
4. ELIGIBILITY AND VERIFICATION

A. Eligibility Verification

APPLIES TO:

- A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

- A. Accurate and timely eligibility information is a key concern of all participants in the IEHP network and is a primary goal of IEHP.
- B. The IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) ID cards, the Medi-Cal Benefit Identification Card (BIC), and/or the Medicare Card do not guarantee eligibility. These cards are issued for Member convenience and identification purposes only.
- C. Member eligibility should be verified at each visit.

PROCEDURES:

- A. IEHP receives data files including both eligibility and demographic data from the Centers for Medicare and Medicaid Services (CMS).
- B. IEHP processes the eligibility data files received, assigns a Primary Care Provider (PCP) and Hospital to each Member and updates Member demographic information.
- C. Recognizing that the network is comprised of Providers with existing systems employing varying technologies, IEHP offers a few methods for distributing eligibility information to Providers and PCPs.
- D. Providers can receive updated eligibility information on Members through the following methods (Refer to Policy 4B1 and 4B2, “Eligibility Verification Methods” for more information):
 - 1. Eligibility files;
 - 2. IEHP website at www.iehp.org; and
 - 3. State Automated Eligibility and Verification System (AEVS) (800) 456-2387 or <https://www.medi-cal.ca.gov/Eligibility/Login.asp> for more information for State Program (Medi-Cal) Members.
- E. These methods offer Providers and PCPs different levels of detail in the information reported for each Member. The information reported about the Member may contain:
 - 1. Member Name;
 - 2. IEHP Identification Number/Member Number;
 - 3. Date of Birth;
 - 4. Gender;
 - 5. Member Address;

4. ELIGIBILITY AND VERIFICATION

A. Eligibility Verification

6. Member Phone Number;
 7. Language Preference;
 8. Status (Member is currently active);
 9. Effective date of terminations or transfers;
 10. Co-payment Information;
 11. Aid Code;
 12. County Code;
 13. Plan or Program (e.g., CalMediConnect [CMC], etc.);
 14. Assigned PCP;
 15. PCP effective date;
 16. PCP Phone Numbers;
 17. IPA Affiliation;
 18. Assigned Hospital; and
 19. Claims billing address.
- F. When a Member visits his/her assigned PCP, Provider or Clinic, the PCP/Provider/Clinic should verify eligibility before rendering services. In addition to verifying eligibility, the PCP/Provider is encouraged to verify the Member's identification through a secondary means, such as a driver's license or state identification with both a picture and signatures.

INLAND EMPIRE HEALTH PLAN		
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4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

1. Eligibility Files

APPLIES TO:

- A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

- A. IEHP processes eligibility data, including assigning a Primary Care Provider (PCP) to each Member and updating Member demographics.
- B. Eligibility files created for Providers only contain those Members assigned to the Provider.
- C. IEHP places eligibility files for Delegated IPA and Ancillary Providers on the IEHP Secure File Transfer Protocol (SFTP) server in accordance with the schedule published in the IEHP EDI Manual (Provider Eligibility and Encounter File Format Requirements Manual).
- D. Member Eligibility rosters are available on the IEHP website at www.iehp.org.
- E. It is the responsibility of each Provider to retrieve eligibility files within three (3) days of file transmission and update their eligibility system.
- F. If month end files are not loaded by the first of the month, Providers must use alternative IEHP methods to verify eligibility. Alternative methods include IEHP's website, www.iehp.org, and the State's Automated Eligibility Verification System (AEVS). See Policy 4B2, "Eligibility Verification Methods – Eligibility Verification Options."

PROCEDURES:

- A. All eligibility files are compressed (to save transmission time), encrypted (for security), and password protected (additional security).
- B. By the first business day of each month, IEHP places a full eligibility file on the IEHP SFTP server.
 - 1. IEHP supplies one (1) copy of the decompression and decryption software necessary, along with a password unique to each Provider, to read the files once retrieved.
 - 2. Each Provider must retrieve their eligibility files within three (3) days of data file transmission and upload them into the eligibility system in place at the Provider's location.
- C. If month end files are not loaded by the first of the month, Providers must use alternative IEHP methods to verify eligibility. Alternative methods include IEHP's website, www.iehp.org, and the State's Automated Eligibility Verification System (AEVS).
- D. The eligibility file contains important information about the Member including:
 - 1. Eligibility status;
 - 2. Assigned PCP;

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

1. Eligibility Files

3. Assigned Hospital;
4. Effective date;
5. Termination date (if applicable);
6. Address;
7. Phone;
8. Language preference;
9. Date of Birth;
10. Gender;
11. Aid Code;
12. County Code;
13. Medicare Type Coverage (i.e., Part A, Part B, Part AB and/or Part D).

