<table>
<thead>
<tr>
<th>Category</th>
<th>Title</th>
<th>Guidance</th>
</tr>
</thead>
</table>
| Benefit  | Home Infusion Drugs | Home Infusion Pharmacy  
  a. IEHP Members (other IPA)  
  i. Drugs and drug-related per diem codes (i.e. TPN, antibiotics)- submit to IEHP  
  ii. Home Infusion Supplies and administration- prior authorization and claims must be submitted to IPA  
  b. IEHP Members (IEHP Direct)  
  i. i. Drugs and drug-related per diem codes (i.e. TPN, antibiotics)- submit to IEHP  
  ii. ii. Home Infusion Supplies and administration- submit to IEHP  
  c. IEHP DualChoice Members  
  i. Home infusion drugs are covered under Part D. Part B covered drugs is covered by IEHP  
  ii. Home Infusion Supplies and administration- prior authorization and claims must be submitted to IPA (or IEHP Direct) |
| Benefit  | Lost or stolen/ vacation override | a. Lost or stolen medication may be approved for no more than a 60-day supply (or 90 days for maintenance). Only one replacement will be approved per member per calendar year. Pharmacy should inform the Prescriber if the lost/stolen medication is a narcotic medication. IEHP will not authorize vacation supplies beyond a 60 day supply as eligibility for Medi-Cal is questionable when the Member is absent from the area for more than 2 months.  
 b. Pharmacy may submit vacation override on behalf of a Member by submitting PER to IEHP. Only one vacation override will be approved per member per calendar year. |
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Oral/ Enteral Nutrition Products</th>
<th>Enteral nutrition products may be covered only in patients with medically diagnosed conditions that preclude the full use of regular food. Approvals may be granted for member who has permanent nonfunctional disease of the structures or disease of the small bowel which impairs digestion and absorption of an oral diet. A nutritional evaluation form must be submitted to IEHP for evaluation. Oral nutrition products may only be approved if there is a medical condition and BMI/growth chart is below normal level. Regular milk based products should be obtained through WIC. For Adult over 18 years old, only Enteral products are covered (via tube feeding). Please refer to IEHP criteria for more information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>Test Strips-Medicare</td>
<td>Test strips are covered under Part B for Medi-Medi Members. Pharmacy should bill FFS Part B copay balance to IEHP. For IEHP DualChoice Members, Pharmacy should bill 411- it will return $0 copay under part B.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Vaccine-Part D</td>
<td>Adult vaccines are covered under Part D and may be provided by the Pharmacy Provider. Please see the Argus Instruction on Vaccine administration thru IPNS. Pharmacy network is allowed to dispense and administer vaccine under 411. For 255 Members, IEHP allows administration if PCP cannot administer using ANA 109 vaccine network.</td>
</tr>
<tr>
<td>Claim Submission</td>
<td>340 B Drug</td>
<td>Section 2501(c) of the Patient Protection and Affordable Care Act extended rebates under the drug rebate program to drugs dispensed to individuals enrolled with a Medicaid (i.e. IEHP Members). 340B drugs are excluded from this rebate program. 340 B Pharmacy must identify 340B drugs provided to IEHP Members. Pharmacy currently participating in 340B program must submit 340B identifier (submission clarification code=20) if the drug is dispensed to IEHP Members.</td>
</tr>
<tr>
<td>Claim Submission</td>
<td>Argus Help Desk Number</td>
<td>• Medi-Cal, Healthy Families, Healthy Kids: 1-866-766-6081 • Medicare: 1-888-635-8361</td>
</tr>
<tr>
<td>Claim Submission</td>
<td>California Children Services (CCS)</td>
<td>The California Children’s Services (CCS) Program services children with certain physical limitations and chronic health conditions or disease through their 21st birthday. Covered services include physician services, drugs, and specialty medical care. The CCS authorization (SAR - service authorization request) includes coverage for prescribed medications used to treat the CCS eligible condition. All CCS covered services (services or medications) for CCS eligible conditions must be submitted to CCS as the primary payor.</td>
</tr>
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</tr>
</tbody>
</table>
| Claim Submission | Compounding                        | Compounded prescription (non-injectable) request must be submitted to IEHP using the PER form and the Compounded Drug Information Sheet. All active ingredients must be clearly printed on the "compound info sheet" and submit to IEHP for approval.  
  - Submit NDC of the highest cost ingredient item  
  - Submit the total quantity of the amount dispensed  
  - Compound Indicator=2 |
<p>| Claim Submission | Coordination of Benefits (Medicare)- | Medicare is the primary payer for Medi-Medi patients. Medicare crossover claims (from Part B) must be submitted electronically to the PBM. IEHP cannot cover co-payments for covered Medicare Part D drugs (from any Medicare Part D plans or IEHP DualChoice). IEHP is responsible for excluded Part D Drugs only. |
| Claim Submission | Date of Birth                      | Members' Date of Birth is required for all Claims. Pharmacy Staff should verify Members' identity at all time (photo ID or verification of DOB). |
| Claim Submission | Emergency supplies                 | Pharmacists are allowed to dispense up to 72 hours of supplies of any non-formulary medications under emergent situation. Pharmacist should document the “emergent situation” and submit the information to IEHP for approval. |
| Claim Submission | Medicare Non-Matched NDC List      | Claims submitted with NDC’s that are on the FDA Non-Matched NDC List will reject with the message “NDC not FDA listed.” |
| Claim Submission | National Provider Identifier (NPI) | Pharmacies must submit Pharmacy’s NPI number and Prescriber’s NPI number on each pharmacy claim. In the event that the NPI is not active or inaccurate, a reject message will be returned allowing the pharmacy an opportunity to correct the information and resubmit. |
| Claim Submission | NDC requirement                    | All physician administered drug claims must have NDCs along with the HCPCS codes |</p>
<table>
<thead>
<tr>
<th>Claim Submission</th>
<th>Part D Transition Override</th>
<th>To override a non-formulary or PA restriction: enter 21000 in the prior authorization field</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- The Temporary Supply Override Code will allow approval of claims for up to a 60-day supply.</td>
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<tr>
<td></td>
<td></td>
<td>- The Temporary Supply Override Code will only be active for a Member’s initial 90 days of eligibility with IEHP Medicare DualChoice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The Temporary Supply Override Code applies to Part D Covered Drugs only; it does not apply to Conditional Part B drugs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IEHP will extend the transition coverage if Provider cannot be reached after the initial transition period.</td>
</tr>
<tr>
<td>Claim Submission</td>
<td>PCN/BIN</td>
<td>IEHP MEDICARE DUALCHOICE (For all Part D covered drugs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PCN: 04110000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BIN: 012353</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IEHP MEDI-CAL, HEALTHY FAMILIES, HEALTHY KIDS &amp; COMMERCIAL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PCN: 02550000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BIN: 600428</td>
</tr>
<tr>
<td>Claim Submission</td>
<td>Retro Prior Authorization (PER)</td>
<td>Prior Authorization submission Timeliness Guidance for Retroactive Pharmacy Exception Request - All Prior Authorization (PER) request must be submitted prior to the service. A retroactive PER may be considered for review only under the following conditions:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. If the request is received within 15 business days of the date the drug was dispensed (retail pharmacy) - pharmacy needs to justify for the delay.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. If the request is received within 15 days of the date from the date of service for SNF or outpatient non-retail pharmacy settings (i.e. dialysis center, outpatient infusion center) Retroactive PER requests must include all medical justifications and cannot be submitted as urgent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. When other healthcare coverage denied payment of a claim of services. Pharmacy must submit PER with 60 calendar days from the date of denial from other health plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. When a Member has obtained retroactive eligibility. Pharmacy must submit PER with 60 calendar days from the date retroactive Medi-Cal eligibility was</td>
</tr>
</tbody>
</table>
established.

