
3. ELIGIBILITY PROCESSING PROCEDURES

A. General Information

OVERVIEW:

- A. Accurate and timely eligibility information is a key concern of all Providers in the IEHP network. IEHP receives Medi-Cal eligibility information from DHCS via an 834 file on a monthly basis. DHCS provides daily electronic eligibility files to update the Member files during the course of each month. For IEHP's DualChoice CalMediConnect Plan (Medicare – Medicaid Plan) program, IEHP receives confirmed enrollment data from CMS on a daily basis via the Daily Transaction Reply Report (DTRR). Once confirmation is received from CMS on the DTRR, the information is uploaded.
- B. Recognizing that the network is comprised of Providers with existing systems employing varying technologies, IEHP has four methods of eligibility information distribution available to IEHP Providers:
 - 1. IEHP Website at www.iehp.org.
 - 2. Data Files transferred electronically via IEHP's Secure File Transfer Protocol (SFTP) server.
 - 3. Point of Service (POS) access for Providers who utilize the SpotCheck system from MediCheck, Inc.
- C. Data files offer the most comprehensive Member information available to Providers. The files include both eligibility and demographic data provided from the monthly and daily 834 and daily IEHP Enrollment Unit files.
- D. IEHP processes the information received and assigns a PCP (that is linked to an IPA) and Hospital to each Member based on Member choice or prior affiliation with a PCP. In the event that neither Member choice nor prior affiliation is definable, an auto assignment process is conducted to assign a PCP and a Hospital to the Member, taking into account Member demographic information, such as address, age, gender, and language preference. IEHP then creates an eligibility file for each Provider that contains only those Members assigned to that entity.
- E. Data files are placed on the SFTP server for each Provider. A full monthly file is provided by the 1st of each month. Weekly files, that contain updated information, are provided three (3) times a month. Providers are required to pick up their eligibility information from the SFTP server within three days of transmission by IEHP. IPAs are required to submit eligibility lists to their contracted PCPs by the 5th and 15th of each month for the current months' enrollment.
- F. Capitated Providers also receive a monthly electronic file with their capitation checks that identifies retroactive eligible Members (adds) and Members who are no longer assigned to that Provider (deletes).

3. ELIGIBILITY PROCESSING PROCEDURES

B. Data File Format

- A. The ELIGIBILITY Data File Format section details the Member eligibility information provided by IEHP once we have processed the Members in our system.
- B. Notes detailing the required data elements for each field are located behind the file format. An important item to notice is the Current Eligibility Status Code. This code can be an A, C, T, or N:
1. **A = Active** identifies existing Members or Members who were part of your organization last month (on both weekly and monthly files).
 2. **C = Change** identifies Members who have demographic changes or have changed PCPs, but remain assigned to your organization (on both weekly and monthly updates).
 3. **T = Termed** identifies Members who are no longer assigned to your organization (on both weekly and monthly updates) and new Members to IEHP who are on hold (on monthly file only).*
 4. **N = New** identifies Members who are newly assigned to your organization (on both weekly and monthly updates).

* Members on hold are identified if Element 27 of the Eligibility Data File Format “PHP Status” is 05, 55 or 59.

* 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.

* Some ancillary Providers may receive only “A” and “T” codes on the monthly and daily files.

3. ELIGIBILITY PROCESSING PROCEDURES

C. Naming Conventions

NAMING CONVENTIONS:

- A. The naming conventions for Eligibility files are as follows:
1. All file names start with the IEHP assigned one or two (1 or 2) character Provider sub-id number (see the attached table to identify your sub-id).
 2. The 3rd through 6th characters represent the month and year (MMYY).
 3. The extension is either:
 - a. ELG - Indicates a full monthly file, or
 - b. W## - Indicates a weekly update (where ## is the date of file extraction).

ELIGIBILITY FILE EXAMPLES:

- A. A full monthly eligibility file is distributed once each month after the FAME file from DHCS has been processed. This file lists all active Members, new Members, and termed Members. An example of the file naming conventions for the monthly eligibility file is **A0999.ELG**.
- B. The filename breakdown is:
1. **A** identifies the Provider (IPA) by their sub-id.
 2. **09** is for the month.
 3. **99** is the year.
 4. **ELG** indicates a monthly eligibility file.
- C. A file containing only updates to a Members eligibility status is transmitted weekly. An example of the file naming conventions for a weekly eligibility file is **011199.W17**.
- D. The file name breakdown is:
1. **01** identifies the Provider (Hospital) by their sub-id.
 2. **11** is for the month.
 3. **99** is the year.
 4. **W** indicates a weekly update file.
 5. **17** indicates the day of the month that the eligibility file was extracted.