(For more detailed information see Attachment, “Eligibility Data File Format” in Section 4 or refer to the EDI Manual - Provider Eligibility and Encounter File Format Requirements Manual.)

- E. Because Member eligibility changes frequently, IEHP provides periodic file updates throughout the month. These file updates contain only changes within the Provider’s network. IEHP’s expectation is these file updates are loaded and utilized accordingly. (For more detailed information see Attachment, “Eligibility Data File Transmission Schedule” in Section 4).

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4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

APPLIES TO:

- A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Providers and Members.

POLICY:

- A. IEHP offers the IEHP Online Eligibility Verification System (OEVS) for convenience in verifying eligibility. The Automated Eligibility Verification System (AEVS) provided by the State can also be utilized to verify eligibility.

PROCEDURES:

OEVS: The IEHP web page is an efficient source that enables providers to submit multiple eligibility verification requests at the same time. This Eligibility Verification Web Page is a free-transaction services for providers, which reduces the amount of time spent to contact the IEHP Provider Relations department.

- A. Providers can log on to IEHP’s Provider portal using their National Provider Identifier (NPI) at <https://providers.iehp.org/account/login> to register an account, add sub-user accounts, and be able to verify Member’s eligibility.
- B. Providers must meet the following system requirements in order to have access to the IEHP’s website:
1. Computer with a high-speed Internet Connection;
 2. A browser that supports 128-bit Encryption; and
 3. Browser Compatibility – Google Chrome, Mozilla Firefox, Safari, and Internet Explorer (IE) 11.
- C. Providers can access Member eligibility information through IEHP’s Web Page, twenty-four (24) hours a day, seven (7) days a week, including holidays.
- D. Access to OEVS requires your Login ID and a Password.
- E. To log in to IEHP’s OEVS, follow the steps below:
1. Log on at www.iehp.org.
 2. Click the “**For Providers**” button.
 3. Click the “**Provider Login**” button.
 4. Enter Login ID and Password.
 5. Once you have successfully logged into the IEHP Provider Website, click the “**Eligibility**” button on the toolbar located on the left-hand side of the page.

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

6. There are several different search options to choose from to verify the Member's eligibility:
 - a. **Social Security Number (SSN)/Client Index Number (CIN):** *Able to submit multiple requests at one time*
 - b. **IEHP Identification Number:** *Able to submit multiple requests at one time*
 - c. **Last Name and Date of Birth:** *Able to submit multiple requests at one time*
- F. The IEHP's Web Page provides the following Member information:
 1. Name;
 2. Effective Date with Primary Care Physician (PCP);
 3. IEHP Identification Number/Member Number;
 4. Eligibility Status;
 5. CIN Number;
 6. Gender;
 7. PCP Phone Number;
 8. Date of Birth;
 9. Plan or Program (Medi-Cal, Open Access, IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan), etc.);
 10. Medi-Cal Effective Date;
 11. Effective Date with Assigned PCP;
 12. Lab;
 13. Medicare MBI (Member Beneficiary Identifier) #;
 14. Assigned IPA;
 15. Assigned PCP;
 16. Assigned Hospital;
 17. Co-Pay;
 18. Aid Code; and
 19. County Code.
- G. Providers receive a verification number for every transaction using the Web Page.
- H. Providers with any questions regarding the IEHP's Web Page should call an IEHP Provider Relations Team at (909) 890-2054.

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

AEVS: In addition to the IEHP Web Page, Providers may use AEVS to verify Member eligibility outlined below.

