

To: All IPAs, Hospitals, PCPs, Specialists, Ancillary, & BH Providers
From: IEHP Compliance
Date: July 15, 2025
Subject: **Ad Hoc Changes – Provider Policy and Procedure Manual for IEHP DualChoice (HMO D-SNP)**

Inland Empire Health Plan (IEHP) has made the following ad hoc changes to the Provider Policy and Procedure Manual for IEHP DualChoice (HMO D-SNP).

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](https://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
IEHP DualChoice (HMO D-SNP)	05A3	Credentialing Standards - Credentialing Verification	The verification time limit changed from 180 days to 120 calendar days, for select credentialing verification processes. Added language to ensure practitioner applications have fields to enter race, ethnicity and language.	SUBSTANTIAL	1/1/2025
IEHP DualChoice (HMO D-SNP)	05A5	Credentialing Standards - Ongoing Monitoring and Interventions	Ongoing Monitoring of Sanction will now include review of System for Award Management (SAM), along with Licensure expiration information; review frequency changed to at least monthly for sanctions, exclusions and adverse events.	SUBSTANTIAL	1/1/2025

cc:

IPA Medical Director

IPA Administrator

IPA Care Management Manager

IPA Utilization Management Manager

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