3. ELIGIBILITY PROCESSING PROCEDURES

D. File Transmission

IEHP FILE PREPARATION FOR TRANSMISSION:

- A. Using Pretty Good Privacy (PGP), files are compressed and encrypted by IEHP. IEHP encrypts each file with the respective public key sent to us from each Provider. See Section II D, PGP Procedures - Questions and Answers section for clarification.

METHOD OF FILE TRANSMISSION:

- A. The compressed, encrypted files are transferred by IEHP using SFTP. The files are placed in the elig sub-directory of your home directory on the SFTP server. In our tests, a 50,000 Member file after encryption and compression was 1.9MB in size and transferred in less than twenty (20) minutes using a 14.4 modem.
- B. If you identify that the server is down, please contact the IEHP Help Desk at (909) 890-2025. If the server is down for forty-eight (48) hours, IEHP will contact you directly to establish an alternative method.

DECRYPTING THE FILE:

- A. Using PGP, GnuPG, or another OpenPGP standard compatible software package, Providers choose Decrypt, select the transmitted file, and then enter their Pass Phrase to decrypt the file.

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

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 2019	01/01/2019	01/11/2019	01/18/2019	01/25/2019
Feb 2019	02/01/2019	02/08/2019	02/15/2019	02/22/2019
Mar 2019	03/01/2019	03/08/2019	03/15/2019	03/22/2019
Apr 2019	04/01/2019	04/12/2018	04/19/2019	04/26/2019
May 2019	05/01/2019	05/10/2019	05/17/2019	05/24/2019
Jun 2019	06/01/2019	06/07/2019	06/14/2019	06/21/2019
Jul 2019	07/01/2019	07/12/2019	07/19/2019	07/26/2019
Aug 2019	08/01/2019	08/09/2019	08/16/2019	08/23/2019
Sep 2019	09/01/2019	09/06/2019	09/13/2019	09/20/2019
Oct 2019	10/01/2019	10/11/2019	10/18/2019	10/25/2019
Nov 2019	11/01/2019	11/08/2019	11/15/2019	11/22/2019
Dec 2019	12/01/2019	12/06/2019	12/13/2019	12/20/2019
Jan 2020	01/01/2020	01/10/2020	01/17/2020	01/24/2020

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

#	DATA ELEMENT	T Y P E	P O S	B Y T E S	FORMAT	DESCRIPTION
1	PCP ID	A	1	7	AXX9999	IEHP assigned PCP code. A=IPA, XX=Hospital, 9999=PCP code
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 aid code. (See note # 7)
8	Subscriber ID #	A	67	14	CCYYMMX(8)	The IEHP assigned # for the Member (see note # 8)
9	Last Name	A	81	15	X(15)	Member Last Name
10	First Name	A	96	10	X(10)	Member First Name
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 or F= Female
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	Language Code - Spoken	A	119	1	X	Identifies spoken language of Member (see note #16)
17	Language Code – Written	A	120	2	X	Identifies written language of Member (see note # 17)
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 (see note # 19)
20	C/O Address	A	142	26	X(26)	Member C/O address
21	Street Address	A	168	26	X(26)	Member Street address
22	City/State	A	194	26	X(26)	Member City and State
23	Zip Code + 4	A	220	9	X(9)	Member Zip Code
24	Mailing C/O Address (Pending)	A	229	26	X(26)	Member Mailing C/O address (Field will be passed but may not contain data)
25	Mailing Street Address (Pending)	A	255	26	X(26)	Member Mailing Street address (Field will be passed but may not contain data)
26	Mailing City/State (Pending)	A	281	26	X(26)	Member Mailing City/State (Field will be passed but may not contain data)
27	Mailing Zip Code + 4 (Pending)	A	307	9	X(9)	Member Mailing Zip Code (Field will be passed but may not contain data)