A. **AEVS** - For Members who have Medi-Cal coverage.

1. Providers and PCPs can still utilize the State’s Automated Eligibility Verification System (AEVS) to verify Member eligibility information. AEVS is available via phone or the internet.
2. AEVS identifies if an individual has Medi-Cal health benefits. If the individual has Medi-Cal benefits, AEVS further identifies if the individual is enrolled in a Managed Care Plan.
3. AEVS can be accessed by calling (800) 456-2387 or logging onto the AEVS website at www.medi-cal.ca.gov/eligibility/login.asp.
4. In order to access AEVS, the Provider needs to have an assigned Medi-Cal Provider Identification Number (PIN), the individual’s Benefit Identification Card (BIC) number, date the BIC was issued, and patient’s date of birth. See Attachment, “AEVS Alpha Codes” in Section 4 for a quick reference guide to AEVS Key Codes.
5. To obtain a PIN number or to get assistance in using AEVS, please call the State Telephone Service Center (TSC) at (800) 541-5555.
6. If AEVS identifies an individual as a Member, but the IEHP Web Page does not confirm this information, please call IEHP’s Member Services at (877) 273-4347.
7. AEVS identifies “Pending” Members assigned to IEHP effective the 1st of the following month. This enrollment status may change. A Member identified with a “Pending” status does not mean the member is active with IEHP. This is an informational message to indicate that the Member is pending enrollment with IEHP.

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4. ELIGIBILITY AND VERIFICATION

C. Member Co-payments

APPLIES TO:

- A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

- A. IEHP DualChoice Members may have a co-payment for pharmaceuticals depending on their Low-Income Subsidy (LIS) level.

PROCEDURE:

- A. IEHP DualChoice Members have no co-pays for plan covered benefits within the plan-approved provider network, except for prescriptions. Centers for Medicare and Medicaid Services (CMS) will notify IEHP of LIS co-pays applied to the Member and LIS co-pay changes that may occur. For more detailed information please reference Policy 11H, “Co-Payment Requirement”.
- B. Since an IEHP Member ID card does not guarantee eligibility, Providers must confirm Member eligibility before collecting a co-payment as discussed in Policy 4A, “Eligibility Verification”. Additionally, practitioners are encouraged to verify Members’ identification through secondary means, such as a driver’s license or state ID card with both a picture and signature.
- C. If the IEHP Web Page system states that no co-payments are required, the providers should not collect a co-payment regardless of what the IEHP Member ID card indicates.
- D. While the Member is present, discrepancies regarding whether a co-payment is due should be directed to IEHP Member Services at (877) 273-4347.

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4. ELIGIBILITY AND VERIFICATION

Attachments

<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
AEVS Alpha Codes	4B2
Eligibility Data File Format	4B1
Eligibility Data File Transmission Schedule	4B1

Quick Reference for AEVS Alphabetic Codes

(Please refer to Section 100-54, Automated Eligibility Verification System (AEVS) for more information.)

Alphabetic Code Listing

Press * before entering the two-digit code

Q 11	Z 12	A 21	B 22	C 23	D 31	E 32	F 33	
G 41	H 42	I 43	J 51	K 52	L 53	M 61	N 62	O 63
P 71	R 72	S 73	T 81	U 82	V 83	W 91	X 92	Y 93
*	0	#						

AEVS: 1-800-456-AEVS (2387)

LETTER	2-DIGIT CODE	LETTER	2-DIGIT CODE
A	* 21	N	* 62
B	* 22	O	* 63
C	* 23	P	* 71
D	* 31	Q	* 11
E	* 32	R	* 72
F	* 33	S	* 73
G	* 41	T	* 81
H	* 42	U	* 82
I	* 43	V	* 83
J	* 51	W	* 91
K	* 52	X	* 92
L	* 53	Y	* 93
M	* 61	Z	* 12

Function Keys

Keys	Purpose
[#]	End data entry in a field; proceed to next field
[* #]	Repeat the menu option
[* *]	Delete the current data entry in a field
[* 99 #]	Return to the main menu