e. When Member eligibility is retroactive - up to 3 months prior to the first day of the month of application to the program. The reimbursement during the retroactive periods of eligibility will include 1) "cooperative" payments by providers, 2) "recoupment” actions against uncooperative IEHP Medi-Cal Providers, and 3) when necessary, direct reimbursement to the beneficiary up to the current IEHP contracted rate for the applicable IEHP covered service(s), at the time the service was rendered.

<table>
<thead>
<tr>
<th>Claim Submission</th>
<th>Timeliness of Submitted Claims</th>
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<tbody>
<tr>
<td></td>
<td>Pharmacies have up to 60 days from the date of service to submit claims online. The exceptions are: 1) retroactive eligibility- 60 days from the date retroactive eligibility was established (see retro PA and Direct Member Reimbursement); 2) Other health care coverage- 60 days from the time the other health care coverage rendered a payment determination. IEHP allows claims to be submitted via HCFA1500 or UB92 within 180 days of fills if Pharmacies can provide justification why the claims were delayed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claims Submission</th>
<th>Coordination of Benefits (other primary payors)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IEHP Members may have prescription coverage through other payment sources. If Member has other primary health insurance coverage, pharmacy providers must submit claims to the other payment source first. The State law requires the Medi-Cal Members and Providers to notify the Department of Health Services if they believe a member has “other health coverage”. Providers may also contact IEHP Pharmaceutical Services Department regarding the coverage information. IEHP is the payer of last resort for coordination of benefits claims. IEHP is responsible for co-insurance, and co-payments only after all prior authorization processes through the primary payer have been exhausted. All COB claims must be submitted electronically to the PBM. Please refer to the PBM’s payer sheet for instruction. Per Title 22 of the California Code of Regulations, Providers may not refuse treatment of IEHP Members because 1) IEHP Member has other health care coverage 2) the Provider may be required to bill IEHP as a secondary (electronically or manually).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claims Submission</th>
<th>Member billing-cash payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under no circumstances may a Medi-Cal recipient (including IEHP Members) be billed or charged directly for after hours or delivery services (title 22). Pharmacies are not permitted to fill non-formulary prescriptions for cash payment in lieu of the PA process.</td>
</tr>
<tr>
<td>Claims Submission</td>
<td>Member Eligibility</td>
</tr>
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</tr>
<tr>
<td>Claims Submission</td>
<td>Members with lost Part D Coverage</td>
</tr>
<tr>
<td>Claims Submission</td>
<td>Newborns</td>
</tr>
<tr>
<td>General Information</td>
<td>Formulary Changes to Medicare Part D (IEHP DualChoice)</td>
</tr>
<tr>
<td>General Information</td>
<td>Interpretation</td>
</tr>
<tr>
<td>General Information</td>
<td>Pharmacy Services Assistance</td>
</tr>
<tr>
<td>Medicare Compliance</td>
<td>CMS 10147 Notice to Enrollees of their Rights</td>
</tr>
<tr>
<td>Topic</td>
<td>Section</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Medicare Compliance</td>
<td>Reporting Fraud, Waste and Abuse</td>
</tr>
<tr>
<td>Pharmacy Policy</td>
<td>Auto-Refill</td>
</tr>
<tr>
<td>Pharmacy Policy</td>
<td>Benefit</td>
</tr>
<tr>
<td>Pharmacy Policy</td>
<td>Credentialing</td>
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<tr>
<td>Pharmacy Policy</td>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>Pharmacy Policy</td>
<td>Formulary Update</td>
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</tbody>
</table>
**Pharmacy Policy**

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
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</table>
| Fraud, Waste and Abuse      | FRAUD is understood to mean a dishonest and deliberate course of action that results in the obtaining of money, property or an advantage to which the recipient would not normally be entitled.  
WASTE entails the expenditure or allocation of resources, treatment or in this context, Pharmaceuticals significantly in excess of need.  
ABUSE defined here as a subset of waste, entails the exploitations of “loopholes” to the limits of the law, primarily for financial gain.  
A pharmacist is required to exercise sound professional judgment with respect to the legitimacy of prescriptions orders dispensed. The law does not require a pharmacist to dispense a prescription order of doubtful origin. To the contrary, the pharmacist who deliberately turns the other way when there is every reason to believe that the purported prescription order had not been issued for a legitimate medical purpose may be prosecuted, along with the issuing physician, for knowingly and intentionally distributing controlled substances.  