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E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

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	Previous Social Security Number	A	325	9	X(9)	This field consists of the previous SSN# as identified above or blank (see note #29)
30	CIN#	A	334	9	X(9)	CIN# (see notes#30)
31	Medicare Number	A	343	12	X(12)	Medicare Beneficiary Identifier (MBI) (See note # 31)
32	Alternate ID #	A	355	14	CCAAX(10)	Medicaid # for dual eligible's (see note # 32)
33	Prior Alternate ID #	A	369	14	CCAAX(10)	Medicaid # for dual eligible's (see note # 33)
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	Previous PCP code	A	387	7	AXX9999	IEHP assigned PCP code. A=IPA, XX=Hospital, 9999=PCP code (See note # 37)
38	Capitation Rate	N	394	7	X(7)	Category (See note#38)
39	Previous Subscriber ID #		401	14	CCYYMMX(8)	The previous IEHP assigned # 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	FILLER	N	428	133		Spaces from position 428 through 561
	TOTAL RECORD SIZE			561		

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

NOTES:

Data Element

Element: 3

Note #3: *CURRENT ELIGIBILITY STATUS CODE*

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

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

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

T = Termed (on both weekly and monthly updates) identifies Members who are no longer assigned to your organization.

N = New (on both weekly and monthly updates) identifies Members who are newly assigned 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"), the Effective Date could be any date of the month since the HK members can be effective any date of the year, including holidays and weekends.
2. If the member is Disenrolled/Termed (status "T"), the Effective Date will show the same date as the "Termination Date".
See "Term Date Logic" section below.
3. Effective Date field showing a date prior to the current date is due to demographic and/or Provider Changes.
4. Members are still active and new demographic information must be updated in the provider's member database.
5. HK effective dates might look like 20110115, since HK members can become eligible any day of the month.
6. Once a member is sent as a brand new member in a daily file, in the subsequent monthly file, the member's effective date is sent as the 1st of the new month. For instance, if the member was submitted with an active eligibility status with the effective date of 20121103 in the daily file, the member will be sent in the December 2012 file with the Effective

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E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

Date of 20121201.

Element: 5

Note #5: *TERMINATION DATE*

Term Date Logic – Applies to both Daily and Monthly Files

1. This field should always be populated with a date.
2. If it is an “Active” record noted with an “A”, the Term date is null.
3. 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.

Element: 6

Note #6: *GROUP*

#	Riverside County - Group	San Bernardino County - Group	Program	Description
1	RVC-MED	SBC-MED	Medi-Cal	Medi-Cal Only
2	RVC-MMD	SBC-MMD	Medi-Cal	Medi-Cal and Medicare eligible with IEHP Medi-Cal only.
3	RVC-CCI	SBC-CCI	Medi-Cal	Medi-Cal and Medicare eligible with IEHP Medi-Cal only.
4	RVC-CMC	SBC-CMC	Medicare	Cal-MediConnect Full Medicare
5	OTH-CMC	OTH-CMC	Medicare	Cal-MediConnect Full Medicare (CMS reporting the member with a State/County code not within Riverside or San Bernardino Counties)

Element: 7

Note #7: *AID CODE*

Please refer to the most current DHCS Aid Code Chart for Aid codes covered by IEHP under the Two Plan and CCI Models.

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E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

<http://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx>

Resources & Information- Aid Code Chart (PDF)

Element: 8

Note #8: SUBSCRIBER ID #

The Subscriber ID # is the IEHP assigned number for each Member. An example of a Subscriber ID # is 201101000001, a Medicare Subscriber ID# ends in 00. Ex 20110100000100.

Element: 14

Note #14: RACE CODE

1 - White	A – Amerasian	R – Guamanian
2 - Hispanic	C – Chinese	T – Laotian
3 - Black	H – Cambodian	U – Unknown
4 - Other Asian or Pacific Islander	J – Japanese	V – Vietnamese
5 - Alaskan Native or American Indian	K – Korean	X – Multiple Race
6 - Not a Valid value	M – Samoan	Z – Other
7 - Filipino	N – Asian Indian	
8 - No Valid Data Reported (MEDS generated)	P – Hawaiian	