#	DATA ELEMENT	T Y P E	P O S	B Y T E S	FORMAT	DESCRIPTION
1	Filler 1	A	1	7	AXX9999	PCP ID in Position 428
2	PCP Name	A	8	30	X(30)	Provider Name
3	Current Eligibility Status Code	A	38	1	X	Represents status of eligibility (see note # 3)
4	Effective Date	N	39	8	CCYYMMDD	The effective date the Member was with this PCP (see note # 4)
5	Termination Date	N	47	8	CCYYMMDD	The date the Member was terminated from this PCP (see note # 5)
6	Group	A	55	10	X(10)	The group for this Member (see note # 6)
7	Aid Code	A	65	2	X(2)	Identifies Member's Medi-Cal aid code. (See note # 7)
8	Subscriber ID #	A	67	14	CCYYMMX(8)	The IEHP assigned # for the Member (see note # 8)
9	Filler 2	A	81	15	X(15)	Member Last Name in position 787
10	Filler 3	A	96	10	X(10)	Member First Name in position 762
11	Middle Initial	A	106	1	X	Member Middle Initial
12	Date of Birth	N	107	8	CCYYMMDD	Member date of birth
13	Gender	A	115	1	X	M= Male, F= Female or U= Unknown
14	Race Code	A	116	1	X	Identifies race of Member (see note # 14)
15	Ethnicity Code	A	117	2	X(2)	Identifies ethnicity of Member (see note # 15)
16	Filler 4	A	119	1	X	Identifies spoken language of Member, Spoken Language in position 443.
17	Filler 5	A	120	2	X	Identifies written language of Member, Written Language in position 446
18	Phone Number	N	122	10	X(10)	Identifies Member 10-character phone number. Example 9094302752
19	Alternative Phone Number	N	132	10	X(10)	Member Alternative Phone Number Example 9094302752 or maybe blank.
20	Filler 6	A	142	26	X(26)	Member Residence C/O address in position 460
21	Filler 7	A	168	26	X(26)	Member Residence Street address in position 515
22	Filler 8	A	194	26	X(26)	Member Residence City and State in position 570 & 600
23	Filler 9	A	220	9	X(9)	Member Residence Zip Code in position 602
24	Filler 10	A	229	26	X(26)	Member Mailing C/O address in position 611
25	Filler 11	A	255	26	X(26)	Member Mailing Street address in position 666
26	Filler 12	A	281	26	X(26)	Member Mailing City/State in position 721 & 751
27	Filler 13	A	307	9	X(9)	Member Mailing Zip Code in position 753

#	DATA ELEMENT	T Y P E	P O S	B Y T E S	FORMAT	DESCRIPTION
28	Social Security Number	A	316	9	X(9)	This field consists of one of the following: SSN#, PSEUDO# or Blank (see note # 28)
29	Filler 14	A	325	9	X(9)	No longer sending Previous SSN anymore
30	CIN#	A	334	9	X(9)	CIN# (see notes#30)
31	Medicare Number	A	343	12	X(12)	Health Insurance Number (HICN) (See note # 31)
32	Filler 15	A	355	14	CCAAX(10)	No longer sending Alt ID
33	Filler 16	A	369	14	CCAAX(10)	No longer sending Prior Alt ID
34	Part D	A	383	1	X	Identifies if Member is active with Medicare Part D (see note # 34)
35	Copay	A	384	1	X	Identifies if copay exists. Y = Yes or N = No (see note # 35)
36	PHP Status Code	A	385	2	X(2)	Health Plan Status Code (See note # 36)
37	Filler 17	A	387	7	AXX9999	No longer sending Previous PCP
38	Filler 18	N	394	7	X(7)	No longer sending Capitation Rate
39	Previous IEHP Subscriber ID		401	14	CCYYMMX(8)	The previous IEHP assigned number for the member (See note#39)
40	IEHP PROV ID	A	415	9	AAAXX9999	Assigned IEHP Provider ID. AAA=IPA, XX=Hospital, 9999=Sequential ID number (See note #40)
41	LTSS CBAS Indicator	A	424	1	X	This field passes the LTSS CBAS Indicator coverage (See note #41-44)
42	LTSS IHSS Indicator	A	425	1	X	This field passes the LTSS IHSS Indicator coverage (See note #41-44)
43	LTSS LTC Indicator	A	426	1	X	This field passes the LTSS LTC Indicator coverage (See note #41-44)
44	LTSS MSSP Indicator	A	427	1	X	This field passes the LTSS MSSP Indicator coverage (See note #41-44)
45	Provider Number	N	428	8	X(8)	Primary Care Physician Number
46	Member Suffix	A	436	7	X(8)	Member Suffix (Jr. Sr. etc)
47	Language Spoken	A	443	3	X(3)	Member Primary Language Spoken (See note #47)
48	Language Written	A	446	3	X(3)	Member Primary Language Written (See Note #48)
49	MBI	A N	449	11	X(11)	MBI (Medicare Beneficiary ID). (See Note #49)
50	Member Residence Main Address Line 2	A N	460	55	X(55)	Member Additional Address (e.g. C/O, Apt, etc)
51	Member Residence Main Address – Line 1	A N	515	55	X(55)	Member Main Address
52	Member Residence City	A	570	30	X(30)	Member City

