A. Financial Viability

1. IPA

APPLIES TO:

A. This policy applies to all IPAs participating in the Medicare product line contracted with IEHP.

POLICY:

A. IEHP complies with all regulatory requirements to protect its Members and Providers from the consequences of financial failure of an IEHP contracted IPA.

B. IEHP monitors the financial viability of all contracted IPAs and has established funding requirements to ensure all contracted IPAs are financially sound and can handle the risks associated with capitation.

C. IEHP requires all contracted IPAs to meet IEHP’s and DMHC’s financial viability standards/requirements for Risk bearing Organizations (RBOs) as stated within the California Code of Regulations Title 28 §1300.75.4.2 prior to Member assignment to the IPA’s PCPs and on an ongoing basis.

PROCEDURES:

A. Prior to entering into a contractual agreement with IEHP and annually thereafter, IPAs must submit their most current audited financial statements, and their most recent monthly and year-to-date financial statements comprising Balance Sheets, Income Statements, Cash Flow Statements and supporting worksheets for incurred, but not reported (IBNR) or IBNR certification by an independent, certified actuary mutually acceptable to IEHP. Additionally, the IPA must submit their required periodic financial and organizational information disclosures as stated in section 1300.75.4.2 of Title 28 California Code of Regulations of the Knox Keene Act as an RBO within five (5) business days after the due date. The financial statements must demonstrate that the IPA is financially viable and is able to meet IEHP’s and DMHC’s financial viability standards/requirements as referenced above. IEHP does not contract with IPAs that do not meet these standards.

B. On an ongoing basis, all contracted IPAs are required to submit to IEHP a copy of their financial statements comprising Balance Sheets, Income Statements, Cash Flow Statements and supporting worksheets for IBNR on a quarterly basis within forty-five (45) days of the end of each calendar quarter. Additionally, the IPA must submit their required periodic financial and organizational informational disclosures as stated in section 1300.75.4.2 of Title 28 California Code of Regulations of the Knox Keene Act as an RBO within five (5) business days after the due date. When requested, IPAs shall also provide written explanation within two (2) weeks substantiating any of the following (but not limited to):
19. FINANCE AND REIMBURSEMENT

A. Financial Viability
   1. IPA

   1. Cash & Cash Equivalents including Restricted Assets
   2. All Receivables – Current and Long Term
   3. All Liabilities – Current and Long Term, including IBNR
   4. Any Due To/From Shareholders/Partnership
   5. Any Intercompany or Related Transaction
   6. Revenues
   7. Medical Expenditures
   8. General and Administrative Expenditures

C. On an annual basis, all contracted IPAs are required to submit annual audited financial statements, including IBNR certification to IEHP for compliance review no later than one fifty (150) days after the end of the IPA’s fiscal year. Additionally, the IPA must submit their required periodic financial and organizational informational disclosures as stated in section 1300.75.4.2 of Title 28 California Code of Regulations of the Knox Keene Act as an RBO within five (5) business days after the due date.

D. Financial statements must clearly display the financial condition of the entity that holds the contract with IEHP. Submission of related party, affiliate, consolidated or parent company financials are not acceptable. Consolidating financial statements are only acceptable if the financial condition of the IEHP contracted entity is clearly documented and identified. Consolidating financial statements must clearly identify any intercompany transactions between related parties, affiliates or parent company.

E. IEHP will review the financial statements submitted by the IPAs to ensure the following IEHP financial viability standards/requirements are met at all times:
   1. Maintained a positive Tangible Net Equity (TNE) as defined in section 1300.76 of the Title 28 California Code of Regulations;
   2. Maintained a positive working capital calculated in a manner consistent with GAAP;
   3. The Current Ratio (the ratio of current assets to current liabilities) always exceeds 100%;
   4. Quick ratio is always greater than 1.0;
   5. Debt Coverage Multiple is always greater than 1.2;
   6. Cash to Claims Ratio is always 0.75 or greater;
   7. Medical Expense Ratio from 0.80 through 0.89;
   8. The plan must be notified if claims payable days outstanding is more than four (4) months;
A. Financial Viability

1. IPA

9. The plan must be notified if accounts receivable days outstanding is more than sixty (60) days;

10. Total Assets, (Net of Intangibles and/or Due from Officers, Directors, and Affiliates) as reported on the financial statements, shall fully fund Incurred But Not Reported (IBNR) claims;

11. IBNR calculation worksheets that support the amounts represented on the financial statements accompany all submissions. IPAs must also provide the following:
   a. The methodology used to calculate IBNR.
   b. The data and work papers to substantiate IBNR.
   c. Independent review and certification, if necessary, by:
      1) IEHP
      2) IPA’s Actuary

F. If for any reason the IPA’s Medical Expense ratio is above 0.89, as set forth in section E.7 of this policy, then the following will be required of the IPA:

1. Medical Expense Ratio greater than 0.89, up to 0.95 - IPA must submit monthly claim lag tables.

2. Medical Expense Ratio greater than 0.95 - IPA must submit the following documentation:
   a. Requirement noted above (in section F.1);
   b. As well as a monthly income statement with detailed explanations of the nature of the deficiency, the reasons for the deficiency, and any actions taken to correct the deficiency within fifteen (15) days of month-end close; and
   c. Increase the Letter of Credit (LOC) on file by the deficiency amount of the TNE.

G. IEHP reserves the right to request additional detailed work papers supporting account balances represented on the IPA’s or Management Service Organization’s (MSO) financial statements.

H. IEHP reserves the right to ask for more frequent financial reports and information upon written notice to the IPA, and making appropriate inquiries of the IPA’s key financial personnel during any review.

I. IEHP reserves the right to approve or deny use of a particular MSO by the IPA.
19. **FINANCE AND REIMBURSEMENT**

A. **Financial Viability**
   1. **IPA**

J. All contracted IPAs shall also have the ability to secure an Irrevocable Standby Letter of Credit (LOC) (See Attachment, “Irrevocable Letter of Credit” in Section 19), with IEHP as the beneficiary, prior to receiving Member enrollment, and quarterly thereafter. This requirement will be waived for IPAs having a Limited Knox-Keene license.

K. The LOC secured amounts generally are linked to the IPA’s combined ownership of IEHP enrollment as follows:

<table>
<thead>
<tr>
<th>IPA’s enrollment</th>
<th>Deposit Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to - 10,000</td>
<td>$100,000.00</td>
</tr>
<tr>
<td>10,001 - 20,000</td>
<td>$200,000.00</td>
</tr>
<tr>
<td>20,001 - 30,000</td>
<td>$300,000.00</td>
</tr>
<tr>
<td>30,001 - 40,000</td>
<td>$400,000.00</td>
</tr>
<tr>
<td>40,001 - 50,000</td>
<td>$500,000.00</td>
</tr>
<tr>
<td>50,001 – 60,000</td>
<td>$600,000.00</td>
</tr>
<tr>
<td>60,001 – 70,000</td>
<td>$700,000.00</td>
</tr>
<tr>
<td>70,001 – 80,000</td>
<td>$800,000.00</td>
</tr>
<tr>
<td>80,001 – 90,000</td>
<td>$900,000.00</td>
</tr>
<tr>
<td>90,001 plus</td>
<td>$1,000,000.00</td>
</tr>
</tbody>
</table>

L. Enrollment levels will be reviewed at the end of the reporting quarter, and LOC deposit amounts adjusted, as applicable, within thirty (30) days after the end of the reporting quarter.

M. In addition to securing an Irrevocable Standby LOC with IEHP as the beneficiary, IPAs are also required to establish a restricted cash reserve in the amount of 25% of the average monthly capitation revenue for the reporting quarter. This requirement will be waived for IPAs having a Limited Knox-Keene license.