Pharmacy Providers must attest that Pharmacy staffs are trained regarding FWA/HIPAA and submit FWA training attestation form annually. |
| Healthy Families / Healthy Kids / Annual Deductible | There is no copayment once the Annual Family Deductible exceeds $250. Member must submit the receipt (Medical or pharmacy) to IEHP. IEHP will change the copayment status to “no copay”. |
| Hospital Discharge medication | Contracted hospital and emergency room should provide sufficient discharge medication (normally 3-day supply) until the prescription can be filled at one of the network pharmacy. |
| Medicare-Prescription Origin Code | Pharmacy Providers must submit Prescription Origin Code as of Jan 1, 2010. The value of 0 will be rejected for New Rx.  
0=Not Specified; 1=written; 2=telephone; 3=electronic; 4=facsimile.  
POC is a mandatory requirement in the NCPDP Telecommunication Standard 5.1 option field 419DJ. |
| Pharmacy Policy | Member Reimbursement | While pharmacies should not seek reimbursement from IEHP Members, IEHP will review Member Reimbursement requests if the prescription label and the cash receipt are provided. IEHP will review and determine the decision based on medical necessity. Members may be issued a letter reminding them of the reimbursement and PER policy, and future reimbursement requests may not be granted. For services that would have required authorization, the Member must obtain documentation from the Provider that shows medical necessity for the service. For Retroactive eligibility related Member reimbursement, please see retroactive PA section. Member can submit claims for up to 1 year from the date of service and the RX on file is valid. |
| Pharmacy Policy | Out of Area Pharmacy | IEHP provides health care coverages to residents in Riverside and San Bernardino Counties. IEHP contracts with pharmacies that operate within these two counties (most chain pharmacies are contracted nationwide). All other contracting requests will not be granted unless there is a specific need that cannot be obtained within Riverside and San Bernardino Counties. |
| Pharmacy Policy | Over-the-Counter Drug Coverage | IEHP may cover some over-the-counter (OTC) medications. Please refer to the IEHP website for the OTC coverage list. A prescription from the prescriber is required. |
| Pharmacy Policy | Pharmacy Audit | IEHP conducts Pharmacy Audits on a monthly basis (desktop and onsite) to ensure compliance with IEHP Pharmaceutical Services Policies and Procedures. IEHP may request Pharmacies to submit Corrective Action Plan (CAP) based on the results of the Audit. Pharmacies that are found to be consistently non-compliant may be terminated from the network. |
| Pharmacy Policy | Pharmacy Complaints and Grievance | Pharmacy must respond to IEHP’s complaints and/or grievance requests in writing within 5 business days. Late responses will not be submitted to the IEHP Grievance Department for consideration. Pharmacies that are found to have a high unresolved grievance and complaint rates may be terminated from the network. |
| Pharmacy Policy | Return to Stock | Pharmacies should reverse all prescriptions filled and submitted for payment, but not picked up by the Member within 14 calendar days of date of service (not to exceed 30 calendar days). Claims that are not reversed according to this policy are subject to recoupment via onsite and desktop audit. |
| Pharmacy Policy | Signature Log Requirement | a. The Pharmacy must maintain a signature log at all time. The Pharmacy must obtain signature from the Member during pick up (Members’ ID must be verified). The log must contain the prescription number or a description of the drugs dispensed, the signature, and the date the medication was picked-up. The Pharmacy must make the signature log record available for a minimum of five years for audit purposes.  
b. Delivery log- For drugs that are delivered to the Member’s home, a signature must be obtained. The Member Name, address, prescription number, date, time of the delivery, signature and name (printed) must be present in the delivery log. |
| Prior Authorization | Part D Requirement | Standard- 3 days; expedited- 1 day. Expedited requests may be submitted by physicians, or by the Member (must have physician's supporting document). |
| Prior Authorization | PER Submission | PERs must be submitted online through our website, [www.iehp.org](http://www.iehp.org), by all pharmacies. Please call IEHP at (909) 890-2049 to obtain log in information. MD offices will need to manually fax in PERs at this time to 909-890-2058. |
| Prior Authorization | PER Timeline | PERs are reviewed and determined (approved, denied, deferred or misdirected) within 1 business day if all necessary information is provided. |
Need someone who speaks your language?

