



Provider Services

MONTHLY POLICY UPDATES

To: All IPAs, Hospitals, PCPs, Specialists, Ancillary, BH and BHT Providers
From: IEHP Compliance
Date: May 12, 2025
Subject: **Ad Hoc Changes – Provider Policy and Procedure Manual for Medi-Cal**

Inland Empire Health Plan (IEHP) has made the following ad hoc changes to the Provider Policy and Procedure Manual for Medi-Cal.

It is important that you and your staff familiarize yourselves with these ad hoc changes as updates may impact current business processes and reporting requirements. Current policies and procedures are posted here:

ProviderServices.iehp.org > Resources > Provider Manuals & Trainings > Manuals and Regulatory Trainings > Provider Manuals

For any questions, comments, and concerns, please contact our IEHP Provider Call Center at (909) 890-2054 or (866) 223-4347.

Sincerely,

Lourdes Nery, MPA, CHC, CHPC
Vice President, Compliance
IEHP Compliance Officer

LINES OF BUSINESS	POLICY	POLICY TITLE	DESCRIPTION OF CHANGE	DEGREE OF CHANGE	REVISION EFFECTIVE DATE
Medi-Cal	04A	Eligibility Verification	Updated the list of information that Providers and PCPs report for each Member to include Race/Ethnicity.	Minor	1/1/2025
Medi-Cal	07C	Informed Consent	Clarified that minors 12 years and older may consent to non-specialty outpatient Medi-Cal mental health treatment and that Professional Persons, as defined in policy, shall consult with minors to determine if parent/guardian involvement is appropriate.	Moderate	2/25/2025
Medi-Cal	09A	Access Standards	IEHP will issue Corrective Action Plans to Delegates for identified deficiencies in their networks.	Substantial	1/1/2025

Medi-Cal	09H1	Cultural and Linguistic Services - Language Assistance Capabilities	Clarified definition and criteria for qualified interpreters	Moderate	2/12/2025
Medi-Cal	10S	Community Health Worker Services	Specified requirements for reimbursement of CHW Services, including those rendered during an emergency department visit or as outpatient follow-up to such.	Moderate	3/26/2025
Medi-Cal	14D	Pre-Service Referral Authorization Process	IEHP will no longer accept referral requests from DME providers.	Substantial	4/1/2025
Medi-Cal	14F2	Long Term Care - Skilled Level	Language added regarding termination of contracts and suspension of payments to LTC facilities and Network Providers who have been decertified, suspended, or excluded from participation in Medi-Cal.	Substantial	1/1/2025
Medi-Cal	16B	Member Appeal Resolution Process	Affirmed Member's right to file an appeal for failure to provide trans-inclusive care; and removed language around delegation of the appeal resolution process	Moderate	1/1/2025
Medi-Cal	19A	IPA Financial Viability	Removed MLR references, extended minimum working day's notice for a focused audit from 3 to at least 10 working days, and clarified requirements for these focused audits.	Moderate	2/1/2025
Medi-Cal	19G	Minimum Medical Loss Ratio	New Policy	New	2/1/2025
Medi-Cal	24B	Culturally and Linguistically Appropriate Services Programs (CLAS) Program Description	Affirms that the Plan will disclose demographic profile to DMHC upon request. Describes the various ways the Plan obtains Member and community engagement.	Moderate	1/1/2025
Medi-Cal	24F	ECM Program Description	Outlined process and requirements for streamlined authorizations; and expected frequency of contact to Tier 3 Members.	Substantial	1/1/2025

cc:
IPA Medical Director
IPA Administrator
IPA Care Management Manager
IPA Utilization Management Manager

MINOR = minor grammatical/punctuation corrections and wordsmithing

MODERATE = procedural and/or operational clarifications of existing processes

SUBSTANTIAL = notable content and process revisions that are expected to impact Providers operational