N. In order to satisfy the restricted cash reserve requirement, IPAs have the following options:
   1. Secure an Irrevocable Standby Letter of Credit (LOC) designating IEHP as the beneficiary.
   2. Elect to have the monthly IPA capitation revenue adjusted by IEHP.

O. IEHP reserves the right to increase the LOC amount for an IPA failing to meet TNE requirements by the amount the IPA is deficient, which may be in addition to the deposit required based on enrollment.
19. FINANCE AND REIMBURSEMENT

A. Financial Viability
   1. IPA

P. IEHP reserves the right to increase the LOC amount for an IPA based on either the enrollment level or IBNR, whichever one is higher.

Q. Letters of Credit backed by an agreed upon future loan from a financial institution will require the IPA to submit a complete list of all LOCs on record with other Health Plan organizations. These LOCs should also be clearly listed and described in the notes to the financial statements.

R. Letters of Credit backed by funds deposited within a secured location such as a financial institution must remain in place for the entire contract year and for one hundred eighty (180) days after the contract expiration/termination.

S. If the IPA fails to meet any of the above referenced standards, IEHP may take the following actions:
   1. Freeze the IPA to new membership;
   2. Place the IPA in a contractual cure for breach of contract;
   3. Seize any capitation and/or monies owed and place the IPA under Financial Supervision until breach is cured;
      a. Financial Supervision to include:
         1) Withholding of monthly capitation
         2) Managing and releasing withheld capitation to the IPA to fund:
            • Administrative Expenses
            • PCP Capitation Payments
            • Claims Payments - limited specifically to months/DOS withheld capitation was intended for payment
         3) Reviewing financial statements, bank statements and/or other records to ensure payments are made
   4. Immediately terminate the IEHP/IPA Agreement for cause.

T. In the event an IPA fails to perform a financial covenant of its IEHP contract, IEHP may exercise its ability to draw down on the deposit or line of credit for its full amount.

U. The above procedures, including LOC Requirements, may be adjusted by other factors that provide similar financial security as determined by the IEHP Chief Executive Officer or designee of the IEHP Chief Executive Officer.

V. Upon request by IPA(s), at its sole discretion, IEHP may change/waive any/or part of the IPA Financial Viability Requirements as it deems necessary either globally or specific to an IPA.
19. FINANCE AND REIMBURSEMENT

A. Financial Viability
   1. IPA

REFERENCE:
A. Section 1300.75.4.2 of Title 28 California Code of Regulations of the Knox Keene Act.
19. FINANCE AND REIMBURSEMENT

A. Financial Viability

2. Hospital

APPLIES TO:

A. This policy applies to all Hospitals contracted with IEHP under a Capitated Agreement.

POLICY:

A. IEHP complies with all regulatory requirements to protect its Members from the consequences of financial failure of an IEHP contracted Hospital.

B. IEHP has established financial viability standards to ensure all Capitated Hospitals are financially sound and can handle the risks associated with capitation.

C. IEHP requires all Capitated Hospitals to meet IEHP’s financial viability requirements.

D. All financial viability requirements must be met prior to any assignment of Members to the Hospital with ongoing conformance with the requirement.

PROCEDURES:

A. Prior to entering into a contractual agreement with IEHP and annually thereafter, Capitated Hospitals must submit their most current audited financial statements comprising Balance Sheets, Income Statements, Statements of Cash Flow and supporting worksheets for Incurred, but Not Reported (IBNR) or IBNR certification by an independent, certified actuary mutually acceptable to IEHP. The financial statements must demonstrate that the hospital is financially viable and able to meet IEHP’s financial viability standards/requirements. IEHP does not enter into Capitated Agreements with Hospitals that do not meet these standards.

B. On an annual basis, Hospitals are required to submit a copy of their annual audited financial statements, including IBNR certification to IEHP for compliance review no later than one hundred fifty (150) days after the end of the Hospital’s fiscal year.

C. Financial statements must clearly display the financial condition of the entity contracted with IEHP. Subject to the following conditions, the submission of consolidated or parent company financial statements in good form are acceptable to IEHP. Consolidated financial statements are acceptable if the financial condition of the contracted entity is clearly stated. Typically, consolidating work papers supporting the consolidated statements are required. A parent company’s financial statements are acceptable in lieu of the contracted entity’s, if IEHP has accepted the parent company’s financial guarantee of the subsidiary.

D. IEHP reviews the financial statements submitted by the Hospital to ensure the following financial viability standards are met at all times:

1. Tangible Net Equity equals no less than $1 million at all times;
19. **FINANCE AND REIMBURSEMENT**

A. Financial Viability

2. Hospital

2. The Current Ratio (the ratio of current assets to current liabilities) always exceeds 100%; and

3. IBNR calculation worksheets that support the amounts on the financial statements accompany all submissions.

E. IEHP may request interim financial statements and supporting information upon written notice to the Hospital.

F. If the Hospital fails to meet any of the above referenced standards, IEHP may take the following actions:
   1. Freeze the Hospital to new membership;
   2. Place the Hospital in contractual cure for breach of contract;
   3. Seize any capitation and risk pool monies owed until breach is cured; or
   4. Immediately terminate the IEHP/Hospital Agreement for cause and convert to a Per Diem Agreement.

G. The above procedures may be adjusted by other factors that provide similar financial security as determined by the IEHP Chief Executive Officer or designee of the IEHP Chief Executive Officer.
19. FINANCE AND REIMBURSEMENT

B. Medicare Capitation
   1. IPA

APPLIES TO:

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

POLICY:

A. IEHP delegates the responsibility of providing medical services for its Members to its IPAs who are contracted with IEHP under a capitated arrangement. In exchange for these services IEHP makes monthly capitation payments to the IPA for Members assigned to that organization.

B. The amount of capitation is paid per contract on a percent of premium basis and is paid in full to the IPA for a specified list of services provided to an assigned Member. The list of services covered by capitation is described in the IEHP Capitated Agreement with the IPA.

C. Capitation is paid monthly to each IPA for all of their assigned Members. The payments are transferred via Electronic Funds Transfer (EFT) by the 16th day of each month and by the first day of each month following the month of service. Retroactive enrollment and disenrollment activities of assigned Members are automatically calculated and included in the monthly capitation payments.

D. Capitation is only paid for Members with active eligibility at the end of the prior month as noted on the file received from the Centers for Medicare & Medicaid Services (CMS).

E. It is the responsibility of the IPA to provide or arrange for services that are the financial responsibility of the IPA.

PROCEDURES:

A. IEHP calculates capitation payments per the contract for each IPA based on the current (new) month’s membership and any retroactive adjustments.

B. Capitation payments are transferred via EFT to the IPA no later than the 16th day of each month for the month of service. Retroactive enrollment and disenrollment activities of Members assigned to IPAs are automatically calculated and included in the monthly capitation payments.

C. Each month IEHP creates a capitation file containing all of the detail information from the capitation reports. These files are placed on the Secure File Transfer Protocol (SFTP) server by the first of the month for the prior month’s capitation, and by the 16th of the month for the mid-month capitation (for file format information see Attachment “Capitation Data File Format” in Section 19, or refer to the IEHP Provider Electronic Data Interchange (EDI) Manual).
D. To reconcile the amount paid each month, IPAs should review the electronic cap files and capitation reports provided by IEHP. (See Attachments, “Capitation Date File Format” in Section 19).
19. FINANCE AND REIMBURSEMENT

B. Medicare Capitation

2. IEHP Direct Providers

APPLIES TO:

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

POLICY:

A. IEHP delegates the responsibility of providing medical services for its Members to its PCPs who are contracted with IEHP under a capitated arrangement. In exchange for these services IEHP makes monthly capitation payments to the PCPs for Members assigned to that organization.