IEHP Members can get free interpreter services for doctor visits. Call IEHP at least 5 working days before your appointment to request an interpreter.

¿Necesita a alguien que hable su idioma?
Los Miembros de IEHP pueden obtener los servicios gratuitos de intérprete para sus visitas al Doctor. Llame a IEHP al menos 5 días hábiles previos a su cita médica para solicitar los servicios de un intérprete.

आपके हस्ताक्षर आपकी भाषा में है?
IEHP के सदस्य अपने असली कानुनी अधिकारों के लिए फ्री अन्तर्वार्ता सेवा प्राप्त कर सकते हैं। IEHP के सदस्यों के लिए अपने नाश्ता की दूरी के 5 कार्यतिथियों पहले में सेवा का अपबंध करने के लिए कूंटन करें।

¿Necesita a alguien que hable su idioma?
Los Miembros de IEHP pueden obtener los servicios gratuitos de intérprete para sus visitas al Doctor. Llame a IEHP al menos 5 días hábiles previos a su cita médica para solicitar los servicios de un intérprete.

¿Necesita a alguien que hable su idioma?
Los Miembros de IEHP pueden obtener los servicios gratuitos de intérprete para sus visitas al Doctor. Llame a IEHP al menos 5 días hábiles previos a su cita médica para solicitar los servicios de un intérprete.

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¿Necesita a alguien que hable su idioma?
Los Miembros de IEHP pueden obtener los servicios gratuitos de intérprete para sus visitas al Doctor. Llame a IEHP al menos 5 días hábiles previos a su cita médica para solicitar los servicios de un intérprete.
Preferred Language Label

CA Health & Safety Code 123147 requires that, "All health facilities and primary care clinics shall include the patient's principal spoken language on the patient's health records."

To help our providers comply with this requirement, IEHP has created a “Preferred Language Label” template for your use:

1. Write down the preferred spoken language of your patients who are limited English proficient (LEP) on the label provided and place it in your patient’s medical record. This will let you know if your patient needs language assistance for future appointments.

2. If your LEP patient is already present in the office, call IEHP Member Services at 1-800-440-IEHP. You will be connected to an interpreter over the telephone.

3. Offer your LEP patients language assistance when scheduling an appointment. Call IEHP Member Services at 1-800-440-IEHP at least 5 working days before the appointment to request a face-to-face interpreter.