Element: 15

Note #15: ETHNICITY CODE

1 - White	CL – Chilean	NC – Nicaraguan
2 - Hispanic	CO – Colombian	OL – Other Latino
3 - Black	CR – Costa Rican	P – Hawaiian
4 - Other Asian or Pacific Islander	CU – Cuban	PK – Pakistani
5 - Alaskan Native or American Indian	EE – Eastern European	PR – Puerto Rican
6 - Not a Valid value	ET – Ethiopian	PU – Peruvian
7 - Filipino	EU – Ecuadorian	R – Guamanian
8 - No Valid Data Reported (MEDS generated)	GT – Guatemalan	RS – Russian

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E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

9 – Not Reported	H – Cambodian (Khmer)	SA – South American
	HM – Hmong	SL – Sri Lankan
A – Amerasian	HT – Haitian	SV – Salvadoran
AA – African-American	ID – Indonesian	T – Laotian
AG – Argentinean	IQ – Iraqi	TA – Thai
AR – Arab	IR – Iranian	TN – Trinidadian
AI – American	J – Japanese	TW – Taiwanese (Chinese)
AM – Armenian	LT – Latino	V – Vietnamese
BG – Bangladeshi	M – Samoan	WE – Western European
BZ – Brazilian	MX – Mexican	Z – Other
C – Chinese	N – Asian Indian (India)	

Element: 16

Note #16: LANGUAGE CODE – SPOKEN

0 - American Sign Language	C - Other Chinese Languages	M – Polish
1 – Spanish	D – Cambodian	N – Russian
2 – Cantonese	E – Armenian	O - Default to 0 (zero)
3 – Japanese	F – Ilacano	P – Portuguese
4 – Korean	G – Mien	Q – Italian
5 – Tagalog	H – Hmong	R – Arabic
6 - Other non-English	I – Lao	S – Samoan
7 – English	J – Turkish	T – Thai
8 - No valid data reported	K – Hebrew	U – Farsi
9 – No valid data reported	L – French	V – Vietnamese
A - Other Sign Language		
B – Mandarin		

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

Element: 17

Note #17: LANGUAGE CODE – WRITTEN

7S – English Standard
7B – English Braille
7D – English Audio – CD
7E – English Electronic
7L – English Large Print
1S – Spanish Standard
1B – Spanish Braille
1D – Spanish Audio – CD
1E – Spanish Electronic
1L – Spanish Braille

Element: 19

Note #19: ALTERNATIVE PHONE NUMBER

This field may be blank.

Element: 24-27

Note #24-27:

MEMBER MAILING ADDRESS

This data will be provided at a later date. IEHP will be adding mailing address information at a later date.

Element: 28

Note #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 Medical.

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First digit begins with the number "8 or 9" and ends with a letter.

3. May be blank

Element: 29

Note #29: *PREVIOUS SOCIAL SECURITY NUMBER*

Previous SSN - Member previous SSN if available or 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 DualChoice for the current month have the MBI displayed in this field.

Element: 32

Note #32: *ALTERNATE ID #*

Medi-Cal and Medicare Members: The Member ID # is a 14 digit Medi-Cal # in the format of CC = County Code, AA = Aid Code, X = "9" + SSN or X = Case #, Family Budget Unit, and Person #.

Element: 33

Note #33: *PRIOR ALTERNATE ID #*

Medicare Members: The Member ID # is a 14 digit Medi-Cal # in the format of CC = County Code, AA = Aid Code, X = "9" + SSN or X = Case #, Family Budget Unit, and Person #.

Member ID # may be blank.

Element: 34

Note #34: *PART D*

If Member is active with Medicare Part D, it is indicated with a "D".

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E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

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: *PHP STATUS CODE*
MEDI-CAL

Element: 37

Note #37: *PREVIOUS PCP CODE*

This is populated if the eligibility status code is a C which indicates the previous provider if in the same IPA.

Element: 38

Note #38: *CAPITATION RATE*

Member capitation rate is based on Member Aid Code Category as indicated on Note#6. For more details on the capitation rate please refer to your IEHP Capitated Agreement.

Element: 39

Note #39: *PREVIOUS SUBSCRIBER #*

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 replaces the PCP ID indicated in Field #1 effective 06/01/2013.

Element: 41-44

Note #41-44: *LTSS*

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

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E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

#	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).