
17. MEMBER TRANSFERS AND DISENROLLMENT

- A. Primary Care Physician (PCP) Transfers
 - 1. Voluntary
-

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

- A. IEHP makes best efforts to accommodate Member requests for transfer of PCPs whenever possible.
- B. IEHP's goal is to respond to Member needs, facilitate continuity of care, and retain IEHP Membership.
- C. IEHP Members can change PCPs on a monthly basis.

PROCEDURE:

- A. A Member may request to transfer to another PCP by calling an IEHP Member Services Representative (MSR) at (800) 440-4347 or submitting a request to another PCP through the secure Member portal at www.iehp.org.
- B. Members present at the Doctor's office may be granted retroactive PCP changes if the Doctor will see them that day.
- C. If the request to change a PCP is received during the current month, IEHP changes the Member's PCP effective the first day of the following month.
- D. If the Member is hospitalized, confined in a Skilled Nursing Facility (SNF), or receiving other acute institutional care at the time of request, the change is effective the first day of the next month following the Member's discharge from the facility.
- E. Members who are not able to get an appointment the same day at their PCP's office and who call Member Services, may choose to be retroactively assigned to a PCP that will see them that day.
- F. A Member's request for transferring to another PCP may be denied by IEHP for the following reasons:
 - 1. The requested PCP is closed to new enrollees due to capacity limitations.
 - 2. The requested PCP is no longer credentialed or contracted with an IEHP affiliated IPA.
 - 3. The IEHP Chief Medical Officer or Medical Director determines the transfer would have an adverse effect on the Member's quality of care.
- G. IEHP must notify Members of any termination by the Member's PCP or IPA thirty (30) days in advance of the inability to provide services. In this event, the Member may

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continue to receive care from the PCP until IEHP has made provisions for the assumption of health care services by another PCP and notified the Member by phone or mail.

- H. The plan for assuring Member continuity of care must include options for the new PCP assignment and transfer of care. The IPA has two (2) options:
1. Recommend assigning the Member to another PCP within the IPA with subsequent transfer of care facilitated by the IPA.
 - a. Member's medical records, including approved authorizations, need to be forwarded to the new PCP. Since there is no change in IPA, Member will receive uninterrupted care.
 2. Refer the Member to IEHP Member Services for new PCP assignments with a different IPA and transfer of care.
 - a. Member's Medical records, including approved authorizations, need to be forwarded to the new PCP. Since there is a change in IPA the new IPA must honor the approval from the previous IPA, either seeking an LOA with the specialist approved by the previous IPA or directing the Member in network to another specialist that can perform the approved services.
- I. Under specific circumstances, Member transfers may be retroactive.
1. Retroactive PCP transfers for Members that have been enrolled with IEHP for ten (10) days or less, can occur if all of the following are met:
 - a. The newly enrolled Member, the Member's parent, or legal guardian contacts Member Services by the 10th of their first month of enrollment.
 - b. The Member has not accessed any medical services (e.g., E.D. visit, PCP visit, etc.).
 - c. The assigned Member is not in the middle of care.
 2. Retroactive PCP transfers for Members that have been enrolled with IEHP for greater than ten (10) days can occur under the following circumstances:
 - a. Members assigned to a PCP greater than ten (10) miles or thirty (30) minutes from their home, or assigned to a Hospital greater than fifteen (15) miles or thirty (30) minutes from their home; or Members assigned to an inappropriate PCP specialty type (e.g., adult assigned to a pediatrician); or Members assigned to a PCP different than other family Members (assuming appropriate specialty of PCP).
 - b. For all of the above, the Member must not have chosen the PCP, and must not have accessed services during the current month.
 - c. The request for a retroactive transfer is made by the Member, the Member's parent, or legal guardian if Member was auto assigned or new to the plan.

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3. Other retroactive PCP transfers can occur due to continuity of care or other circumstances as approved by the Executive Director Health Services Operations, IEHP Chief Medical Officer, or designees.
- J. If a Provider notifies IEHP that a Member is assigned to a PCP greater than ten (10) miles or thirty (30) minutes from the Member's residence, to a Hospital more than fifteen (15) miles or thirty (30) minutes from the Member's residence, to the wrong specialty type, or that family members are split between PCPs, IEHP researches how the Member was assigned to the PCP.
1. If the Member did not choose the PCP, IEHP will assign a PCP to Member who do not choose one using family relationships or random assignment utilizing an auto-assignment algorithm.
 2. If the Member actively chose the PCP, the Member remains assigned.