#	DATA ELEMENT	T Y P E	P O S	B Y T E S	FORMAT	DESCRIPTION
53	Member Residence State	A	600	2	X(2)	Member State
54	Member Residence Zip	N	602	9	X(9)	Member Zip
55	Member Mailing Address 1	A	611	55	X(55)	Member Additional Mailing Address (e.g. C/O, Apt, etc)
56	Members Main Mailing Address 2	A N	666	55	X(55)	Member Main Mailing Address
57	Members Mailing City	A	721	30	X(30)	Member Mailing City
58	Members Mailing State	A	751	2	X(2)	Member Mailing State
59	Members Mailing Zip	N	753	9	X(9)	Member Mailing Zip
60	Member First Name	A	762	25	X(25)	Member First Name
61	Member Last Name	A	787	35	X(35)	Member Last Name
62	Provider Office Address 1	A	822	55	X(55)	Provider Office Address 1 (Main Address)
63	Provider Office Address 2	A	877	55	X(55)	Provider Office Address 2 (e.g. Suite, Ste)
65	Provider Office City	A	932	30	X(30)	Provider Office City
66	Provider Office State	A	962	2	X(2)	Provider Office State
67	Provider Office Zip Code	N	964	9	X(9)	Provider Office Zip Code
68	Provider NPI	N	973	10	X(10)	Provider NPI
69	Hospital Number	N	983	8	X(8)	Hospital Number
70	Hospital Name	A	991	60	X(60)	Hospital Name
71	Risk Group Number	A N	1051	10	X(10)	Risk Group Number
72	Risk Group Name	A	1061	60	X(60)	Risk Group Name
73	Medicare Status	A	1121	1	X	Medicare Part A, B Status See Notes # 73
74	FILLER 19	N	1122	500	500(X)	Spaces from position 1152 through 1622
	TOTAL RECORD SIZE			1622		

NOTES:**Data Element****Element: 3****Note #3: CURRENT ELIGIBILITY STATUS CODE**

This code can be an A, C, T, or N:

A = Active (on daily, weekly and monthly files) identifies existing Members or Members who were part of your organization last month.

C = Change (on daily/ weekly and monthly updates) identifies Members who have demographic changes, program enrollment changes or have changed PCPs, but remain assigned to your organization.

T = Termed (on daily/ weekly and monthly updates) identifies Members who are no longer assigned to your organization due to eligibility issues or changes as well as change to the Members IPA.

N = New (on daily/ weekly and monthly updates) identifies Members who are newly assigned or reinstate after a break in eligibility to your organization.

NOTE: Members who are not included in the IEHP monthly eligibility file who are active in the health plan's membership database are not eligible for the new month and should be disenrolled effective the first day of the current month.

Element: 4**Note #4: EFFECTIVE DATE**

Effective Date Logic – Applies to both Daily and Monthly Files

1. If the member is active (status “A”, or “N” or “C”), the Effective Date is the first day of the month indicated
2. If the member is active (status “A”, or “N”, or “C”) and the “Effective Date” field is showing a date prior to the current month date, record is reporting a demographic and/or Provider Changes. Members are still active and new demographic information must be updated in the provider’s member database.
3. If it is a disenrollment record noted with a “T”, the “Effective Date” will be set to the month when the member was active with the assigned IPA/provider/hospital affiliation. See “Term Date” logic section below.

Element: 5**Note #5: TERMINATION DATE**

1. If it is a disenrollment record noted with a “T”, the Term Date will be set to the last day of the month when the member was active with the the assigned IPA/provider/hospital affiliation
2. If it is a disenrollment record noted with a “T” and Term Date is null, it is a Medi-Cal Member who has been placed on a “Hold” eligibility status effective the date displayed in the “Effective Date”.