B. The amount of capitation paid is based on the Medicare HCC score and is paid in full to the PCP for a specified list of services provided to an assigned Member. The list of services covered by capitation is described in the IEHP Capitated Agreement.

C. Capitation is paid monthly to each PCP/Medical Group for all of their assigned Members. The payments are sent or transferred via Electronic Funds Transfer (EFT) by the first day of each month following the month of service. Retroactive enrollment and disenrollment activities of assigned Members are automatically calculated and included in the monthly capitation payments.

D. Capitation is only paid for Members with active eligibility at the end of the prior month as noted on the file received from the Centers for Medicare & Medicaid Services (CMS).

E. It is the responsibility of the PCP to provide or arrange for services that are the financial responsibility of the PCP.

PROCEDURES:

A. IEHP calculates capitation payments for each PCP based on the current (new) month’s membership and any retroactive adjustments.

B. Capitation payments are sent or transferred via EFT to the PCP no later than the first of each month following the month of service for all assigned Members. Retroactive enrollment and disenrollment activities of Members assigned to IPAs are automatically calculated and included in the monthly capitation payments.

C. Each month IEHP creates capitation files containing all of the detail information. These files are accessible from Secure Provider Website by the first of the month for the prior month’s capitation.

D. To reconcile the amount paid each month, PCPs should review the capitation reports provided by IEHP.
19. FINANCE AND REIMBURSEMENT

B. Medicare Capitation

2. IEHP Direct Providers
C. Pay For Performance

APPLIES TO:

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

POLICY:

A. The IEHP’s Pay for Performance Program (P4P), was designed to increase the provision of preventive health services to IEHP Members as well as improve HEDIS® results in the following areas:

1. To ensure that female IEHP Members receive annual Cervical Cytology Screening per current clinical guidelines that are appropriate to the needs and risk factors of Members.
2. To ensure that all pregnant IEHP Members receive timely prenatal and postpartum care assessments.
3. To ensure that all IEHP DualChoice Members receive timely annual visits with emphasis on chronic illness.

B. Under P4P, PCPs are only eligible to receive compensation for Medicare DualChoice Annual and Obstetrical/Gynecology (OB/GYN) Specialists are eligible to receive compensation directly from IEHP for Cervical Cancer Screening Perinatal Services and Postpartum Services.

C. Effective July 1, 2018, Immunizations and Well Child Visits components have retired. P4P includes the following four (4) only components:

1. Cervical Cancer Screening;
2. Perinatal Services;
3. Postpartum Services; and

D. PCPs and OB/GYN Specialists are automatically enrolled in P4P upon completion of IEHP’s credentialing process, designation of an effective date for participation in the IEHP network and initial Provider in-services completion. Request for Taxpayer Identification Number and Certification (Form W-9) information verified during the credentialing process will be used for remittance of P4P payment.

1. PCPs may only participate in Medicare DualChoice as applicable.
2. OB/GYN specialists may participate in the Cervical Cancer Screening, Perinatal and Postpartum Services components.

E. The PCP can only receive reimbursement for an active Member who is assigned to them on the date services are provided, unless otherwise specifically noted. OB/GYN
specialists receive reimbursement only if the Member is active with IEHP on the date of service.

F. Providers must submit online only at www.iehp.org. IEHP will not accept or reimburse initial paper submissions made via mail or fax except corrective resubmission only.

G. Cervical Cytology Screening component is submitted on CMS 1500 forms online only at www.iehp.org with the appropriate ICD code(s) and CPT code(s) and are processed for reimbursement within thirty (30) working days. Failure to submit completed forms online at www.iehp.org within two (2) months from the date of service will result in denial of reimbursement.

H. Perinatal and Postpartum Services components are submitted on the P4P Pregnancy Notification/Outcome Report (PNO) Form only (See Attachment, “Pregnancy Notification Form and Outcome Report” in Section 19) at www.iehp.org with the appropriate CPT codes for the specific prenatal visit and are processed for reimbursement within thirty (30) working days, if properly submitted and other required forms are attached as appropriate. Failure to submit completed forms online at www.iehp.org within one (1) month from the date of service will result in denial of reimbursement.

I. Cervical Cytology Screening reimbursement may be submitted using the same PNO form with the appropriate ICD code(s) and CPT code(s) during the PNO submission online only at www.iehp.org.

J. Medicare DualChoiceMedicare Annual Visit must be submitted online only at www.iehp.org using the appropriate form. All of the Member’s significant conditions/diagnoses must be assessed at the annual visit. Accurate clinical documentation and ICD coding reflecting the Member’s condition/diagnoses must be entered on the form, including appropriate assessments and plans. Completed annual visit forms must be submitted online to IEHP within two (2) months from the date of service and must meet IEHP’s submission standards to qualify for the incentive. Failure to submit completed forms within the required timeframes will result in denial of reimbursement.

K. IEHP conducts on-going audits of P4P Providers for compliance with Pay for Performance program requirements, including submission accuracy, completeness of forms, and supporting documentation in the Member’s medical record for P4P submissions.

PROCEDURES:

A. The following outlines each component included in the P4P Program, including participation details and reimbursement requirements.

1. Cervical Cancer Screening Component
19. FINANCE AND REIMBURSEMENT

C. Pay For Performance

a. Effective July 1, 2018, only OB/GYN specialists credentialed to see female Members 21 years of age and older, are eligible to participate in the Cervical Cancer Screening component.

b. Cervical Cytology Screening must include all of the components required by Policy 10B, “Adult Preventive Services.” A copy of the lab report must be retained in the Member’s record.

c. Providers report Cervical Cytology Screening by properly completing a CMS 1500 form online with the appropriate CPT and ICD code(s) (See Attachment, “Cervical Cytology Screening CPT Codes” in Section 19).

d. Completed CMS 1500 forms must be submitted online at www.iehp.org within two (2) months from the date of service in order to be eligible for reimbursement.

e. Providers are reimbursed $50.00 directly by IEHP for each Cervical Cytology Screening administered to an eligible Member.

f. Only one (1) exam per Member per year is eligible, regardless of the number of PCPs the Member has been enrolled with throughout the year.

g. Reimbursements are made within thirty (30) working days of properly submitted CMS 1500 forms online.

2. Perinatal Services Component

a. OB/GYN specialists credentialed for obstetrical privileges are eligible to participate in the Perinatal Services component.

b. Effective July 1, 2018, OB/GYN Specialists are reimbursed directly by IEHP for the Perinatal Services component of the initial visit for each eligible Member based on the time of visit.

1) $200.00 if the date of service for the initial visit is in the 1st trimester.

2) $75.00 if the date of service for the initial visit is in the 2nd trimester.

3) $75.00 if the date of service for the initial visit is in the 3rd trimester.

c. To receive reimbursement for the initial visit, Providers must submit a completed Pregnancy Notification/Outcome Report (PNO) with the appropriate CPT and ICD codes for the specific prenatal visit (See Attachment, “Perinatal Services Codes” in Section 19). PNOs must be submitted online only at www.iehp.org within one (1) month from the date of service in order to be eligible for reimbursement.
19. FINANCE AND REIMBURSEMENT

C. Pay For Performance

d. To receive reimbursement for Cervical Cytology Screening using the PNO form, Providers must submit a completed PNO form with the appropriate ICD code(s) and CPT code(s) during the PNO submission only at www.iehp.org.

e. Reimbursements are made within thirty (30) working days of properly submitted PNO form as referenced. Failure to submit completed forms within the required timeframes will result in denial of reimbursement.