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17. MEMBER TRANSFERS AND DISENROLLMENT

- A. Primary Care Physician (PCP) Transfers
 - 2. Involuntary
-

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

- A. Involuntary PCP transfers can occur upon request by the PCP, after specific criteria are met, approved by the IPA Medical Director and the IEHP Provider Relations team.
- B. In cases when an involuntary PCP transfer for a Member has occurred, Member cannot be divorced out of an IPA unless there have been three (3) divorces that occurred within the same IPA within a six (6) month period, the IPA Medical Director may contact IEHP to request transfer of the Member to another IPA.
- C. Except as defined below, Member PCP transfers are a voluntary process performed at the request of the Member, within timeframes and processes as noted in Policy 17A1, “Primary Care Physician (PCP) Transfers – Voluntary.”

PROCEDURES:

- A. Involuntary PCP transfers can be requested by a PCP due to a breakdown of the PCP Member relationship and the inability of the PCP to continue providing care to the Member. The PCP must make his/her request in writing to the IPA Medical Director. If Member is assigned under IEHP Direct, the PCP must make his/her request in writing to the Provider Relations team at fax (909) 890-4342 and include at a minimum the following information:
 - 1. Name and identification number of Member
 - 2. Reason for request of involuntary PCP change
- B. The IPA Medical Director is responsible for assessing the PCP-Member relationship and/or the eligibility and medical status of the Member that has resulted in the request for involuntary PCP change.
- C. All efforts are made by the IPA to preserve PCP-Member relationships to ensure continuity of care.
- D. If the IPA Medical Director determines after the assessment that the PCP-Member relationship has deteriorated to the point that it impacts or potentially impacts the care of the Member, the IPA Medical Director must notify the IEHP Provider Relations team. The written description should be sent via email to the IEHP Provider Services Representative (PSR) to which the IPA is assigned and must include:
 - 1. The name and identification number of the Member
 - 2. Reasons for request of involuntary PCP change

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A. Primary Care Physician (PCP) Transfers

2. Involuntary

3. Plan for assuring Member continuity of care
- E. The plan for assuring Member continuity of care must include options for the new PCP assignment and transfer of care. The IPA has two (2) options:
1. Recommend assigning the Member to another PCP within the IPA with subsequent transfer of care facilitated by the IPA.
 2. Refer the Member to IEHP Provider Relations for new PCP assignment and transfer of care.
 - a. Member's Medical records, including approved authorizations, need to be forwarded to the new PCP. If there is a change in IPA the new IPA must honor the approval from the previous IPA, either seeking an LOA with the specialist approved by the previous IPA or directing the Member in network to another specialist that can perform the approved services.
- F. IEHP monitors involuntary PCP transfers for Members within an IPA. In cases when an involuntary PCP transfer for a Member has occurred, Member cannot be divorced out of an IPA unless there have been three (3) divorces that occurred within the same IPA within six (6) months. The IPA Medical Director must submit a letter to IEHP's Director of Provider Relations to request a divorce from the IPA if they meet the qualification cited above.
- G. The IEHP Provider Relations team reviews the request, obtains additional information from the IPA, the Member, the PCP and IEHP staff as needed, and then executes the request.
- H. If the request for transfer is approved, IEHP informs the IPA and the Member regarding the transfer, including specifics of the new PCP and timeframes for the transfer.
- I. The IPA remains responsible for any medically necessary care required by the Member for thirty (30) days during the divorce process and until the PCP transfer is completed.
- J. The Peer Review Subcommittee serves as the review body for any disagreements between the PCP, Member, IPA and/or IEHP regarding involuntary PCP changes.

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17. MEMBER TRANSFERS AND DISENROLLMENT

B. Disenrollment From IEHP

1. Voluntary

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

- A. An IEHP Member may **ask to** disenroll from IEHP at any time, for any reason, by submitting their signed request for disenrollment (letter or form) to Health Care Options (HCO).
- B. IEHP is responsible for attempting to resolve any problems and educate the Member on how IEHP works in an effort to retain the Member. However, IEHP does not interfere with a Member's request to disenroll.
- C. Final disenrollment decisions are handled entirely by the Department of Health Care Services (DHCS).

PROCEDURES:

- A. Disenrollment forms are only available through Health Care Options (HCO – which is DHCS's Enrollment/Disenrollment Broker) locations or IEHP can mail a disenrollment form to a Member (Medi-Cal Choice Form). Physician offices may not make copies of the disenrollment form.
- B. Requests for disenrollment through IEHP Member Services are handled in the following manner:
1. IEHP explains that the Member may disenroll and requests information concerning the reason for disenrollment to track and trend for quality issues. The Member is not required to provide any justification. However, if reasons are provided IEHP may be able to resolve the situation by explaining how membership with IEHP works, facilitating appointments, resolving service issues, among others.
 2. IEHP explains how a disenrollment form may be obtained and how the disenrollment process works, as follows:
 - a. IEHP provides the phone number and/or address/directions to the HCO office.
 - b. Upon request mails a disenrollment form to the Member.
 - c. The Member must send either a letter or a disenrollment form to HCO.
 - d. Disenrollment does not become effective for fifteen (15) to forty-five (45) days, depending on when the notification is given to HCO by the Member,

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B. Disenrollment From IEHP

1. Voluntary

until that time the Member remains active in IEHP.

