
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 several 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;

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6. Member Phone Number;
 7. Language Preference;
 8. Status (Member is currently active);
 9. Effective date of terminations or transfers;
 10. Aid Code;
 11. County Code;
 12. Plan or Program (e.g., CalMediConnect [CMC], etc.);
 13. Assigned PCP;
 14. PCP effective date;
 15. PCP Phone Numbers;
 16. IPA Affiliation;
 17. Assigned Hospital; and
 18. Medicare Secondary Payer (MSP)
- F. When a Member visits their assigned PCP, Provider or Clinic, the PCP/Provider/Clinic must verify eligibility before rendering services. In addition to verifying eligibility, the PCP/Provider is encouraged to verify the Member's identity through a secondary identification, preferably with both a picture and signature. This may include but not be limited to driver's license, state, consular, or municipal identification.

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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) calendar 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 calendar 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) calendar 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. Because Member eligibility changes frequently, IEHP provides daily 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

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1. Eligibility Files

information see Attachment, “Eligibility Data File Transmission Schedule” in Section 7 of the EDI Manual).

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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 allows 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 NPI 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 “**Provider Login**” button.
 - 3. Enter NPI and Password.
 - 4. 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.
 - 5. There are several different search options to choose from to verify the Member’s eligibility:

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B. Eligibility Verification Methods

2. Eligibility Verification Options

- 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 Online Eligibility Verification System provides the following Member information:
1. Name;
 2. Effective Date with Primary Care Provider (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 IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347.

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

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B. Eligibility Verification Methods

2. Eligibility Verification Options

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.
- 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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Attachments

<u>DESCRIPTION</u>	<u>POLICY CROSS</u>
AEVS Alpha Codes	4B2

POLICY CROSS
REFERENCE

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	
1		2		3				
G 41	H 42	I 43	J 51	K 52	L 53	M 61	N 62	O 63
4		5		6				
P 71	R 72	S 73	T 81	U 82	V 83	W 91	X 92	Y 93
7		8		9				
*			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