Element: 6**Note #6: GROUP**

#	Old RIV County Grp	New RIV County Grp	Old SB County Grp	New SB County Grp	Program	Description
1	RVC-ADLTMI	RVC-MED	SBC-ADLTMI	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
2	RVC-ADULT	RVC-MED	SBC-ADULT	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
3	RVC-AGED	RVC-MED	SBC-AGED	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
4	RVC-CMCMD	RVC-CMC	SBC-CMCMD	SBC-CMC	Medicare	Cal MediConnect Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7)
5	RVC-CCMO	RVC-CMC	SBC-CCMO	SBC-CMC	Medicare	Cal MediConnect Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7) Refer to Medicare Part D (field#34) and Medicare status (field #73) to determine Medicare coverage type.
6	RVC-CMLTSS	RVC-MED	SBC-CMLTSS	SBC-MED	Medi-Cal	Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7)

						Refer to Medicare Part D (field#34) and Medicare status (field #73) to determine Medicare coverage type.
						Refer to LTSS fields (#41-44) to determine type of LTSS coverage
7	RVC-DISABL	RVC-MED	SBC-DISABL	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to Refer to (Field #7)
8	RVC-FAMILY	RVC-MED	SBC-FAMILY	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
9	RVC-FAMIMI	RVC-MED	SBC-FAMIMI	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
10	RVC-LTC	RVC-MED	SBC-LTC	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
11	RVC-MBLTSS	RVC-MED	SBC-MBLTSS	SBC-MED	Medi-Cal	Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7) Refer to Medicare Part D (field#34) and Medicare status (field #73) to determine Medicare coverage type. Refer to LTSS fields (#41-44) to determine type of LTSS coverage
12	RVC-MOLTSS	RVC-MED	SBC-MOLTSS	SBC-MED	Medi-Cal	Refer to aid code grid to determine Medi-Cal Aid code Category. Refer to (Field #7) Refer to LTSS fields (#41-44) to determine type of LTSS coverage

13	RVC-MPLTSS	RVC-MED	SBC-MPLTSS	SBC-MED	Medi-Cal	<p>Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7)</p> <p>Refer to Medicare Part D (field#34) and Medicare status (field #73) to determine Medicare coverage type.</p> <p>Refer to LTSS fields (#41-44) to determine type of LTSS</p>
14	RVC-MTLTSS	RVC-MED	SBC-MTLTSS	SBC-MED	Medi-Cal	<p>Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7)</p> <p>Refer to Medicare Part D (field#34) and Medicare status (field #73) to determine Medicare coverage type.</p>
15	RVC-TLICH	RVC-MED	SBC-TLICH	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
16	RVC-TLICMI	RVC-MED	SBC-TLICMI	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
17	RVC-NONCVR	RVC-MED	SBC-NONCVR	SBC-MED	Medi-Cal	Aid codes not covered by IEHP will reflect a Member record submitted as a disenrollment (Status “T”) in the Eligibility Status code.

Element: 7

Note #7: AID CODE

Medi-Cal – The following aid codes are covered by IEHP

MEDI-CAL AID CODES												
Mandatory						Voluntary						
Adult & Family OTLIC			Adult Expansion	Disabled		Aged	LTC	Family	Disabled/BCCTP***	Adult	Adult & Family OTLIC	
01	3H	82	L1	20	6P	10	13	M3	0N		03	4N
02	3L	8P	M1	24	6V	14	23		0P		04	4S
08	3M	8R	7U	26	6W*	16	63		0W		06	4T
0A	3N	E2	L6	27*	6X*	17*					07	4U
2P	3P	E5		2E	6Y*	1E					40	4W
2R	3R	E6		2H		1H					42	5K
2S	3U	E7		36		1X*					43	86
2T	3W	H1		60		1Y*					45	
2U	47	H2		64							46	
30	54	H3		66							49	
32	59	H4		67*							4A	
33	5C	H5		6A							4F	
34	5D	K1		6C							4G	
35	72	M3		6E							4H	
37	7A	M5		6G							4K	
38	7J	M7		6H							4L	
39	7S	P5		6J							4M	

3A	7W	P7		6N						
3C	7X	P9								
3E	R1	T1								
3F	2C	T2								
3G		T3								
0E		T4								
5L		T5								
8U										

*These Aid Codes will only be for Dual-Eligible members.