3. Postpartum Services

a. Only credentialed OB/GYN Specialists are eligible to participate in the Postpartum Services component.

b. OB/GYN Specialists are reimbursed directly by IEHP for one Postpartum assessment performed to a postpartum Member within three (3) to eight (8) weeks after delivery.

c. To receive reimbursement for the postpartum visit, OB/GYN Specialists must submit a completed Pregnancy Notification/Outcome Report Form (PNO) (See Attachment, “Pregnancy Notification Form and Outcome Report” in Section 19) with the appropriate CPT and ICD code(s) (See Attachment, “Postpartum Services Codes” in Section 19) indicating a postpartum visit. Pregnancy Notification Form and Outcome Report must be submitted online only at www.iehp.org within one (1) month from the date of service in order to be eligible for reimbursement.

d. OB/GYN Specialists are reimbursed $200 directly by IEHP for a postpartum visit administered to an eligible Member.

e. Reimbursements are made within thirty (30) working days of a properly submitted PNO form online.

4. Medicare DualChoice Annual Visit

a. Any credentialed IEHP PCP participating in IEHP DualChoice Program are eligible to participate in the Medicare DualChoice Annual Visit component.

b. Only IEHP DualChoice Members are eligible for the Medicare DualChoice Annual Visit.

c. The goal of the Medicare DualChoice Annual Visit component is to ensure that IEHP DualChoice Members receive timely annual visit with emphasis on chronic illness.

d. Participating PCPs must record significant chronic diagnoses and document history and physical findings related to these diagnoses in the medical record.
19. **FINANCE AND REIMBURSEMENT**

C. **Pay For Performance**

- **e.** The new individual Member specific IEHP DualChoice form is available through the Member Eligibility Webpage. A copy of this form must be printed prior to the Member’s visit.

- **f.** Participating PCPs must review the Diagnosis Review sections of the Medicare DualChoice Annual Visit form. The conditions need to be confirmed, identified with the appropriate ICD code(s) and noted with its respective assessment/plan.

- **g.** Participating IEHP Direct PCPs are paid $200 and non-IEHP Direct PCPs are paid $100 for each annual Visit they provide to an eligible IEHP DualChoice Member. The incentive is paid in addition to your FFS visit reimbursement or your capitated PCP agreement.

- **h.** Only one (1) exam per year qualifies for this incentive, regardless if the IEHP DualChoice Program Member has had several PCPs and multiple exams.

- **i.** Annual visit performed must be submitted online at [www.iehp.org](http://www.iehp.org) and indicate the appropriate ICD codes for the visit within two (2) months from date of service. Failure to submit within the required timeframe may result in non-reimbursement.

- **j.** Reimbursements are made within thirty (30) working days of receipt of a complete Medicare DualChoice Annual form submitted online.

B. **Corrective Resubmissions**

1. Except for corrective resubmission, IEHP will not accept or reimburse initial paper submissions made by fax or mail.

   - **a.** Corrections to your PNOs, and Medicare DualChoice Annual Visits must be submitted to IEHP within sixty (60) days of your initial electronic submission to IEHP.

   - **b.** Any corrections received after sixty (60) days from the date of submission are not eligible for incentive.

   - **c.** Mail your corrections to:

     
     IEHP – Quality Informatics  
P.O. Box 1800  
Rancho Cucamonga, CA 91729-1800

C. **P4P Reports**

1. Providers can print summary remittance advice reports with each payment distribution (See Attachments, “Remittance Advice – Perinatal,” “Remittance Advice – Cervical Cytology Screening,” “Remittance Advice – Immunizations and Well Child Visit,” and “Remittance Advice – Medicare DualChoice Annual...
19. FINANCE AND REIMBURSEMENT

C. Pay For Performance

Visit” in Section 19). To access Remittance Advice (RAs) online, log on to the secure site login at www.iehp.org.

2. Detailed activity reports are also included with reimbursements made for the Well Child and Immunization components (See Attachment, “P4P Detail Activity Report – Medicare” in Section 19).

D. P4P Audit Process

1. IEHP conducts on-going audits of P4P Providers for compliance with P4P requirements, including submission accuracy, completeness of forms and supporting documentation in the Member’s medical record for submitted reimbursement.

2. Providers are notified in writing approximately two (2) weeks prior to the targeted audit date. IEHP follows up with a phone call to schedule the audit.

3. IEHP provides the names of the Members’ charts to pull two (2) days prior to the scheduled audit.

4. On-site, IEHP reviews the medical record to confirm the following:
   c. Lab result for Cervical Cytology Screening must be in the chart for the date of service billed.
   d. Cervical Cytology Screening is completed during a routine visit and/or include all of the components required by IEHP.

5. IEHP provides the Provider with written notice of the findings within thirty (30) days of the audit date. Providers have thirty (30) days to respond to the findings.

6. Providers not responding to CAP requests are subject to removal from participation in P4P.

7. Depending on the nature and severity of the findings and the Provider’s response, IEHP may take action against the Provider up to and including, but not limited to:
   a. Recoupment of all or a portion of the incentives paid under P4P for services deemed inappropriately performed and reimbursed.
   b. Removal from participation in P4P.
   c. Referral to the Peer Review Subcommittee and/or IEHP’s Fraud Prevention Committee.
   d. Removal from participation in the IEHP network.

8. Providers removed from P4P for non-response to CAP requests or because of the severity of the findings may appeal the removal decision by submitting a written appeal to IEHP as stated in Policy 16B2, “Grievance and Appeal Resolution Process for Providers - Health Plan.”
19. FINANCE AND REIMBURSEMENT

C. Pay For Performance

9. Providers removed from P4P may not re-apply for participation for six (6) months. Providers removed from P4P more than twice are prohibited from future participation.

E. P4P Appeals

1. P4P Providers of service must submit P4P Appeals or Inquiries online only at www.iehp.org within six (6) months of the date of denial. Providers should be able to click on the “A” for Appeal form next to any denied P4P component submission. The appeal form provides you reason for denial.

2. Required information must include the specific services the Provider is appealing or inquiring and the reason the appeal should be considered in the Comments Section of the Appeal form. Incomplete information may cause a delay in the resolution of your Appeals or Inquiry.

3. IEHP must identify and acknowledge the receipt of all P4P appeals within five (5) working days of receipt of a written appeal.

4. IEHP must resolve P4P appeals and issue a written determination and disposition within forty-five (45) working days of receipt of an appeal.

F. Future Changes to P4P Program

1. IEHP reserves the right to change any component of this Program at any time.

2. All decisions regarding the rules, requirements and compensation under the Program are at the sole discretion of IEHP.
19. FINANCE AND REIMBURSEMENT

D. IPA Financial Supervision

APPLIES TO:

A. This policy applies for all IPAs contracted with IEHP.

POLICY:

A. IEHP complies with all regulatory requirements to protect its Members and Providers from the consequences of financial failure of an IEHP contracted IPA.

B. IEHP requires all contracted IPAs to meet IEHP’s and California Department of Managed Health Care’s (DMHC) financial viability standards/requirements for Risk Bearing Organizations (RBOs) under section 1300.75.4.2 of Title 28 California Code of Regulations of the Knox Keene Act prior to assignment of Members to the IPA’s PCPs and on an ongoing basis.

C. IEHP monitors the financial viability of all contracted IPAs and has established funding requirements to ensure all contracted IPAs are financially sound and can handle the risks associated with capitation.

D. IEHP shall place IPAs under the financial supervision program in the event an IPA is in breach of its contract with IEHP due to non-compliance with IEHP’s financial viability standards and/or with the above-mentioned California regulation requirements.