3. IEHP documents the call in the Customer Service System identifying the following:
 - a. The name and ID number of the Member;
 - b. The reason for the call;
 - c. Any attempt made to resolve any issues; and
 - d. The resolution of the call.
- C. Final disenrollment decisions are handled entirely by DHCS.

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B. Disenrollment From IEHP

2. Involuntary Member Status Changes

APPLIES TO:

- A. This policy applies to IEHP Medi-Cal Members only.

POLICY:

- A. IEHP reserves the right to request involuntary disenrollment of Members under specific guidelines set forth by the Department of Health Care Services (DHCS).
- B. IEHP Providers may, under specific circumstances, request that IEHP review a given Member situation for consideration of possible disenrollment.
- C. Final disenrollment decisions are handled entirely by DHCS.

PROCEDURES:

- A. Members requesting disenrollment or information about disenrollment must be immediately referred to IEHP Member Services in accordance with Policy 17B1, “Disenrollment from IEHP – Voluntary.”
- B. Members are no longer eligible for enrollment with IEHP and are involuntarily disenrolled from IEHP if the Member:
1. Moves out of the IEHP geographic service area as determined by DHCS.
 2. No longer qualifies for Medi-Cal eligibility as determined by DHCS.
 3. Has changed to a Medi-Cal Aid Code which is not covered under IEHP as determined by DHCS.
 4. Has become incarcerated as determined by DHCS.
 5. Is a child in the Foster Care system and moves outside the geographic service area as determined by DHCS.
- C. Providers that become aware of one of the above situations should direct the Member to contact IEHP Member Services at (800) 440-4347. Providers are encouraged to call the IEHP Provider Relations Team at (909) 890-2054 to report any of the above.
- D. If a Member meets any of the above criteria, it is the responsibility of IEHP to notify DHCS to disenroll these Members from IEHP.
- E. The majority of involuntary disenrollments are initiated by the Member’s Medi-Cal eligibility worker.
- F. Final approval and the determination of the effective date for involuntary disenrollment is

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B. Disenrollment From IEHP

2. Involuntary Member Status Changes

made by DHCS.

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C. Loss of Medi-Cal Eligibility - PCP Responsibilities

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Members only.

POLICY:

- A. PCPs can inform Members who have lost Medi-Cal eligibility of the availability of other services, and make referrals for continuation of care.

PROCEDURES:

- A. PCPs should assist Members in accessing these other available services by providing the access numbers, and facilitating transfer of medical records, as appropriate.
- B. Referrals must be documented in the Member's medical record.
- C. If the Member is a child, and the PCP is an approved Child Health and Disabilities Program (CHDP) practitioner, the PCP may continue to provide care through the CHDP 200% program if the family meets the income criteria.
- D. If the Member is a child and the PCP is not an approved CHDP practitioner, the PCP should refer the Member to the Local Health Department (LHD), to be referred to a certified CHDP practitioner.
- E. If the Member is pregnant, and the obstetrical (OB) practitioner is an approved Comprehensive Perinatal Services Program (CPSP) practitioner, the practitioner may continue to provide care through the fee-for-service CPSP program.
- F. If the Member is pregnant, and the OB practitioner does not accept Medi-Cal fee-for-service, the practitioner should refer the Member to the LHD, to be referred to a certified CPSP practitioner.
- G. IEHP Member Services is available to assist the Member or PCP in accessing resources.

Referral Numbers:

- | | | |
|----|--|----------------|
| 1. | IEHP Member Services: | (800) 440-4347 |
| 2. | LHD - Riverside County | |
| | a. Perinatal Services | (800) 794-4814 |
| | b. Children's Services | (951) 358-5401 |
| | c. Medically Indigent Services Program | (951) 486-5375 |
| 3. | LHD-San Bernardino County | |
| | a. Perinatal Services | (800) 227-3034 |
| | b. Children's Services | (909) 458-1637 |

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D. Episode of Care - Inpatient

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

- A. Members may be enrolled into IEHP or change Providers while hospitalized due to the enrollment process, Member requests, Primary Care Physicians (PCPs) changing Provider affiliations, IPAs changing Hospital links, or contracts changing from a Capitated to a Per Diem fee schedule.
- B. IEHP has adopted the following procedures to minimize disruption of care for the Member while inpatient, as well as the financial impact to the new Provider.