**TLICH: Targeted Low-Income Children

***BCCTP: Breast and Cervical Cancer Treatment Program

**** SPD: Seniors and People with Disabilities Aid Codes

Element: 8

Note #8: *SUBSCRIBER ID #*

The Subscriber ID # is the IEHP assigned number for each Member. An example of a Subscriber ID # is 20110100000100. NOTE: Effective 02/20/2018 all Subscriber ID’s will end with “00” for both Medi-Cal and Medicare programs.

Element: 14

Note *RACE CODE* (Race is reported by CMS, not DHCS)

#14:

0 - Unknown
1 - White
2 - Black
3 - Other

4 - Asian
5 - Hispanic
6 – N. American Native

Element:
Note#15:

15
ETHNICITY CODE

C - Caucasian
H - Hispanic
B - Black
A - Asian or Pacific Islander
I - American Indian or Alaskan Native
E - Other Race or Ethnicity
7 - Not Provided
8 - Not Applicable
D - Subcontinent Asian American
F - Asian Pacific American
G - Native American
J - Native Hawaiian
N - Black (Non-Hispanic)
O - White (Non- Hispanic)
P - Pacific Islander
Z - Mutually Defined

Element:
Note #28:

28
SOCIAL SECURITY NUMBER

This field is not required and may be blank.

For Medi-Cal and or Medicare Members, this field consists of one:

1. SSN- Member SSN or
2. PSEUDO- This number appears in this field if no SSN is available as provided by Medi-Cal . First digit begins with the number "8 or 9" and ends with a letter.
3. May be blank

Element: 30

Note #30: *CIN#*

The Member ID # is a 9-digit alphanumeric Client Index Number (CIN #).

For Medicare members this field may be blank.

Element: 31

Note #31: *MEDICARE NUMBER*

Members who are eligible for Medicare for the current month have the HICN displayed in this field.

Element: 34

Note #34: *PART D*

If Member is active with Medicare Part D, it is indicated with a “D” , otherwise it’s blank.

Element: 35

Note #35: *COPAY*

COPAY is presented as a Y or N. Y = Copay due from Member. N = No copay due from Member.

Element: 36

Note #36: *MEDI-CAL PHP STATUS CODE*

01 –Active Enrollment

S1 – Active Enrollment– Activated from hold Retroactive

51 - Active Enrollment – Activated from hold

05 - Enrollment Held – Due to Medi-Cal hold

55 - Enrollment Held – Uncertified Share of Cost

59 - Enrollment Held – Due to change in recipient’s status other than Medi-Cal hold.

41 – Enrollment Held – Due to Loss of Medi-Cal Eligibility for CalMediConnect Member

61 – Enrollment Held – Due to Loss of State-Specific Eligibility for CalMediConnect Member

00 - Voluntary Disenrollment

10 – Voluntary Disenrollment

- 40 - Voluntary Disenrollment – Occurred before enrollment became effective
- S0 - Voluntary Disenrollment – Retroactive
- 09 - Mandatory Disenrollment
- 19 - Mandatory Disenrollment
- 49 – Mandatory Disenrollment - Occurred before enrollment became effective
- S9 - Mandatory Disenrollment – Retroactive
- P4 - Pending Enrollment
- B1 – Active enrollment. Newborn capitation paid under Mother for 2 months.

Medicare CalMediConnect

For CalMediConnect Member, Medi-Cal PHP status code will be reported in this field when available.

Element: 39

Note #39: PREVIOUS SUBSCRIBER ID

Under specific circumstances we may have events that require us to change a member's primary ID number. In the event that this occurs this field will be populated with the original IEHP Subscriber ID number for reference purposes and field 8 will hold a new IEHP Subscriber ID Number.

Element: 40

Note #40: IEHP PROV ID

The IEHP Provider ID will be replaced by IEHP Provider Number indicated in field #45 effective 02/20/2018.

Element: 41-44
Note# 41-44: LTSS

This field passes the Long-Term Services and Supports (LTSS) coverage.

#	FIELD	VALUES	DESCRIPTION
41	LTSS CBAS Indicator	Y	Member is in a Community Based Adult Services Program (CBAS).
		N	Member is not in a Community Based Adult Services Program (CBAS).
42	LTSS IHSS Indicator	Y	Member is in an In-Home Supportive Services Program (IHSS)
		N	Member is not in an In-Home Supportive Services Program (IHSS).
43	LTSS LTC Indicator	Y	Member is in a Long-Term Care Program (LTC).
		N	Member is not in a Long-Term Care Program (LTC).
44	LTSS MSSP Indicator	Y	Member is in a Multipurpose Senior Services Program (MSSP).
		N	Member is not in a Multipurpose Senior Services Program (MSSP).

