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## 4. ELIGIBILITY AND VERIFICATION

### A. Eligibility Verification

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#### **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 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 number of 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 4B, “Eligibility Verification Methods” for more information):
1. Eligibility files.
  2. IEHP website @ [www.iehp.org](http://www.iehp.org).
  4. State Automated Eligibility and Verification System (AEVS) (800) 456-2387 or [www.medi-cal.ca.gov/eligibility/login.asp](http://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
  3. Birth date
  4. Gender (female or male)

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## 4. ELIGIBILITY AND VERIFICATION

### A. Eligibility Verification

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5. Member Address
  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 (Medi-Cal, Open Access, etc.)
  14. Assigned PCP
  15. PCP effective date
  16. PCP Phone Numbers
  17. IPA Affiliation
  18. Assigned Hospital
  19. Claims billing address
- F. When a Member visits his/her assigned PCP, Provider, Clinic, or 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.

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 1. Eligibility Files

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##### **APPLIES TO:**

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

##### **POLICY:**

- A. IEHP processes eligibility data, including assigning a 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 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](http://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](http://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 FTP 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.
  - 3. 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](http://www.iehp.org), and the State's Automated Eligibility Verification

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 1. Eligibility Files

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System (AEVS). See Policy 4B2, “Eligibility Verification Methods – Eligibility Verification Options.” The eligibility file contains important information about the Member including:

- a. Eligibility status
- b. Assigned PCP
- c. Assigned Hospital
- d. Effective date
- e. Termination date (if applicable)
- f. Address
- g. Phone
- h. Language preference
- i. Birth date
- j. Race
- k. Ethnicity
- l. Gender
- m. Aid Code
- n. County Code
- o. Co-payment information
- p. Capitation Rate

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

- C. Because Member eligibility changes frequently, IEHP provides periodic file updates. These file updates contain only changes within the Provider’s network, **including** any updated information and *new Medi-Cal Members* received since the last file update.
- D. Providers must distribute eligibility lists, or have the lists available online to their contracted PCPs by the 5<sup>th</sup> and 15<sup>th</sup> of each month for the current month’s enrollment.
- E. Member rosters are available on the IEHP website at [www.iehp.org](http://www.iehp.org).

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 1. Eligibility Files

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 2. Eligibility Verification Options

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#### **APPLIES TO:**

- A. This policy applies to all IEHP Medi-Cal 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 alternative 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 contacting the IEHP Provider Relations Team.

- A. Providers can log onto IEHP's Provider portal at <https://ww3.iehp.org/en/providers/> to register an account to receive a login ID, 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.
  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. The IEHP's Web Page provides the following Member information:
1. Name
  2. Effective Date with PCP
  3. IEHP Identification Number
  4. Eligibility Status
  5. CIN Number
  6. Gender
  7. PCP Phone Number
  8. Date of Birth

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 2. Eligibility Verification Options

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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. Aid Code
  18. County Code
- E. Providers receive a verification number for every transaction using the Web Page.
- F. Access to OEVS requires your Provider ID and a Password. If you do not have a Login ID and Password, you can register online by clicking the “Secure Site Login” and then clicking “Register for a Login.”
- G. To Login to IEHP’s OEVS, follow the steps below:
1. Logon [www.iehp.org](http://www.iehp.org).
  2. Click the “**For Providers**” button.
  3. Click the “**Secure Site Login**” button.
  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*
    - 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*
- H. Providers can also access the IEHP formulary through the IEHP Web Page.

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## 4. ELIGIBILITY AND VERIFICATION

### B. Eligibility Verification Methods

#### 2. Eligibility Verification Options

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- I. Providers with any questions regarding the IEHP's Web Page should call an IEHP Provider Relations Team at (909) 890-2054.

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

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](http://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 EDS Provider Support Center 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 1<sup>st</sup> 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

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#### 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 or not 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.
- C. Discrepancies regarding whether or not 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” and “Non Covered Services Waiver Form – Spanish” at 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

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## 4. ELIGIBILITY AND VERIFICATION

### C. Member Co-payments

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

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## 4. ELIGIBILITY AND VERIFICATION

### Attachments

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

## 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<br>11<br>1 | Z<br>12 | A<br>21<br>2 | B<br>22      | C<br>23 | D<br>31<br>3 | E<br>32      | F<br>33 |         |
| G<br>41<br>4 | H<br>42 | I<br>43      | J<br>51<br>5 | K<br>52 | L<br>53      | M<br>61<br>6 | N<br>62 | O<br>63 |
| P<br>71<br>7 | R<br>72 | S<br>73      | T<br>81<br>8 | U<br>82 | V<br>83      | W<br>91<br>9 | X<br>92 | Y<br>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<br>Y<br>P<br>E | P<br>O<br>S | B<br>Y<br>T<br>E<br>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 ( <b>Pending</b> )    | A                | 229         | 26                    | X(26)      | Member Mailing C/O address (Field will be passed but may not contain data)          |
| 25 | Mailing Street Address ( <b>Pending</b> ) | A                | 255         | 26                    | X(26)      | Member Mailing Street address (Field will be passed but may not contain data)       |
| 26 | Mailing City/State ( <b>Pending</b> )     | A                | 281         | 26                    | X(26)      | Member Mailing City/State (Field will be passed but may not contain data)           |
| 27 | Mailing Zip Code + 4 ( <b>Pending</b> )   | A                | 307         | 9                     | X(9)       | Member Mailing Zip Code (Field will be passed but may not contain data)             |
| 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  |
|    | <b>TOTAL RECORD SIZE</b> |   |     | <b>561</b> |            |   |

**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 will be the 1<sup>st</sup> of the month.
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. 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 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.

<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             |
| 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<br>A - Other Sign Language<br>B – Mandarin | L – French | V – Vietnamese |
|---|------------|----------------|

**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:** ALERNATIVE 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. 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”..

**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**

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

**MEDICARE DUALCHOICE**

01 – Active Enrollment

61 – Active Enrollment – Enrollment Verified by CMS

05 – Enrollment Held – Pending Enrollment Verification

00 – Voluntary Disenrollment

## 09 – Mandatory Disenrollment

**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.

| #  | 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). |
|--|--|---|---|



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.

| <b>Calendar Month</b> | <b>MONTHLY Eligibility File (full file)</b> | <b>FIRST WEEKLY Eligibility File (updates only)</b> | <b>SECOND WEEKLY Eligibility File (updates only)</b> | <b>THIRD WEEKLY Eligibility File (updates only)</b> |
|-----------------------|---|---|--|---|
|                       | RUN DATE                                    | RUN DATE  | RUN DATE   | RUN DATE  |
| Jan 2019              | 01/01/2019                                  | 01/011/2019   | 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                                  | 04/12/2019  | 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  |