4. All interpreter services are available to IEHP Members at no cost.

*Note: Shipping Label Template # 5163 is used for this label
Preferred Spoken Language: ____________________________

1. Place this label inside the patient’s medical record.
2. Offer language assistance when scheduling an appointment.
3. Call IEHP Member Services at 1-800-440-IEHP to request an interpreter at no cost. Allow at least 5 working days for a face-to-face interpreter.
10 TIPS FOR WORKING WITH INTERPRETERS

1. Choose an interpreter who meets the needs of the patient. Consider patient’s age, sex, and background.

2. Talk to the patient directly (use “first” person).

3. Be sensitive to appropriate communication standards.

4. Read body language in the cultural context.

5. Hold a brief introductory discussion with the interpreter.

6. Allow enough time for the interpreted sessions.

7. Speak in a normal voice, clearly, and not too fast or too loudly.

8. Be brief, explicit and basic. Avoid acronyms, jargon, and technical terms.

9. Don’t ask or say anything that you don’t want the patient to hear.

10. Be patient and avoid interrupting during interpretation.
“D.I.V.E.R.S.E.”: a mnemonic for patient encounters

<table>
<thead>
<tr>
<th>D</th>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Where were you born?</td>
<td></td>
</tr>
<tr>
<td>• Where was “home” before coming to the U.S.?</td>
<td></td>
</tr>
<tr>
<td>• How long have you lived in the U.S.?</td>
<td></td>
</tr>
<tr>
<td>• What is the patient’s age and sex?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>I</th>
<th>Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What do you think keeps you healthy?</td>
<td></td>
</tr>
<tr>
<td>• What do you think makes you sick?</td>
<td></td>
</tr>
<tr>
<td>• What do you think is the cause of your illness?</td>
<td></td>
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<tr>
<td>• Why do you think the problem started?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>V</th>
<th>Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Are there any health care procedures that might not be acceptable?</td>
<td></td>
</tr>
<tr>
<td>• Do you use any traditional or home health remedies?</td>
<td></td>
</tr>
<tr>
<td>• What have you used before?</td>
<td></td>
</tr>
<tr>
<td>• Have you used alternative healers? Which?</td>
<td></td>
</tr>
<tr>
<td>• What kind of treatment do you think will work?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What do you hope to achieve from today’s visit?</td>
<td></td>
</tr>
<tr>
<td>• What do you hope to achieve from treatment?</td>
<td></td>
</tr>
<tr>
<td>• Do you find it easier to talk with a male/female?</td>
<td></td>
</tr>
<tr>
<td>• Someone younger/older?</td>
<td></td>
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</tbody>
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<thead>
<tr>
<th>R</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Will religious or spiritual observances affect your ability to follow treatment? How?</td>
<td></td>
</tr>
<tr>
<td>• Do you avoid any particular foods?</td>
<td></td>
</tr>
<tr>
<td>• During the year, do you change your diet in celebration of religious and other holidays?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S</th>
<th>Speech</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What language do you prefer to speak?</td>
<td></td>
</tr>
<tr>
<td>• Do you need an interpreter?</td>
<td></td>
</tr>
<tr>
<td>• What language do you prefer to read?</td>
<td></td>
</tr>
<tr>
<td>• Are you satisfied with how well you read?</td>
<td></td>
</tr>
<tr>
<td>• Would you prefer printed or spoken instructions?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do you live alone? How many people live in your house?</td>
<td></td>
</tr>
<tr>
<td>• Do you have transportation?</td>
<td></td>
</tr>
<tr>
<td>• Who gives you emotional support? Helps when you’re ill?</td>
<td></td>
</tr>
<tr>
<td>• Do you have the ability to shop/cook for yourself?</td>
<td></td>
</tr>
<tr>
<td>• What times of day do you eat? What is your largest meal?</td>
<td></td>
</tr>
</tbody>
</table>
How Members and Providers can Access IEHP Interpreter Services

**Telephone Interpreters**
(Available 24 hours a day, 7 days a week)
Call IEHP Member Services at **1-800-440-4347**
OR
24-Hours Nurse Advice Line at **1-888-244-4347**

**Face-to-Face Interpreters**
(Including American Sign Language)
Call IEHP Member Services at **1-800-440-4347**
at least 5 working days before the medical visit.

IEHP Interpreter Services Policy

- IEHP LEP Members have the right to request an interpreter for medical visits at **No Cost**.
- IEHP and Providers must not require, or suggest to LEP Members that they must provide their own interpreter.
- Friends and family members should not be used unless specifically requested by the Member. **Minors** should not be used as an interpreter.
- Providers must document the request or refusal of interpreter services in the patient’s medical record.
- LEP Members have the right to file a grievance or complaint if their language needs are not met.

Tips for Interviewing Seniors

- Mail new patient forms to the patient to complete before the visit.
- Ask if the patient has someone in the lobby waiting and if he/she wants that person in the exam room with him/her.
- Use plain language; avoid medical jargon.
- Use diagrams and/or pictures.
- Demonstrate use of medical equipment.
- Ask patient to repeat back what was said (i.e., how he/she will take medicine, follow care plan or specific treatment, how to use piece of equipment, when to have follow-up visit, etc.)
- Give written instructions whenever possible.
Understanding Culture is Key to Improving Health Outcomes

As a health care provider, you meet many people who are different from you. This can be an exciting and fun part of your job. It can also present some challenges.

You may think that everyone who walks into your office believes, like you, that germs cause disease. But that’s not so.

