



# Provider Services

MONTHLY POLICY UPDATES

**To:** PCPs, Specialists, Ancillary, BH, BHT, Hospitals & IPAs  
**From:** IEHP Compliance  
**Date:** August 26, 2025  
**Subject:** **Ad Hoc Changes – Provider Policy and Procedure Manual for IEHP Medi-Cal**

---

---

Inland Empire Health Plan (IEHP) has made the following ad hoc changes to the Provider Policy and Procedure Manual for IEHP 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](https://providerservices.iehp.org) > Resources > Provider Manuals & Trainings > Manuals > Medi-Cal

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lourdes Nery", is written over a light blue horizontal line.

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

<b>LINES OF BUSINESS</b>	<b>POLICY</b>	<b>POLICY TITLE</b>	<b>DESCRIPTION OF CHANGE</b>	<b>DEGREE OF CHANGE</b>	<b>REVISION EFFECTIVE DATE</b>
Medi-Cal	07B	<b>Information Disclosure and Confidentiality of Medical Records</b>	Included language that types of communications regarding sensitive services (or receipt of sensitive services) include appointment notifications.	<b>MODERATE</b>	<b>4/1/2025</b>
Medi-Cal	09J	<b>Transgender, Gender Diverse or Intersex Cultural Competency Training</b>	Describes TGI training requirements for IPAs, Subcontractors and Providers.	<b>NEW</b>	<b>3/1/2025</b>
Medi-Cal	14A	<b>Delegation and Monitoring</b>	Clarified that step therapy or "fail first" requirements do not apply to services requiring prior authorization unless advised as such by clinical criteria, guidelines, or regulatory requirements. Clarified that routine mental health services obtained from an in-network provider are also not subject to prior authorization. Specified IEHP coverage for PANDAS/PANS.	<b>MODERATE</b>	<b>1/1/2025</b>
Medi-Cal EDI Manual	16	<b>Attachment 16 -IEHP ERA 835 Enrollment Form</b>	Updated the contact email for EDI	<b>MODERATE</b>	<b>7/1/2025</b>
Medi-Cal EDI Manual	16	<b>IEHP 835 STANDARD COMPANION GUIDE</b>	Updated the contact email for EDI	<b>MODERATE</b>	<b>7/1/2025</b>
Medi-Cal	24B	<b>Cultural and Linguistically Appropriate Services Programs (CLAS) Program Description</b>	Updated Committee structure and specified program evaluation activities include collaboration with community groups for review and feedback.	<b>MODERATE</b>	<b>1/1/2025</b>

**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