
4. ELIGIBILITY AND VERIFICATION

A. Eligibility Verification

APPLIES TO:

A. This policy applies to all IEHP Medi-Cal 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. Neither the IEHP ID card nor the Benefit Identification Card (BIC) guarantees 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. For Medi-Cal Members, complete monthly eligibility information is received from Department of Health Care Services (DHCS) via an 834 electronic file transmission. In addition, DHCS provides daily electronic file transmission updates to the Member files which IEHP processes upon receipt.
- 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;

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A. Eligibility Verification

5. Member Address;
 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 (Medi-Cal, Open Access, etc.);
 13. Assigned PCP;
 14. PCP effective date;
 15. PCP Phone Numbers;
 16. IPA Affiliation;
 17. Assigned Hospital;
 18. Other Health Coverage (OHC) information.
- F. When a Member visits his/her 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 identification through a secondary means, such as a driver's license or state identification with both a picture and signatures.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	September 1, 1996
Chief Title: Chief Operating Officer	Revision Date:	January 1, 2022

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

1. Eligibility Files

APPLIES TO:

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

POLICY:

- A. IEHP processes eligibility data, including assigning a Primary Care Provider (PCP) and Hospital to each Member and updating Member demographics.
- B. Eligibility files created for Providers only contains those Members assigned to the Provider.
- C. IEHP places eligibility files for Delegated IPAs 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). See Policy 4B2, "Eligibility Verification Methods – Eligibility Verification Options."
- D. Because Member eligibility changes frequently, IEHP provides daily file updates. These file updates contain only changes within the Provider's network, **including** any updated eligibility or demographic information and *new Medi-Cal Members* received since the last file update.

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B. Eligibility Verification Methods

1. Eligibility Files

(For more detailed information see Attachment, “Eligibility Data File Transmission Schedule” in Section 7 of the EDI Manual)

- E. IEHP provides assigned rosters available online to contracted PCPs that are updated daily to reflect current eligibility.
- F. Member rosters are available on the IEHP website at www.iehp.org under the secure Provider log-in access.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	September 1, 1996
Chief Title: Chief Operating Officer	Revision Date:	January 1, 2022

4. ELIGIBILITY AND VERIFICATION

B. Eligibility Verification Methods

2. Eligibility Verification Options

APPLIES TO:

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

POLICY:

A. IEHP offers the Online Eligibility Verification System (OEVS) and Automated Eligibility Verification System (AEVS) for convenience in verifying 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 contacting the IEHP Provider Relations Team.

- 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:
 - a. **Social Security Number (SSN)/Client Index Number (CIN):** *Able to submit multiple requests at one time*

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B. Eligibility Verification Methods

2. Eligibility Verification Options

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. Assigned PCP;
14. Assigned Hospital;
15. Assigned IPA;
16. Co-Pay;
17. OHC
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 or (866) 223-4347.

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

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B. Eligibility Verification Methods

2. Eligibility Verification Options

A. AEVS - For Medi-Cal Members only.

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 (800) 440-4347.
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.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	September 1, 1996
Chief Title: Chief Operating Officer	Revision Date:	January 1, 2022

4. ELIGIBILITY AND VERIFICATION

C. Member Co-payments

APPLIES TO:

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

POLICY:

A. Medi-Cal Members do not have any co-payment and must not be charged for such.

PROCEDURE:

- A. IEHP Members are issued an IEHP ID card that identifies the co-payment.
1. Since an IEHP ID card does not guarantee eligibility, Providers must confirm Member eligibility before collecting a co-payment (refer to Policy 4A, “Eligibility Verification” for more information). Additionally, Providers 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.
- B. Members who present an IEHP ID card with co-payment amount listed as \$0 should not be charged a co-payment.
1. Providers must confirm whether co-payments are required when verifying eligibility.
 2. If the IEHP Web Page states that no co-payments are required, the Provider should not collect a co-payment regardless of what the IEHP ID card indicates.
 3. If the IEHP Web Page states that the Member has Other Health Coverage (OHC), the Provider must confirm whether co-payments are required when verifying eligibility with the OHC.
- C. Discrepancies regarding whether a co-payment is due should be directed to IEHP Member Services (800) 440-4347 while the Member is present.
- D. For Vision Benefits Only:
1. In the event that services are not covered under the IEHP Plan or are denied by IEHP as not being medically necessary, for example non-covered cosmetic contact lenses or non-Medi-Cal benefit frames, **the Provider must not charge the Member unless the Provider has obtained a written waiver from the Member.** The waiver must be obtained in advance of rendering services and must specify those non-covered services or services IEHP has denied as not being medically necessary and must clearly state that the Member is responsible for payment of those services (See Attachments, “Non Covered Services Waiver Form – English”, “Non Covered Services Waiver Form – Spanish”, “Non Covered Services Waiver Form - Chinese Traditional” and “Non Covered Services Waiver Form - Vietnamese” in Section 12).
 2. The form must be signed by both the Member and the Provider and be retained as part of the Member’s optometric record for a period of seven (7) years. In these cases, Providers

4. ELIGIBILITY AND VERIFICATION

C. Member Co-payments

cannot bill IEHP or Medi-Cal for the contact lens materials and fitting services or for frames purchase.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	July 1, 1998
Chief Title: Chief Operating Officer	Revision Date:	January 1, 2022

4. ELIGIBILITY AND VERIFICATION

Attachments

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

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