Beliefs about health, illness, and treatment vary by culture. Some patients may hold to the beliefs that disease is caused by intense negative energies, comes from gods or evil spirits, or results from some imbalance in their lives.

These beliefs and life experiences can impact how patients act and talk with you, and how well they follow their treatment plans. So, for more positive interactions, learn as much as you can about the people you serve.

Here are tips on how to make your patients more comfortable, and to encourage trust and good communication - regardless of the culture:

- Smile. People understand a smile more clearly than any other expression.
- Use appropriate titles (Mr., Mrs., Miss) to show respect, especially when greeting older people.
- Show respect for their beliefs by asking them what they think about their health problems, and review their use of traditional or folk medicines.
- Use simple language, drawings, or models. Avoid jargon and technical language.
- Provide written instructions whenever possible.
- Let patients know if there will be a delay in getting a service.
- Make sure patients are clear about what needs to be done before they leave your office – if they are to wait for lab results, have prescriptions filled, schedule future appointments, etc.

Traditional Beliefs about Pregnancy
From the Hispanic culture:
- Milk should be avoided during pregnancy because it causes large babies and difficult births.
- Inactivity during the last weeks of pregnancy will result in loss of amniotic fluid, and will cause the fetus to stick (se pega) to the uterus.
- Latinas traditionally have a forty-day period of recuperation ("La Cuarentena"). During this time, the new mother use "purgantes" (home remedies) to help her body to eliminate impurities from the birth.

From the Vietnamese culture:
- The baby will not come out or the mother will experience a difficult birth if the father is present during labor.
- Mother and baby do not leave the house for one month after delivery.
- Washing of the new mother's hair in the first month will cause headaches and her hair to fall out.
Provider: Do you understand how to take care of your Diabetes?
Patient: Yes, I think I can remember.
Provider: Well, here’s a brochure that gives you instructions. Read it if you don’t remember or have any questions.

But, here’s the problem….one out of five adults read at the 5th grade level or below, and most health care materials are written above the 10th grade level. This is a Health Literacy issue!

Patients with low health literacy are:
• Less likely to understand their condition and do not manage their chronic diseases correctly.
• Less likely to comply with treatment and are at higher risk for hospitalization.
• Likely to make mistakes taking medications.

Clues that a patient may have low health literacy:
• They don't complete forms.
• They call you several times to ask questions.
• Makes excuses like “I can’t read this right now, or “I forgot my glasses.”
• Don’t follow instructions in taking medication.

Regardless, it is always a good idea to:
• Use simple words vs. medical jargon.
• Speak slowly and repeat information.
• Give small amounts of health information at one time.
• Ask patients to repeat what you had just told them.
• Use qualified interpreters for patients who may have problems speaking or understanding English.
• Give patients simple written instructions to take home.
• Be sensitive and help patients to take part in their own health care.
IEHP Scrub of the Month

She can recall the name of almost any IEHP patient who comes in the office.

At the same time, patients never forget Bertha Reyes. After more than 20 years of working with Dr. Alexander Villarasa in Palm Springs, Bertha is a favorite among patients. They keep coming back, asking for her by name.

Patients say they like her easy smile and kind words. She makes them feel like royalty.

For the queen of kindness, we are proud to name Bertha as the IEHP Scrub of the Month.

Bertha Reyes

Nominate a co-worker

Do you work with a winner? A hard worker who brightens your office with kindness, inspiring your team to do its best?

Tell us why: Write your reason why you think this person should be Scrub of the Month. Keep it under 500 words. If you give us the best reason, we’ll give you and your co-worker a $50 Target gift card.

Send your name, office location and work phone number. Fax or mail entry:

- Fax to IEHP at (909) 890-5652. On cover sheet, write ScrubTalk - Scrub of the Month Nomination.
- Mail to IEHP ScrubTalk - Scrub of the Month Nomination, P.O. Box 19026, San Bernardino, CA 92423-9026.

Do you run out of energy after lunchtime?

Have you ever sat at your desk in the afternoon with your mouth slightly open, fighting to keep your head up and eyes open?

Unless you have a medical condition, many things can slow you down after your lunch hour. It could be something you ate.

Eating a lot of high-carb foods like pasta, rice, bread, potatoes and even sugary foods raise your insulin levels, which gives you energy. Then a sharp drop in blood sugar follows, making you feel sleepy.

Fast food, like burgers and fries, is packed with fats, sugars, salts and other man-made stuff that can make you want to curl up on a sofa.

Tips: For lunch, eat lean meats or have a salad. Eat less. Or snack on cut fruits and veggies all day. Instead of sugary cola drinks, sip water.

Cultural Corner

Does your conversation sound like a duck talking to a goose?

There’s an old Chinese saying: When two people are engaged in a conversation but are unable to understand each other, it’s called “a duck talking to a goose.”

