To:	All PCPs, Specialists, Hospitals, Ancillary, BH and BHT Providers & IPAs
From:	IEHP Compliance
Date:	June 10, 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	05A1	**Credentialing Standards - Credentialing Policies**	Updated credentialing and recredentialing process to include reducing the notification timeframe for decisions to Providers to 30 days (from 60), adding locum tenens to the credentialing process, and updating the criteria for sanctions, complaints, and events requiring ongoing monitoring by Peer Review Subcommittee.	**SUBSTANTIAL**	**1/1/2025**
Medi-Cal	10D1	**Obstetrical Services - Guidelines for Obstetrical Services**	Informs Providers that IEHP covers at least one maternal mental health screening during pregnancy and one during postpartum, with additional screenings as clinically appropriate.	**MODERATE**	**1/1/2025**
Medi-Cal	10Q	**Maternal Mental Health Program**	Informs Providers that IEHP covers at least one maternal mental health screening during pregnancy and one during postpartum, with additional screenings as clinically appropriate. Directs Providers to use the IEHP Maternal Health Referral Form.	**MODERATE**	**1/1/2025**
Medi-Cal	12I	**Complex Case Management**	The eligibility criteria for identifying potential Members for Complex Care Management now include Members considered high-risk and rising risk who have two or more of the following conditions: Diabetes, Hypertension, or Depression. Removed CCM Program Trigger List.	**SUBSTANTIAL**	**3/1/2025**
Medi-Cal	14A	**Delegation and Monitoring**	Specifies that a third attempt to obtain clinical information needed to make a determination should be made by a physician reviewer, if necessary.	**MODERATE**	**1/1/2025**
Medi-Cal	14F1	**Long Term Care - Custodial Level and ICF DD**	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**

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 operationally