PROCEDURES:

A. For IPAs failing to meet IEHP’s financial viability standards and/or with section 1300.75.4.2 of Title 28 California Code of Regulations of the Knox Keene Act requirements, shall be required to complete a Corrective Action Plan (CAP). The CAP shall include a timeline for when the IPA shall come into compliance with the financial viability requirements. IEHP shall place the IPA under Financial Supervision until breach is cured.

B. IPAs under Financial Supervision due to contractual breach may be subject to any or all of following actions at IEHP’s discretion:

1. Freeze to new membership
2. Withholding of monthly capitation revenue and other monies owed to the IPA
3. Managing and releasing withheld capitation and other monies owed to the IPA to fund:
   a. Administrative Expenses funded monthly as specified in the IPA/Management Services Organization (MSO) contract.
19. FINANCE AND REIMBURSEMENT

D. IPA Financial Supervision

b. PCP Capitation Payments for IEHP enrollees funded monthly for the current capitation period based on submission of a check run.

c. Fee-For-Service (FFS) claims payments for professional services rendered to IEHP enrollees funded monthly or at other intervals to coincide with IPA check runs limited specifically to months/date-of-service (DOS) withheld capitation was intended for payment.

d. Any other legitimate business expense subject to approval by IEHP.

4. Withdrawal of the funds available in the Standby Letter of Credit (LOC).

5. Immediate termination as stated in the IPA contract.

C. Any exceptions to the above including the limitation for FFS payments to fund existing claims run-out (IBNR) must be approved by IEHP.

D. Any remaining funds resulting from the implementation of the Financial Supervision may be netted against any claims expenses paid by IEHP for that IPA.

E. IEHP shall be review financial and other statements, including bank statements and/or other records to ensure payments are made and checks have been cleared.

REFERENCE:

A. Section 1300.75.4.2 of Title 28 California Code of Regulations of the Knox Keene Act.
## 19. FINANCE AND REIMBURSEMENT

### Attachments

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>POLICY CROSS REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capitation Data File Format</td>
<td>19B1</td>
</tr>
<tr>
<td>Cervical Cytology Screening CPT Code</td>
<td>19C</td>
</tr>
<tr>
<td>Irrevocable Letter Of Credit</td>
<td>19A1</td>
</tr>
<tr>
<td>Perinatal Services Codes</td>
<td>19C</td>
</tr>
<tr>
<td>Postpartum Services Codes</td>
<td>19C</td>
</tr>
<tr>
<td>Pre-Existing Pregnancy Submission Form Instructions</td>
<td></td>
</tr>
<tr>
<td>Pre-Existing Pregnancy Submission Form Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Pregnancy Notification Form and Outcome Report</td>
<td>19C</td>
</tr>
<tr>
<td>Remittance Advice – Cervical Cytology Screening</td>
<td>19C</td>
</tr>
<tr>
<td>Remittance Advice – Medicare DualChoice Annual Visit</td>
<td>19C</td>
</tr>
<tr>
<td>Remittance Advice – Perinatal</td>
<td>19C</td>
</tr>
<tr>
<td>#</td>
<td>DATA ELEMENT</td>
</tr>
<tr>
<td>----</td>
<td>--------------------</td>
</tr>
<tr>
<td>1</td>
<td>Capitation Month</td>
</tr>
<tr>
<td>2</td>
<td>Eligibility Month</td>
</tr>
<tr>
<td>3</td>
<td>Hospital Number</td>
</tr>
<tr>
<td>4</td>
<td>Hospital Name</td>
</tr>
<tr>
<td>5</td>
<td>IPA</td>
</tr>
<tr>
<td>6</td>
<td>IPA Name</td>
</tr>
<tr>
<td>7</td>
<td>Tax ID</td>
</tr>
<tr>
<td>8</td>
<td>Provider Number</td>
</tr>
<tr>
<td>9</td>
<td>Provider Last Name</td>
</tr>
<tr>
<td>10</td>
<td>Provider First Name</td>
</tr>
<tr>
<td>11</td>
<td>Member Last Name</td>
</tr>
<tr>
<td>12</td>
<td>Member First Name</td>
</tr>
<tr>
<td>13</td>
<td>Member Middle Initial</td>
</tr>
<tr>
<td>14</td>
<td>Member Number</td>
</tr>
<tr>
<td>15</td>
<td>Member Age</td>
</tr>
<tr>
<td>16</td>
<td>Member Aid Code</td>
</tr>
<tr>
<td>17</td>
<td>Member Gender</td>
</tr>
<tr>
<td>18</td>
<td>Member CIN</td>
</tr>
<tr>
<td>19</td>
<td>Member SSN</td>
</tr>
<tr>
<td>20</td>
<td>Member Group</td>
</tr>
<tr>
<td>21</td>
<td>Member Category of Aid</td>
</tr>
<tr>
<td>22</td>
<td>Member DOB</td>
</tr>
<tr>
<td>23</td>
<td>Plan Code</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>24</td>
<td>Paid</td>
</tr>
<tr>
<td>25</td>
<td>Enrollment</td>
</tr>
<tr>
<td>26</td>
<td>HCCA</td>
</tr>
<tr>
<td>27</td>
<td>HCCB</td>
</tr>
<tr>
<td>28</td>
<td>Band Begin</td>
</tr>
<tr>
<td>29</td>
<td>Band End</td>
</tr>
<tr>
<td>30</td>
<td>LOB</td>
</tr>
<tr>
<td>31</td>
<td>Pay Code</td>
</tr>
</tbody>
</table>
NOTES

Data Element

Element: 14
Note # 14: Member Number
The Member Number is the IEHP assigned number for each Member. An example of a Member Number is 19960900000100. Medi-Cal Members that became IEHP eligible in 9/96 have a Member Number that matches their original Medi-Cal #.

Element: 18
Note # 18: Member CIN
Client Index Number.
A state assigned number to identify Medi-Cal Members. The first eight characters are numeric and the last character is alpha.

Element: 19
Note # 19: Member SSN
A nine-digit number that is the primary and unique Member identifier.

For Medi-Cal Members, this field consists of one of the two numbers:
  SSN - Member SSN, or
  PSEUDO - This number appears in this field if no SSN is available as provided by 834 File. First digit begins with the number "8" or "9" and ends with a letter.

  CIN – Member Client Index Number if no SSN is available.

The following aid codes are covered aid codes by IEHP.

Element: 16 & 21
Note # 16 & 21: Member Aid Code and Member Category of Aid
<table>
<thead>
<tr>
<th>LTC</th>
<th>MEDICAL</th>
<th>MCE</th>
<th>MEDICARE Dual Over 21</th>
<th>MEDICARE Dual Under 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>01</td>
<td>20</td>
<td>10</td>
<td>5C</td>
</tr>
<tr>
<td>23</td>
<td>02</td>
<td>24</td>
<td>14</td>
<td>7U</td>
</tr>
<tr>
<td>53</td>
<td>03</td>
<td>26</td>
<td>16</td>
<td>L1</td>
</tr>
<tr>
<td>63</td>
<td>04</td>
<td>27</td>
<td>17</td>
<td>M1</td>
</tr>
<tr>
<td></td>
<td>06</td>
<td>2E</td>
<td>1E</td>
<td>H1</td>
</tr>
<tr>
<td></td>
<td>07</td>
<td>2H</td>
<td>1H</td>
<td>H2</td>
</tr>
<tr>
<td></td>
<td>08</td>
<td>36</td>
<td>1X</td>
<td>H3</td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>0N</td>
<td>1Y</td>
<td>H4</td>
</tr>
<tr>
<td></td>
<td>32</td>
<td>0P</td>
<td></td>
<td>H5</td>
</tr>
<tr>
<td></td>
<td>33</td>
<td>60</td>
<td></td>
<td>E6</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>64</td>
<td></td>
<td>E7</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>66</td>
<td></td>
<td>M5</td>
</tr>
<tr>
<td></td>
<td>37</td>
<td>67</td>
<td></td>
<td>T1</td>
</tr>
<tr>
<td></td>
<td>38</td>
<td>6A</td>
<td></td>
<td>T2</td>
</tr>
<tr>
<td></td>
<td>39</td>
<td>6C</td>
<td></td>
<td>T3</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>6E</td>
<td></td>
<td>T4</td>
</tr>
<tr>
<td></td>
<td>42</td>
<td>6G</td>
<td></td>
<td>T5</td>
</tr>
<tr>
<td></td>
<td>43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>6J</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>46</td>
<td>6N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>47</td>
<td>6P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>49</td>
<td>6R</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>54</td>
<td>6W</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>59</td>
<td>6V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>4L</td>
<td>0W</td>
<td></td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>4M</td>
<td>6X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>83</td>
<td>4N</td>
<td>6Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>87</td>
<td>4S</td>
<td>7L</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4T</td>
<td>L6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4U</td>
<td>0L</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4W</td>
<td>0M</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0R</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Element:  25
Note # 25:  Enrollment
Each Member that capitation is paid for is counted as an enrollment of one (1). If we have to take back capitation that we previously paid for a Member (decapitation) the enrollment count for that Member is –1. The field “Enrollment” stands for either a positive enrollment (1) or a negative enrollment count (-1) or enrollment of 0.

