



Provider Services

MONTHLY POLICY UPDATES

To: PCPs, Specialists, Hospitals, Ancillary, and BH Providers

From: IEHP Compliance

Date: June 10, 2025

Subject: Ad Hoc Changes – Provider Policy and Procedure Manual for IEHP Covered (CCA)

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

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 IEHP Covered (CCA) Provider Call Center at (909) 291-8691 or (844) 248 – IEHP (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
IEHP Covered (CCA)	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
IEHP Covered (CCA)	10O	Maternal Mental Health Program	Informs Providers who provide prenatal, postpartum, or interpregnancy care for Members are required to offer or appropriately screen for maternal mental health conditions. Directs Providers to use the IEHP Maternal Health Referral Form. Defined Maternal Mental Health to include interpregnancy pursuant to CA Health & Safety Code § 123640	MODERATE	1/1/2025
IEHP Covered (CCA)	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
IEHP Covered (CCA)	14D	Pre-Service Referral Authorization Process	Clarifies that care and routine diagnostic tests provided by a Member's PCP do not require prior authorization and clarifies instances in which IEHP and its Delegates authorizes access to out-of-network Providers.	MODERATE	1/1/2025
IEHP Covered (CCA)	23B	Cultural and Linguistically Appropriate Services Programs (CLAS) Program Description	Described Member and community engagement strategies	MODERATE	1/1/2025

Revision Status:*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