Have you ever felt like a duck or a goose? Can you recall talking with someone who failed to understand what you were saying? Or you were unable to understand the other person? This may happen more often when each person speaks a different language.

In a doctor’s office, unclear communication could cause bad outcomes. It can lead to more follow-up phone calls, non-compliance and frustration for all involved.

For effective and clear communication with your patients, here are some tips:

On the phone

- Give the caller your attention.
- Use a friendly, conversational tone of voice.
- Speak clearly at an unhurried pace.
- Use plain words; avoid medical jargon.
- Ask the patient to repeat what you said.
- Ask the patient to write things down, which helps when a process must be followed or when setting up an appointment.
- Follow a script to answer commonly asked questions (like directions to the office).

In person

- Make eye contact when you talk or listen.
- Avoid interrupting the patient.
- After you explain a treatment plan or process, ask the patient to repeat it.
- Ask: “do you have any more questions?” or “which part would you like me to go over again?”
- Avoid asking questions that one can answer with a “yes” or “no.”
Did you ever ask a patient a question, but one of his or her relatives answered you instead?

We focus so much on how we should deliver care that we forget one thing: many cultures see a person's health problem differently than we do. It may be a family affair and the decision maker could be someone other than the patient.

**Key:** Involve the right relative. You may get more details for an accurate health history or elicit better treatment compliance.

**Here are some examples:**

**Perinatal Care**
In western medicine, doctors involve only the father-to-be in discussions and care for the pregnant woman. But in other cultures, pregnancy, birth, and baby care are a woman’s domain.

**Key:** Foster better perinatal care and birth outcomes by including the right female relative, like a mother or aunt.

**Food and Culture**
Other cultures have food taboos or beliefs for specific health conditions. When a patient's treatment plan includes a specific diet, ask which foods his or her culture uses to treat the condition. Consider including foods common in the culture.

**Key:** Work closely with the family. Create a culturally-acceptable diet, aiming to increase the patient's compliance to his or her treatment plan.

**Alternative Medicine/Treatment**
While taking doctor prescribed medications, patients might also use home remedies – some with unknown effects when mixed with these medications.

**Key:** Be respectful. Ask patients if they use home remedies or other non-prescribed medications to treat their conditions.

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**IEHP patients who are part of CBAS benefit from greater care coordination. They also maintain better health, avoid injuries and ER visits, and have a reduced risk of depression.**

**If you have any questions about CBAS, please call the IEHP Provider Relations Team.**

**Ask Susie about IEHP procedures or programs:**
- Call (909) 890-2054.
- Fax to “Ask Susie” at (909) 890-5652.
- Email: providerservices@iehp.org
Ever had a hard time finding a patient’s medical history? Well, we can help you with that. Because for IEHP Members, health information is just a click away. Here’s all you have to do to access an IEHP Member’s medical history:

1. Log on to www.iehp.org
2. Proceed to the Secure Provider Website login
3. Enter your login ID and password and then click “submit”
4. Click on Eligibility
5. Enter the Member’s information and click “submit”

It’s that simple. With just a click of a button you have access to a patient’s lab results, Rx history, immunizations and so much more!

Imagine you have two patients with the very same condition. One patient is very expressive about his pain. He tells you about it in great detail and with strong body language. The other patient is stoic and doesn’t appear to be in the same amount of pain at all. What’s the difference?

Studies show that our cultural background can have a major impact on how we react to pain.

So even though your patient doesn’t seem to be hurting, he may be in a great deal of pain. And when his pain in untreated, he may not recover as quickly. This can create more health problems and increase the cost of care.

Although discovering how much pain your patient feels isn’t an exact science, there are some ways to help you give him the best care possible.

Tips to help you detect your patient’s pain:

1. Understand that a lack of verbal or facial expression doesn’t mean the absence of pain.
2. Try to anticipate a patient’s pain needs, since culture may stop him from requesting pain medicine even when it’s necessary for recovery.
3. If you’re not sure how much pain a patient is in, ask questions. Like, “Does it feel like being cut by a knife or being scratched by a cat?”
**IEHP Scrub of the Month**

If she were stranded on a deserted island, she would still believe in a team concept. It’s this unselfish work ethic that has catapulted Pam Schuett to the top as our Scrub of the Month. Since 2007, Pam has been an office manager at Reyes Medical Group in Riverside, where her will to help people has ushered in a stronger emphasis on preventive health. With Pam’s leadership, her team has created a system which that helps keep up with their PMP encounters, primarily with a form that flags them when a Member is due for a health service. “Pam’s a team player who goes beyond the call of duty,” said her employer, Dr. Joaquin Reyes, who nominated her. “It’s a relief to know that Pam’s on top of everything.” That’s why Pam is on top of our list this month.

**Nominate a co-worker**

Do you work with a winner? A hard worker who brightens your office with kindness, inspiring your team to do its best?