Element:  31
Note # 31:  Pay Code
Pay Code consists of three possible values P1, P2 or Null (blank). P1 is for payments made on the 16th for the paid Capitation month.
P2 and Nulls are for payments made at the end of the Capitation month.

P1=Mid-Month
NULL, P2= End of Month
The following is the CPT Code to be used when submitting CMS 1500s/UB92s for the Cervical Cytology Screening Component of the Pay for Performance Program

<table>
<thead>
<tr>
<th>P4P CPT CODE</th>
<th>P4P Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88141</td>
<td>Cervical Cytology Screening</td>
</tr>
</tbody>
</table>
IRREVOCABLE STANDBY LETTER OF CREDIT FOR INCLUSION IN THE PROVIDER NETWORK OF THE INLAND EMPIRE HEALTH PLAN

BENEFICIARY: Inland Empire Health Plan

Governing Board
10801 Sixth Street, Suite 120
Rancho Cucamonga, CA 91730

APPLICANT: (IPA)

AMOUNT: ______________________ (USD)

DATE AND PLACE OF EXPIRY: ______________________

LETTER OF CREDIT NO.: ______________________

[Identification]

Re: Irrevocable Standby Letter of Credit delivered as security for Inclusion of ________ (IPA) in the Medical Provider Network of the Inland Empire Health Plan (“Agency”)

Members of the Board:

We hereby establish our Irrevocable Standby Letter of Credit in your favor available for payment by your draft(s) at sight drawn on ________ (Name and Place of Financial Institution) ________ ; and accompanied by documents as specified below:

1. This original Irrevocable Standby Letter of Credit and any amendments thereto.
2. A signed and dated certification worded as follows:
   “The Undersigned, the Chief Executive Officer, or Designee of the Chief Executive Officer, of the Inland Empire Health Plan, hereby certifies that there exists unpaid liabilities incurred by the IPA on behalf of an IEHP member, the terms of the capitation IPA agreement with IEHP are breached, and the time frame to cure said breach have been exhausted.”

Special Conditions:
1. Partial Drawing allowed.
2. Multiple presentations allowed.
3. It is a condition of this Irrevocable Standby Letter of Credit that it shall be deemed automatically extended without amendment for additional period of one (1) year periods from the present or any future expiration date, not to exceed four (4) additional years after the initial term, unless, at least ninety (90) days prior to any expiration date ________ (Name of Financial Institution) ________ shall notify the beneficiary, Inland Empire Health Plan, Governing Board in writing by overnight courier service at the above address, that we elect not to extend this letter of credit for any such additional period. Upon such
Attachment 19 – Irrevocable Letter of Credit

notice, you may draw, at any time prior to the expiration date, up to the full amount then available. The parties agree that upon the passage of a five (5) year term, a new Irrevocable Standby Letter of Credit shall be issued on behalf of the Inland Empire Health Plan on the same terms and subject to the same conditions herein.

We hereby guarantee you that all drafts drawn under and in compliance with the terms and conditions of this Irrevocable Standby Letter of Credit shall be duly honored if presented for payment at the office of _____ (Financial Institution)_______ on or before the expiration date of this Irrevocable Standby Letter of Credit.

Except so far as otherwise expressly stated, this Irrevocable Standby Letter of Credit is issued subject to the International Standby Practices 1998 (“ISP98”), ICC Publication no. 590. This Letter of Credit shall be deemed to be a contract made under the law of the State of California and shall, as to matters not governed by ISP98, be governed by and construed in accordance with the law of such State without regard to any conflicts of law provisions.

(Name of Financial Institution)

By:__________________________________

__________________________________

By:__________________________________

__________________________________
The following are the CPT Codes to be used when submitting CMS 1500s/UB92s for the Perinatal Services Component of P4P

<table>
<thead>
<tr>
<th>P4P CPT CODES</th>
<th>P4P Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z1032</td>
<td>Initial Prenatal Assessment 1&lt;sup&gt;st&lt;/sup&gt; Trimester</td>
</tr>
<tr>
<td>Z1032</td>
<td>Initial Prenatal Assessment 2&lt;sup&gt;nd&lt;/sup&gt; Trimester</td>
</tr>
<tr>
<td>Z1032</td>
<td>Initial Prenatal Assessment 3&lt;sup&gt;rd&lt;/sup&gt; Trimester</td>
</tr>
</tbody>
</table>
The following is the CPT Code to be used when submitting CMS 1500 for the Postpartum Services Component of P4P

<table>
<thead>
<tr>
<th>P4P CPT CODES</th>
<th>P4P Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z1038</td>
<td>Postpartum Assessment</td>
</tr>
</tbody>
</table>
Pre-Existing Pregnancy Submission Form

Sample Data Entry

1. Date P3 form submitted.
2. Name of Hospital or IPA submitting form.
3. Preferred address for payment.
4. Submitting Hospital or IPA Tax Identification Number.
5. Name of person submitting form.
6. Phone Number and extension of contact.
7. Name of mother
8. Mother's Social Security Number. (May use IEHP or Medi-Cal number if unavailable).
9. Date mother eligible with IPA or Hospital.
10. Baby's Date of Birth
11. Name of Delivering Hospital

IEHP Use Only

Member's Name | Member's ID | Provider Effective | Baby's DOB | Place of Delivery | IEHP Effective | Eligible for Reimbursement?
--- | --- | --- | --- | --- | --- | ---
1. Sara Moore | 555 66 7777 | 12/2/98 | 12/20/98 | Hospital Medical Center
2. 
3. 
4. 
5. 
6. 
7. 

Attachment 19 - Pre-Existing Pregnancy Submission Form Instructions
### PRE-EXISTING PREGNANCY PROGRAM (P3)

<table>
<thead>
<tr>
<th>Member's Name</th>
<th>Member's ID</th>
<th>Provider Effective</th>
<th>Baby's DOB</th>
<th>Place of Delivery</th>
<th>IEHP Effective</th>
<th>Eligible for Reimbursement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IEHP Use Only**

- Verified _____________
- Approved _____________
- Input _____________
- PV# _________________

**ACCOUNTING USE ONLY:**
PERINATAL PROGRAM
Pregnancy Notification Form /Outcome Report

DIRECTIONS FOR COMPLETION:

A. **Pregnancy Notification Report**: complete and mail with HCFA 1500 Form within 14 days of the initial prenatal visit. This visit should include, but not be limited to, medical history, physical, cervical cytology screening, chlamydia cultures and other appropriate prenatal labs.

