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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:

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		

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

CIN	Received Date	Check Date	Plan Type
N/A	04/10/2025	N/A	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

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 91729-4349

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