**Tell us why:** Write your reason why you think this person should be Scrub of the Month. Keep it under 500 words. If you give us the best reason, we’ll give you and your co-worker a $50 Target gift card.

**Cultural Corner**

Pam Schuett

Protect the medical files of your patients

You must limit access to this data. To do this, your office should make a good effort to limit access to staff members who use this information. For example: lock cabinets or records rooms, or supply extra security (such as passwords or access to certain fields) on computers that keep personal information.

This tip is from the Health Insurance Portability and Accountability Act (HIPAA).

**Refer Members to IEHP Wellness Programs**

IEHP offers many programs that teach Members how to stay healthy.

1. Click “Health Education” on left; go to “Referrals”.
2. Enter Member ID; Choose a Health Program.
3. Look for “Health Education Referral Type”.
4. Select referring Provider from drop down list.
5. Fill in required fields, then click “Submit”.
   
To check on referrals that you sent in, choose “Referral Status.” Enter Member ID.

**Get an IEHP Patient’s Electronic Health History in Seconds.**

Get facts like office visits, lab results, prescriptions, immunizations and more.

1. Enter your login ID, password; click “Submit”.
2. Click on Eligibility.
3. Select by SSN/CIN, by IEHP ID or last name.
4. Enter SSN, IEHP ID or last name, click “Submit”.
5. Click “View Medical History”.

**Online Quizzes**

Go to www.iehp.org and login to the Secure Provider Website

**IEHP Scrub of the Month**

Get the facts on how to keep your patients healthy.

1. Click “Health Education” on left; go to “Referrals”.
2. Enter Member ID; Choose a Health Program.
3. Look for “Health Education Referral Type”.
4. Select referring Provider from drop down list.
5. Fill in required fields, then click “Submit”.

To check on referrals that you sent in, choose “Referral Status.” Enter Member ID.

**Do you know what other medicines your patients are taking?**

**Why should you talk to your patients about CAM?**

It allows the Doctor to:

- Warn patients of any dangers from mixing with modern drugs.
- Get a full picture of conventional and alternative practices.
- Guide patients to wise health care decisions.

**What should you do?**

- Ask about CAM use when seeking a patient’s health history.
- Ask patients what they are taking: prescriptions, over-the-counter medications, herbal supplements or other CAM products.
- Refer patients to credible federal resources such as National Center for Complementary and Alternative Medicine at www.nccam.nih.gov.

These medicines – for the mind and body – date back more than 5,000 years, yet they endure amid today’s modern medical practices.

Complementary and alternative medicine (CAM) come from around the world, consisting of many products and practices, such as:

- Herbs (like glucosamine, ginseng, aloe vera)
- Mind-body practices such as Yoga
- Meditation, acupuncture and massage

Advocates of CAM believe it helps treat everything from minor medical conditions – such as head and chest colds, anxiety and stress – to chronic medical conditions.

Critics of CAM say it lacks proof of safety and support from research trials. But despite these complaints, CAM has flourished in the U.S. According to a national government survey, about 50% of all adults (18 and over) have used CAM, while children are 5 times more likely to use CAM if a parent or a relative uses it.

Why should you talk to your patients about CAM?

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- Refer patients to credible federal resources such as National Center for Complementary and Alternative Medicine at www.nccam.nih.gov.
Your mother tells you she read somewhere (but she's not sure where) that someone (she doesn’t remember who) said eating bananas can cure heart disease. She insists on trying this remedy even though you keep telling her it’s not true.

Sound familiar? It’s common for people to recall false information as true. We tend to remember the “claim” (bananas can cure heart disease) but not the “context” (details regarding how or where we heard the information). As a result, people fall for a lot of misinformation and scams that can have potentially serious consequences.

Here are some tips you can use to steer your patients toward accurate information:

1. State information in positive rather than negative ways. “Do/Don’t” lists are often given to patients, but patients may have a hard time remembering the “do’s” versus the “don’ts.” It’s better to just give them the “do's.” For example, tell diabetic patients to “always wear shoes when walking” instead of “avoid going barefoot.”

2. Emphasize what’s true. Start with what is correct. People tend to remember either the beginning or the end of a message, but not the whole thing.

3. Understand that spoken information is harder to remember than written. Spoken information puts a greater demand on memory – people often forget portions of what you tell them. Plus, everyone absorbs information at their own pace, especially medical information. It’s hard for patients to “process” spoken instructions without a written follow up they can review later and share with their family. Also, patients may be distracted when you’re giving them spoken instructions, and they may only absorb part of your message.

4. Use other tools to help patients recall information accurately. You can give them written information to take home, suggest they take notes, or encourage them to bring another person with them to be a “second pair of ears.” However, don’t use family members as translators; they’re not trained and may “screen out” uncomfortable words or information. IEHP provides interpreter services, including sign language. To have an interpreter present at the next doctor visit, the patient must call IEHP Member Services five days before the visit.