

We heal and inspire the human spirit.

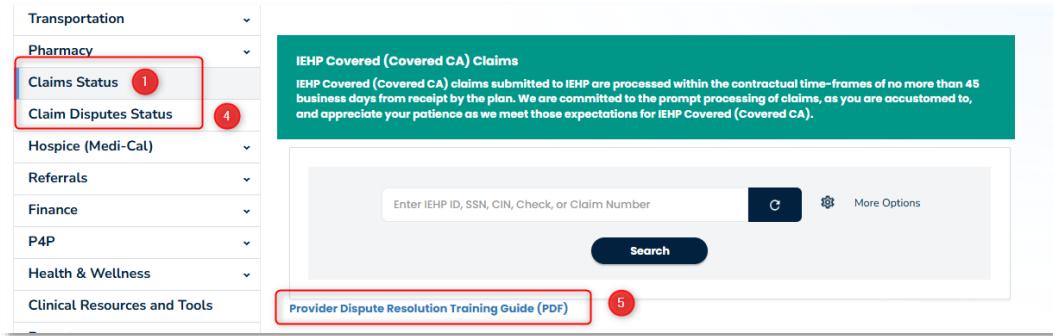
To: Provider Network
From: Provider Relations
Date: January 15, 2026
Subject: REMINDER: Claim Disagreements MUST be Filed as a Dispute

Please be advised that any **claims disagreements MUST be filed as a dispute, either on the Portal or by mail**, in accordance with your IEHP contract, section 4:10.

In the event the provider disagrees with any payment, denial, adjustment, or contest made by IEHP, the Provider has 365 calendar days to submit a written dispute to IEHP. This will include any claim denials providers may deem as IEHP's error. Any disagreements of claim denials will need to have an decisioned appeal on file before any escalation may occur. Official disputes must be submitted in accordance with DHCS guidelines.

Non-contracted providers: Please refer to DHCS website for guidelines regarding disagreements.
<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/33684>

Portal Submission:



Transportation

Pharmacy

Claims Status 1

Claim Disputes Status 4

Hospice (Medi-Cal)

Referrals

Finance

P4P

Health & Wellness

Clinical Resources and Tools

IEHP Covered (Covered CA) Claims

IEHP Covered (Covered CA) claims submitted to IEHP are processed within the contractual time-frames of no more than 45 business days from receipt by the plan. We are committed to the prompt processing of claims, as you are accustomed to, and appreciate your patience as we meet those expectations for IEHP Covered (Covered CA).

Enter IEHP ID, SSN, CIN, Check, or Claim Number C More Options

Search

Provider Dispute Resolution Training Guide (PDF) 5

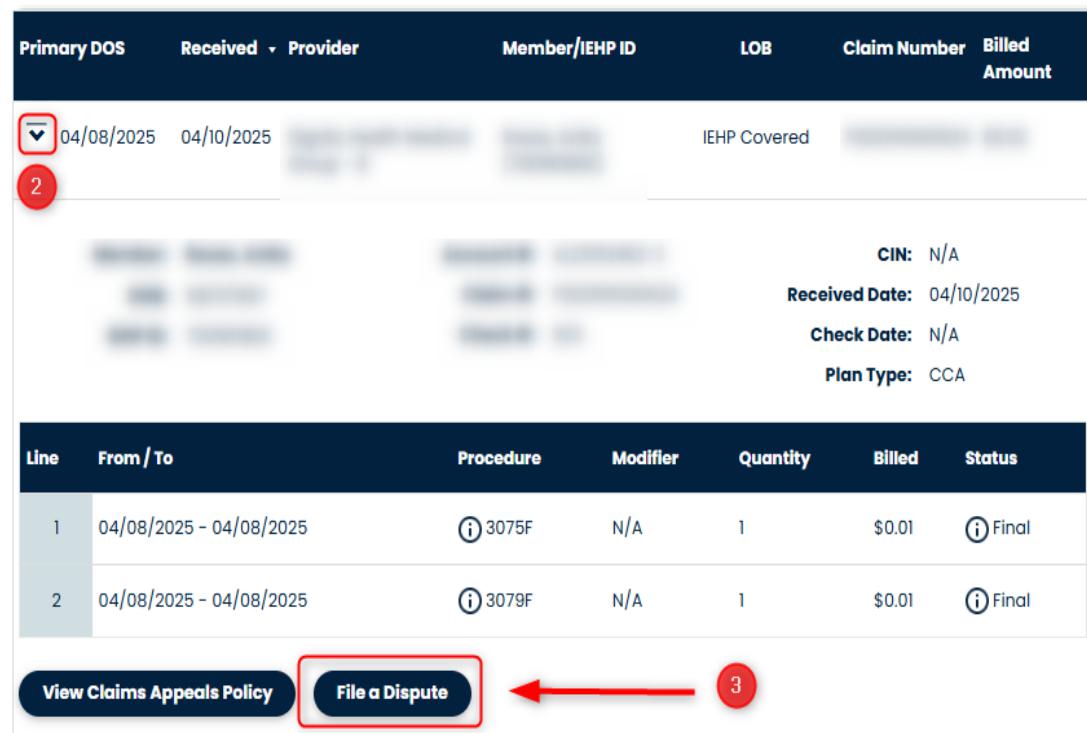
1. Visit **Claim Status**

2. Open a claim

3. Select **File a Dispute** and proceed through the dispute form

4. Track the **Status** of submitted disputes

5. For a full tutorial, use the **Provider Dispute Resolution Training Guide** on the Claims Status page or visit our Notices page to download the guide attached to today's emailed Provider notice (pathway below).



Primary DOS	Received	Provider	Member/IEHP ID	LOB	Claim Number	Billed Amount
04/08/2025 04/10/2025					IEHP Covered	
2						
CIN: N/A Received Date: 04/10/2025 Check Date: N/A Plan Type: CCA						
Line	From / To	Procedure	Modifier	Quantity	Billed	Status
1	04/08/2025 - 04/08/2025	3075F	N/A	1	\$0.01	Final
2	04/08/2025 - 04/08/2025	3079F	N/A	1	\$0.01	Final
View Claims Appeals Policy File a Dispute 3				←		

To access the full training document, visit: www.providerservices.iehp.org > News and Updates > Notices: **New Portal Enhancement: Provider Dispute Resolution + Training Guide.**

Via Mail:

Claims/Appeals Mailing Address

IEHP Medi-Cal Claims:

Inland Empire Health Plan – Claims Dept.
P.O. Box 4349
Rancho Cucamonga, CA 91729-4349

IEHP Medi-Cal Appeals:

Inland Empire Health Plan – Claims Appeals and Disputes
P.O. Box 4319
Rancho Cucamonga, CA 91729-4319

IEHP DualChoice Claims:

Inland Empire Health Plan – Claims Dept.
P.O. Box 4349
Rancho Cucamonga, CA 91729-4349

IEHP DualChoice Appeals:

Inland Empire Health Plan – Claims Appeals and Disputes
P.O. Box 40
Rancho Cucamonga, CA 91729-4349

IEHP Covered Claims:

IEHP Covered - Claims Dept.
P.O. Box 4409
Rancho Cucamonga, CA 91729-4349

IEHP Covered Appeals:

IEHP Covered Provider Claims Resolution and Recovery Unit
P.O. Box 4469
Rancho Cucamonga, CA 91729-4349

Sending Payment (checks) Address:

Inland Empire Health Plan
P.O. Box 511959
Los Angeles, CA 90051-1907

Overnight Sending Payment (checks) Address:

US Bank Wholesale Lockbox
c/o 511959
16420 Valley View Ave.
La Mirada, CA 90638-5821

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices