call Center Line at 1-800-977-2273, 24 hours a day, seven days a week. TTY users should call 711, Monday-Friday, 8am to 5pm.

HAVE YOU MOVED?
Please call IEHP Member Services to update your new address. The phone number is on the back page of this newsletter. Tell us if your phone number has changed, too.

It is important that you call or visit your local county office to tell them about these changes. Find the number for your county below.

Riverside County: 1-877-410-8827 or 711 for TTY Monday–Friday, 8am–4:30pm

San Bernardino County: 1-877-410-8829 or 711 for TTY Monday–Friday, 7am–5:30pm
EASY VEGGIE WRAP

Are you in a hurry? Need to whip up something quick for lunch? This veggie wrap is easy to make and is loaded with nutrients. Pair with fruit and yogurt, and you’re set!

Recipe
Makes 1 serving = 1 wrap (211 Calories)

Ingredients
- 1 light flatbread (approximately 10-12 inches long)
- 1/4 medium avocado
- 1/8 tsp lime juice
- 1 medium carrot, cut into thin bite-size strips
- 1/4 small cucumber, cut into thin bite-size strips
- 1/4 small sweet pepper, seeded and cut into thin bite-size strips
- 1/4 cup lettuce or other non-starchy vegetable as desired (optional)
- 1 Tbsp crumbled feta cheese

Directions
1. Place flatbread on a cutting board.
2. Mash avocado and lime juice together in a bowl and spread mixture on the flatbread.
3. Place carrots, cucumber, sweet pepper strips, and other desired vegetables over the avocado mixture.
4. Sprinkle with feta cheese and roll up the flatbread. If desired, cut in half.

QUICK FACTS ABOUT YOUR DENTAL CARE

Did you know you can get dental care through Medi-Cal? It is also known as the Medi-Cal Dental Program (or Denti-Cal). Medi-Cal enrollees can get these services and more (exclusions and limitations may apply):

- Oral exams and cleanings every year
- Fluoride treatments
- Partial and full dentures
- Denture relines
- Fillings and crowns
- Periodontal maintenance
- Root canal treatments
- Emergency services

Questions?
Call the Beneficiary Telephone Service Center at 1-800-322-6384 or visit www.smilecalifornia.org to find a Medi-Cal Dentist near you. The call is free from Monday–Friday, 8am–5pm. TTY users should call 711.
**BALANCE BILLING: WHAT YOU NEED TO KNOW**

Balance billing is a term you may have heard in the news lately. What is it? It’s the illegal practice of providers, including Doctors or hospitals, who attempt to bill dual eligible beneficiaries (or Medi-Cal only seniors or people with disabilities) for charges not covered by Medi-Cal or Medicare. In other words, it’s when you’re being billed for services* you should not be paying for, including co-pays, co-insurance or deductibles – and it’s against both state and federal law.

If you have been billed by a health care provider for a Medi-Cal or Medicare covered service, call IEHP Member Services at 1-800-440-IEHP (4347), Monday-Friday, 8am-5pm. TTY users should call 1-800-718-4347.

Please note, this does not apply to all prescription drugs. This also does not apply to dual eligible beneficiaries who pay a share of their Medi-Cal cost every month.

*IEHP will take all reasonable steps to ensure that we are the payor of last resort. In some cases, a third party may be required to pay for health care services first. For example, Workers Compensation or a Personal Injury legal case. Also, Medi-Cal Members who have other health coverage (OHC) must expect that primary coverage is under their OHC with their IEHP Medi-Cal coverage being the payor of last resort.

**MANY OPTIONS TO GET CARE... DAY OR NIGHT**

- **Primary Care Doctor**
  For routine care, see your Doctor. If you need to see a Specialist, your Doctor may refer you.

- **24-Hour Nurse Advice Line**
  Medical advice from our Nurse, 24/7. Call 1-888-244-4347. TTY users should call 1-866-577-8355 or 711.

- **Urgent Care Clinic**
  More than 90 clinics in our network. Many are open late and on weekends. Visit www.iehp.org or call the 24-Hour Nurse Advice Line.
Discrimination is against the law. Inland Empire Health Plan (IEHP) follows State and Federal civil rights laws. IEHP does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

IEHP provides:

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

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

If you need these services, contact IEHP Member Services between 8am-5pm (PST), by calling 1-800-440-IEHP (4347), 7 days a week, including holidays. If you cannot hear or speak well, please call 1-800-718-4347. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Inland Empire Health Plan
10801 6th St., Rancho Cucamonga, CA
91730-5987
1-800-440-4347 (TTY: 1-800-718-4347/California Relay 711)

HOW TO FILE A GRIEVANCE

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

• By phone: Contact IEHP’s Civil Rights Coordinator between 8am-5pm (PST), by calling 1-800-440-4347. Or, if you cannot hear or speak well, please call TTY: 1-800-718-4347/California Relay 711.

• In writing: Fill out a complaint form or write a letter and send it to:
  IEHP’s Civil Rights Coordinator
  10801 6th St., Rancho Cucamonga, CA
  91730-5987

• In person: Visit your doctor’s office or IEHP and say you want to file a grievance. • Electronically: Visit IEHP’s website at www.iehp.org.
OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:
• **By phone:** Call (916) 440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).
• **In writing:** Fill out a complaint form or send a letter to:
  Deputy Director, Office of Civil Rights Department of Health Care Services Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).
• **Electronically:** Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:
• **By phone:** Call 1-800-368-1019. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697.
• **In writing:** Fill out a complaint form or send a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW Room 509F, HHH Building
  Washington, D.C. 20201

• **Electronically:** Visit the Office for Civil Rights Complaint Portal at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
AVISO DE NO DISCRIMINACIÓN

La discriminación es ilegal. Inland Empire Health Plan (IEHP) cumple las leyes de derechos civiles estatales y federales aplicables. IEHP no discrimina ilegalmente ni excluye a las personas o las trata de manera diferente por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación con grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual.

IEHP ofrece:

• Ayuda y servicios gratuitos a personas con discapacidad para ayudarles a comunicarse mejor, como:
  ✓ Intérpretes calificados de lenguaje de señas
  ✓ Información por escrito en otros formatos (impresa en letra grande, audio, formatos electrónicos accesibles y otros formatos)

• Servicios de idiomas sin costo a personas cuyo idioma principal no sea el inglés, como:
  ✓ Intérpretes calificados
  ✓ Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios para Miembros de IEHP de 8am-5pm (hora del Pacífico) llamando al 1-800-440-IEHP (4347), los 7 días de la semana, incluidos los días festivos. Si no puede escuchar o hablar bien, llame al 1-800-718-4347. Si lo solicita, puede tener disponible este documento en braille, impreso en letra grande, cinta de audio o formato electrónico. Para obtener una copia en alguno de estos formatos alternos, llame o escriba a:

Inland Empire Health Plan
10801 6th St., Rancho Cucamonga, CA
91730-5987
1-800-440-4347 (TTY: 1-800-718-4347/Servicio de retransmisión de California 711)

CÓMO PRESENTAR UNA QUEJA FORMAL

Si considera que IEHP no le ha proporcionado estos servicios o que lo ha discriminado ilegalmente de alguna otra forma por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación con grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual, puede presentar una queja formal ante el coordinador de derechos civiles de IEHP. Puede presentar una queja formal por teléfono, por escrito, en persona o en línea:

• Por teléfono: Comuníquese con el coordinador de derechos civiles de IEHP de 8am-5pm (hora del Pacífico) llamando al 1-800-440-4347. O, si no puede escuchar o hablar bien, llame a la línea TTY 1-800-718-4347/Servicio de retransmisión de California 711.

• Por escrito: Llene un formulario de quejas o escriba una carta y envíela a:
  IEHP’s Civil Rights Coordinator
  10801 6th St., Rancho Cucamonga, CA
  91730-5987

• En persona: Vaya al consultorio de su médico o a IEHP y diga que quiere presentar una queja.

• En línea: Visite el sitio web de IEHP en www.iehp.org.

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OFICINA DE DERECHOS CIVILES – DEPARTAMENTO DE SERVICIOS DE SALUD DE CALIFORNIA
También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Salud de California por teléfono, por escrito o en línea:
• Por teléfono: Llame al (916) 440-7370. Si no puede hablar o escuchar bien, llame al 711 (Servicio de retransmisión de telecomunicaciones).
• Por escrito: Llene un formulario de quejas o envíe una carta a:
  Deputy Director, Office of Civil Rights Department of Health Care Services Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

Los formularios de quejas están disponibles en:
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.
• En línea: Envíe un correo electrónico a CivilRights@dhcs.ca.gov.

OFICINA DE DERECHOS CIVILES – DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS ESTADOS UNIDOS
Si considera que ha sido discriminado por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, también puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. por teléfono, por escrito, o en línea:
• Por teléfono: Llame al 1-800-368-1019. Si no puede hablar o escuchar bien, llame a la línea TTY/TDD al 1-800-537-7697.
• Por escrito: Llene un formulario de quejas o envíe una carta a:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW Room 509F, HHH Building
  Washington, D.C. 20201

TAGLINES

English Tagline
ATTENTION: If you need help in your language call 1-800-440-4347 (TTY: 1-800-718-4347). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-440-4347 (TTY: 1-800-718-4347). These services are free of charge.

الشعار بالعربية (Arabic)

Հաաայյեեեն
պպիիitus

詳細な説明

简体中文标语 (Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 1-800-440-4347 (TTY: 1-800-718-4347)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-440-4347 (TTY: 1-800-718-4347)。这些服务都是免费的。

مطلب به زبان فارسي (Farsi)
توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-440-4347 (TTY: 1-800-718-4347) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بزرگ و چاپ با حروف بزرگ، نیز موجود است. با 1-800-440-4347 (TTY: 1-800-718-4347) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.
ध्यान दें: अगर आपकी अपनी भाषा में सहायता की आवश्यकता है 1-800-440-4347 (TTY: 1-800-718-4347) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-440-4347 (TTY: 1-800-718-4347) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)


Mensaje en español (Spanish)

Tagalog Tagline (Tagalog)

ประเทศไทย (Thai)

Примітка українською (Ukrainian)

Khẩu hiệu tiếng Việt (Vietnamese)
Questions?

Call IEHP Member Services

1-800-440-IEHP (4347)
1-800-718-IEHP (4347) for TTY users

8am–5pm | Monday–Friday

Visit us at www.iehp.org

Stay Connected.
Follow us!

GET BACK TO HEALTH

Get Your COVID-19 Vaccine

California Department of Health Care Services (DHCS) Office of the Ombudsman

For help with Medi-Cal, you may call the California Department of Health Care Services (DHCS) Ombudsman Office at 1-888-452-8609, Monday through Friday, 8:00am to 5:00pm, excluding holidays. The Ombudsman Office helps people with Medi-Cal understand their rights and responsibilities.