Element: 45
Note #45: *Provider Number*

The IEHP Provider Number replaces the PCPID indicated in field #40 Effective 02/20/2018.

Element: 47**Note #47:*****LANGUAGE CODE – SPOKEN***

IEHP will be using ISO 639-2B for both Written and Spoken languages.
Refer to complete list which can be found at address noted below.

http://www.loc.gov/standards/iso639-2/php/code_list.php

ISO 639-2 Code	English name of Language
ARA	Arabic
CHI (B)	Chinese
ZHO (T)	
ENG	English
ARM	Armenian
SMO	Samoan
THA	Thai
FIL	Filipino; Pilipino
FRE (B)	French
FRA (T)	
GER (B)	German
DEU (T)	
HEB	Hebrew
HIN	Hindi
IND	Indonesian
ITA	Italian
NAI	North American Indian languages
JPN	Japanese
TGL	Tagalog
POL	Polish
POR	Portuguese

RUS	Russian
KOR	Korean
VIE	Vietnamese
SPA	Spanish; Castilian

Element: 48
Note #48: *LANGUAGE CODE – WRITTEN*

IEHP will be using ISO 639-2B for both Written and Spoken languages.
Refer to complete list which can be found at address noted below.

http://www.loc.gov/standards/iso639-2/php/code_list.php

Alternate Languages

Code	Name	Description
BLE	Braille English	Braille English
BLS	Braille Spanish	Braille Spanish
EAC	English Audio CD	English Audio CD
ENE	English Electronic	English Electronic
ETA	English Text to ASL	English Text to ASL
LPE	Large Print English	Large Print English
LPS	Large Print Spanish	Large Print Spanish
SAC	Spanish Audio CD	Spanish Audio CD
SPE	Spanish Electronic	Spanish Electronic

Element: 49

Note #49: Medicare Beneficiary ID

Effective when Center for Medicare and Medicaid Services (CMS) implements new MBI number replacing the current HICN number.

Element: 73

Note #74: Medicare Coverage A/B/AB

This Field passes Member Medicare Coverage type

A	Medicare Part 'A' only
B	Medicare Part 'B' only
C	Medicare Part 'A' and 'B'
Null/Blank	No Medicare



INLAND EMPIRE HEALTH PLAN

ELIGIBILITY PROCESSING PROCEDURES

Eligibility Data File Transmission Schedule

The following schedule outlines when eligibility files are available to providers for review. Eligibility files must be picked up within three days of file transmission.

Calendar Month	MONTHLY Eligibility File (full file)	FIRST WEEKLY Eligibility File (updates only)	SECOND WEEKLY Eligibility File (updates only)	THIRD WEEKLY Eligibility File (updates only)
	RUN DATE	RUN DATE	RUN DATE	RUN DATE
Jan 2021	01/01/2021	01/10/2021	01/17/2021	01/25/2021
Feb 2021	02/01/2021	02/10/2021	02/17/2021	02/25/2021
Mar 2021	03/01/2021	03/10/2021	03/17/2021	03/25/2021
Apr 2021	04/01/2021	04/10/2021	04/17/2021	04/25/2021
May 2021	05/01/2021	05/10/2021	05/17/2021	05/25/2021
Jun 2021	06/01/2021	06/10/2021	06/17/2021	06/25/2021
Jul 2021	07/01/2021	07/10/2021	07/17/2021	07/25/2021
Aug 2021	08/01/2021	08/10/2021	08/17/2021	08/25/2021
Sep 2021	09/01/2021	09/10/2021	09/17/2021	09/25/2021
Oct 2021	10/01/2021	10/10/2021	10/17/2021	10/25/2021
Nov 2021	11/01/2021	11/10/2021	11/17/2021	11/25/2021
Dec 2021	12/01/2021	12/10/2021	12/17/2021	12/25/2021
Jan 2022	01/01/2022	01/10/2022	01/17/2022	01/25/2022

Note: Any eligibility files generated after the 25th will be suspended until the Monthly Eligibility file is received