B. **Pregnancy Outcome Report**: complete and mail with HCFA 1500 Form within 14 days of postpartum visit.

**Please send report(s) to:**
Inland Empire Health Plan
CLAIMS
PO Box 4349
Rancho Cucamonga, CA 91729-4349

<table>
<thead>
<tr>
<th>MEMBER/PROVIDER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Name</td>
</tr>
<tr>
<td>IEHP#/SSN</td>
</tr>
<tr>
<td>DOB</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
</tr>
</tbody>
</table>

**A. PREGNANCY NOTIFICATION REPORT (to be completed at initial prenatal visit)**

Date of prenatal visit ________________  
EDC ________________  
G ____________  
P ____________

Cervical Cytology Screening o  
Chlamydia o  
Initial Risk Assessment o

**HIGH RISK CONDITIONS**

Maternal age _____ <17 or >34  
Diabetes o  
Type

Multiple Pregnancy ____________  
HTN o  
Thyroid Disease o  
Smoker o  
Packs a day? _______

Cardiac Disease ____________  
Drug Abuse o  
ETOH Abuse o  
Other o

**PREVIOUS PREGNANCY HISTORY**

History of Pre-term labor o  
History of low birth weight o  
Other o

History of fetal demise, stillborn or neonatal death o  
History of pre-eclampsia/toxemia o

**B. PREGNANCY OUTCOME REPORT (to be completed after delivery)**

Delivery date __________________  
Delivery physician

Gestational age at delivery ______  
Number of OB appointments ____________

Birth Weight ____________

**TYPE OF DELIVERY**

Vaginal o  
C-Section o  
VBAC o

Repeat C-Section o  
C-Section for failed o  
VBAC o

Maternal death Yes o  
No o

Fetal death Yes o  
No o

Revised: 7/01/2017
<table>
<thead>
<tr>
<th>Claim #</th>
<th>Line Of Business</th>
<th>DOB</th>
<th>Service Date From</th>
<th>Proc</th>
<th>Mod</th>
<th>Qty</th>
<th>Amount Billed</th>
<th>Amount Allowed</th>
<th>Not Covered</th>
<th>Copay Amount</th>
<th>Deduct Amount</th>
<th>Withhold Amount</th>
<th>Not Paid $</th>
<th>Reason</th>
<th>Copay</th>
<th>Deduct</th>
<th>Other Carr</th>
<th>Adjust</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234567895456-00</td>
<td>MEDICAL</td>
<td>03/24/2017</td>
<td>09/30/2018</td>
<td>99212</td>
<td>1</td>
<td></td>
<td>$120.00</td>
<td>$19.75</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.20</td>
<td>$0.00</td>
<td>H RECEIVED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$120.00</td>
<td>$19.75</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.20</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1234567895456-00</td>
<td>MEDICAL</td>
<td>08/18/1977</td>
<td>12/18/2017</td>
<td>88141</td>
<td>P</td>
<td>1</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>P PAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1234567895456-00</td>
<td>MEDICAL</td>
<td>07/05/1988</td>
<td>01/24/2018</td>
<td>88141</td>
<td>P</td>
<td>1</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>P PAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1234567895456-00</td>
<td>MEDICAL</td>
<td>07/20/1978</td>
<td>01/26/2018</td>
<td>88141</td>
<td>P</td>
<td>1</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>P PAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1234567895456-00</td>
<td>MEDICAL</td>
<td>08/18/1988</td>
<td>01/02/2018</td>
<td>88141</td>
<td>P</td>
<td>1</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>P PAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1234567895456-00</td>
<td>MEDICAL</td>
<td>01/18/1988</td>
<td>03/30/2018</td>
<td>88141</td>
<td>P</td>
<td>1</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>P PAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary Page**

Total Number Of Claim: 5
Total Number Of Claim Lines: 5
Total Payment Amount: $200.00

**Explanations Code Legend**

PAP: Pay For Performance Program

ST Code Legend: I - Information, P - Payable, D - Derelict, A - Adjustment, H - Claim Received & In Process
Please Note:

**Medi-Cal and Healthy Kids**

- Under the Know-Keene Act, Health and Safety Code 1379 of the State of California and Title 23 of the California Code of Regulations, the patient to whom services were provided is not liable for any portion of the bill, except non-benefit items or non-covered services.
- Acknowledgement of claim receipt – Contracted Providers can confirm receipt of submitted claims by logging into the Provider Portal at www.iehp.org. To obtain website instructions, please call IEHP Provider Relations Team at (909) 890-2054.
- In compliance with A8 1455, if you disagree with your payment, you may contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347 Monday – Friday 8:30am to 5:00pm PST. You may also file a Provider Dispute within 365-days from the claim determination date. Disputes should be submitted to IEHP Claims Appeals Resolution Unit P.O. Box 4316, Rancho Cucamonga, CA 91729. Please visit www.iehp.org to obtain a Provider Dispute Resolution form online.

**Withhold Amount:**

By statute enacted in June 2011, (in response to the California budget crisis) effective July 1, 2011, Medi-Cal has reduced payments to specific Provider types by 10% with a corresponding reduction to Medi-Cal Managed Care Plans. Due to this legislative mandate, IEHP has reduced payments to impacted Providers referenced in the statute as follows:

- Services rendered from 10/1/13 to 12/31/13 are reduced by 10%.

**IEHP Medicare DualChoice (HMO SNP) and IEHP DualChoice CalMedConnect Plan (Medicare-Medicaid Plan)**

**Withhold Amount – all Providers**

- In accordance with Medicare mandated guidelines, your payment for dates of services on or after 04/01/13, may reflect a 2% sequestration reduction.

**Contracted Providers**

- Acknowledgement of claim receipt – Contracted Providers can confirm receipt of submitted claims by logging into the Provider Portal at www.iehp.org. To obtain website instructions, please call IEHP Provider Relations Team at (909) 890-2054.
- In accordance with our agreement, negative balances will be offset against future claims to be paid to you.
- Appeals and Payment Dispute Requests – can be submitted within the timeframe indicated in your contract: IEHP DualChoice (HMO SNP) Claims Appeals and Resolution Unit P.O. Box 40, Rancho Cucamonga, CA 91729. Please visit www.iehp.org to obtain a Provider Dispute Resolution form online. For more information, please contact IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347.

**Non Contracted Providers**

- Payment Appeals and Disputes for IEHP DualChoice (HMO SNP) and IEHP DualChoice CalMedConnect Plan (Medicare-Medicaid Plan) Members should be submitted to IEHP at P.O. Box 40, Rancho Cucamonga, CA 91729.
- Appeals – If you disagree with the outcome of a claim, you may submit an appeal attached with a Waiver of Liability and any supporting documentation within 60-days from the denial date. The waiver of liability form can be found on the CMS website – www.cms.hhs.gov/Regulations-and-Rulemaking/Guidance/ReferenceAppendices/ReferenceAppendices.asp.
- Payment Dispute Resolution – If you disagree with the payment of a claim, you can submit your PDR with any supporting documentation within 120-days from the initial determination date. A non Contracted Provider you also have the option of sending your disputes to C2C Solutions Inc. For further information check their website regarding this process at PDR@C2Cs Inc.