PROCEDURES:

- A. Medi-Cal Fee-For-Service (FFS) Transition
1. When a Medi-Cal FFS recipient is admitted to the hospital, the Department of Health Care Services (DHCS) authorizes a length of stay by issuing a Treatment Authorization Request (TAR).
 2. If a Medi-Cal FFS recipient is assigned to IEHP while hospitalized, reimbursement for authorized services rendered, both professional and facility components, is the financial responsibility of DHCS for each day the TAR covers prior to the date of enrollment into IEHP.
 3. From the date of enrollment into IEHP until the date of discharge, the Division of Financial Responsibility (DOFR) Matrix located in the IEHP Agreement defines payment responsibility. Capitation is paid to the assigned IPA and Hospital beginning the first of the month the Member is effective.
 4. IEHP or the assigned IPA must be involved in the care management and discharge planning of the Member.
- B. Member No Longer Eligible With IEHP
1. If a Member loses eligibility during an inpatient stay, IEHP and/or the IPA/Hospital is no longer financially responsible for services rendered as of the effective date of the Member's ineligibility.
 2. If a Medi-Cal Member is disenrolled from IEHP and remains Medi-Cal eligible, IEHP and/or the IPA/Hospital have no financial responsibility as of the effective date of the Member's disenrollment.
- C. Member Requested PCP Change
1. If a Member requests a PCP change prior to being hospitalized (e.g. Member calls

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D. Episode of Care - Inpatient

on May 5th requesting a PCP change effective June 1st and was admitted and confined to the hospital since April 28th), the previous IPA and Hospital or IEHP, as applicable, are responsible for the authorization and payment of all services provided until the Member is discharged from the hospital. Capitation is paid to the new IPA and Hospital, or IEHP as applicable, or the assigned PCP beginning the first of the month the Member change is effective. The previous and receiving IPA or IEHP should coordinate the care management, as applicable, of this Member to ensure appropriate discharge planning.

D. PCP Requested Hospital Change

1. When a PCP transfers affiliation from one IPA to another or from one Hospital to another, the receiving IPA/Hospital agrees to accept all Members, regardless of their medical condition.
2. The new IPA and Hospital, or IEHP, as applicable, are responsible for the authorization and payment for all services provided for any Members currently receiving inpatient care at the time of the transfer.
3. Capitation is paid to the new IPA and Hospital, as applicable, beginning the first of the month the PCP transfer is effective.

E. IPA Change Hospital Link

1. When an IPA transfers all PCP affiliations from a Hospital to another Hospital link, the previous Hospital (if capitated), or IEHP, as applicable, is financially responsible for any Member receiving inpatient care until transfer or discharge.
2. If the hospital is capitated, the capitation is paid to the new Hospital, or IEHP, as applicable, the first of the month the new Hospital link is effective.

F. Capitated Hospital Changes to Per Diem

1. When a Hospital converts from a Capitated Agreement to a Per Diem Agreement with IEHP, payment for medical services for Members currently receiving inpatient care at the time of the transfer is covered under the capitation payment paid in the month the Members were admitted, until discharged.

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Attachments

| <u>DESCRIPTION</u> | <u>POLICY CROSS REFERENCE</u> |
|---|-----------------------------------|
| Letter of Divorce from IPA to IEHP | |
| Letter of Divorce Request from PCP to IPA | |

{IPA Logo here}

IPA MEDICAL DIRECTOR'S LETTER

Date: _____

RE: Member Divorce/ PCP Transfer/or PCP Change

Name of Member:

ID#: _____

DOB: _____

_____ Medical Group received a request from Dr. _____ to have the above mentioned Member removed from his/her panel due to a break down in physician/patient relationships.

I support Dr. _____ decision for requesting a divorce/PCP transfer/PCP change. Please, review and arrange for the Member to be transferred to another PCP, as soon as possible.

Respectfully,

Signature of Medical Director

{IPA Logo here}

PCP TO IPA

Date: _____

RE: Member Divorce/ PCP Transfer/or PCP Change

PCP Name: _____

Address: _____

Phone: _____

Fax: _____

Name of Member: _____

ID#: _____

DOB: _____

How long Member has been with PCP:

To _____ **(Insert name of Medical Group - IPA)**

The patient/ physician relationship has broken down between me and Member named above due to the following reasons: (give all the reasons for requesting a divorce).

Based on the above reasons, I will like you to assign another primary care physician for the care of Member. I will continue to provide or have you provide Member another physician to take care of all medically necessary care for Member up to thirty (30) days from the start of the divorce process by the Plan. Note that this Member is not to be re-assigned to me or to my associates in the same location or practice or clinic in the future without prior consultation with me, personally.

Respectfully,

Signature of PCP