**Legal Notice**

- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit resulting from false information is an application for insurance may be guilty of a crime and may be subject to civil and criminal penalties in accordance with the State and Federal False Claims Acts. Please assist IEHP in preventing possible benefit abuse. Request another form of identification from the Member in addition to the IEHP card.
<table>
<thead>
<tr>
<th>Member #</th>
<th>Line Of Business</th>
<th>Service Date From</th>
<th>Service Date To</th>
<th>Proc</th>
<th>Mod</th>
<th>Qty</th>
<th>Amount Billed</th>
<th>Amount Allowed</th>
<th>Not Covered</th>
<th>Copay Amount</th>
<th>Deduct Amount</th>
<th>Withhold Amount</th>
<th>Not Paid</th>
<th>Reason</th>
<th>Adjust</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345679456-00</td>
<td>MEDICAL</td>
<td>03/24/2017</td>
<td>04/13/2018</td>
<td>88212</td>
<td>1</td>
<td>$120.00</td>
<td>$19.75</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.20</td>
<td>$0.00</td>
<td>H RECEIVED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>123456789456-00</td>
<td>MEDICAL</td>
<td>08/18/1977</td>
<td>03/15/2018</td>
<td>88141</td>
<td>1</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>P P4P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>123456789456-00</td>
<td>MEDICAL</td>
<td>07/05/1988</td>
<td>03/18/2018</td>
<td>88141</td>
<td>1</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>P P4P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>123456789456-00</td>
<td>MEDICAL</td>
<td>07/20/1978</td>
<td>03/18/2018</td>
<td>88141</td>
<td>1</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>P P4P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>123456789456-00</td>
<td>MEDICAL</td>
<td>08/18/1968</td>
<td>03/18/2018</td>
<td>88141</td>
<td>1</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>P P4P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Summary Page**

- Total Number Of Claims: 5
- Total Payment Amount: $200.00

**Explanations Code Legend**

- P4P: Pay For Performance Program
Please Note:

Medi-Cal and Healthy Kids

- Under the Knox-Keene Act, Health and Safety Code 1379 of the State of California and Title 25 of the California Code of Regulations, the patient to whom services were provided is not liable for any portion of the bill, except non-benefit items or non-covered services.
- Acknowledgment of claim receipt – Contracted Providers can confirm receipt of submitted claims by logging into the Provider Portal at www.etnp.org. To obtain website instructions, please call IEHP Provider Relations Team at (909) 810-2054.
- In compliance with AB 1455, if you disagree with your payment, you may contact the IEHP Provider Relations Team at (909) 810-2054 or (866) 223-4347 Monday – Friday 8:30am to 5:00pm PST. You may also file a Provider Dispute within 365-days from the claim determination date. Disputes should be submitted to IEHP Claims Appeals Resolution Unit P.O. Box 4316, Rancho Cucamonga, CA 91729. Please visit www.etnp.org to obtain Provider Dispute Resolution form online.
- In accordance with our agreement, negative balances will be offset against future claims to be paid to you.

Withhold Amount

By statute enacted on June 11, 2011, (in response to the California budget crisis) effective July 1, 2011, Medi-Cal has reduced payments to specific Provider types by 10% with a corresponding reduction to Medi-Cal Managed Care Plans. Due to this legislative mandate, IEHP has reduced payments to impact Provider types as follows:

- Services rendered from 10/01/11 to 12/31/11 are reduced by 10%.

IEHP Medicare DualChoice (HMO SNP) and IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan)

Withhold Amount – all Providers

- In accordance with Medicare mandated guidelines, your payment for dates of services on or after 04/01/13, may reflect a 2% sequestration reduction.

Contracted Providers

- Acknowledgement of claim receipt – Contracted Providers can confirm receipt of submitted claims by logging into the Provider Portal at www.etnp.org. To obtain website instructions, please call IEHP Provider Relations Team at (909) 810-2054.
- In accordance with our agreement, negative balances will be offset against future claims to be paid to you.
- Appeals and Payment Dispute Requests – can be submitted within the timeframe indicated in your contract: IEHP DualChoice (HMO SNP) Claims Appeals and Resolution Unit P.O. Box 40, Rancho Cucamonga, CA 91729. Please visit www.etnp.org to obtain a Provider Dispute Resolution form online. For more information, please contact IEHP Provider Relations Team at (909) 810-2054 or (866) 223-4347.

Non Contracted Providers

- Payment Appeals and Disputes for IEHP DualChoice (HMO SNP) and IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) Members should be submitted to IEHP at P.O. Box 40, Rancho Cucamonga, CA 91729.
- Appeals - If you disagree with the outcome of a claim, you may submit an appeal attached with a Waiver of Liability and any supporting documentation within 60-days from the denial date. The waiver of liability form can be found on the CMS website – www.cms.hhs.gov/Regulations-and
- Payment Dispute Resolution - If you disagree with the payment of a claim, you can submit your PDR with any supporting documentation within 120-days from the initial determination date. As a Non Contracted Provider you also have the option of sending your dispute to C2C Solutions Inc. For further information check the website regarding this process at PFM@C2CInc.com.
- Payment Disputes – If you disagree with the payment of a claim, you can submit your PDR with any supporting documentation within 120-days from the initial determination date.

Legal Notice

- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil and criminal penalties in accordance with the State and Federal False Claims Acts.
- Please assist IEHP in preventing possible benefit abuse. Request another form of identification from the Member in addition to the IEHP card.
<table>
<thead>
<tr>
<th>Member Name</th>
<th>IEHP ID</th>
<th>DOB</th>
<th>Detail Number</th>
<th>Provider</th>
<th>Type of Service</th>
<th>Date of Service</th>
<th>Amount</th>
<th>Reason Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOE, JANE</td>
<td>123456789123</td>
<td>12/09/1989</td>
<td>123456</td>
<td>Doctor Happy</td>
<td>First Trimester Visit</td>
<td>03/27/2018</td>
<td>$200.00</td>
<td>1</td>
</tr>
<tr>
<td>DOE, JILL</td>
<td>123456789456</td>
<td>08/20/1990</td>
<td>98654</td>
<td>Doctor Happy</td>
<td>First Trimester Visit</td>
<td>03/27/2018</td>
<td>$200.00</td>
<td>1</td>
</tr>
<tr>
<td>DOE, JUDY</td>
<td>123456789789</td>
<td>07/19/1999</td>
<td>654987</td>
<td>Doctor Happy</td>
<td>Second Trimester Visit</td>
<td>03/15/2018</td>
<td>$75.00</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$475.00</td>
<td></td>
</tr>
</tbody>
</table>

**Reason Code Description**

1. Pay Per Fee Schedule
2. Member Not Eligible on Date of Service
3. DOS Not Submitted
4. Previously Paid
5. Paid by Claims Department
6. Submission Received Too Late
7. DOS Not Eligible for P4P
8. Visit Not Within 3-8 Weeks Postpartum
9. DOS is After Reported EDD
10. Payment Adjustment
11. EDD Not Submitted
12. Delivery Date Not Submitted
13. Tax ID Not Submitted
14. Incorrect Documentation Submitted
15. Incompleted Documentation Submitted
16. Resubmission Not Received Within 30 Days
17. Alternate Visit Already Paid
18. Submitted EDD is too far passed Date of Service
19. Non-OB Credential Provider
20. Final EDD Not Submitted
21. Previous 1st Trimester Visit already Paid
22. Previous 2nd Trimester Visit already Paid
23. Previous 3rd Trimester Visit already Paid
24. Previous Postpartum Visit already Paid
25. Provider Not Eligible for P4P Program
26. Incomplete Payment Reprocessed for later payment
27. Submission Not Received Online
28. Attachment 19 - Remittance Advice - Perinatal

Tax ID: 123456789
Phone: (909) 890-2003

Submission Number: 12345
Check Date: 05/16/2018
IPA/Provider Name: Happy Doctors Inc.
Send Payment To: P.O. Box 1800
Rancho Cucamonga, CA 91730-1800