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**To:** California Hospitals  
**From:** IEHP – Integrated Transitional Care Team  
**Date:** February 5, 2026  
**Subject:** **Protocols for Emergency and Post-Stabilization Care for IEHP Members**

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We would like to inform all Hospitals in the State of California of the Plan's communication protocols for emergency and post-stabilization care for its Members.<sup>1</sup>

### **Triage and Advice Systems**

IEHP provides Members/patients triage, screening, and advice services by telephone 24 hours a day, 7 days a week through its Nurse Advice Line (NAL).<sup>2</sup> By calling the NAL, Members receive assistance with access to urgent or emergency services from an on-call physician, or licensed triage personnel.

IEHP Members can reach the **24/7 Nurse Advice Line** at:

- **(888)-244-IEHP (4347)** or
- **(866) 577-8355 (TTY)**

### **Post-Stabilization Care**

We require contracted and non-contracted hospitals to obtain prior authorization for post-stabilization care for Members. We request the patient's diagnosis as indicated by the treating physician or surgeon and any other information reasonably necessary for the Plan to decide whether to authorize post-stabilization care or to assume management of the patient's care by prompt transfer to another facility.

Hospitals should **request prior authorization from IEHP's Utilization Management (UM) Department** by:

- **Phone** at (866) 649-6327 **only**.

Please fax any requested clinical documents for review for medical necessity to (909) 477-8553. **(Please do not fax requests for post-stabilization to this fax line).**

We make every effort to respond to requests and make a decision for necessary post-stabilization care within thirty (30) minutes of receipt. Services are considered approved if IEHP does not respond and/ or make a decision within this timeframe.<sup>3</sup> All subsequent hospital days are subject to review for medical necessity.

IEHP will inform the provider of the Plan's decision and will coordinate the transfer of the Member if IEHP denies the request for authorization of post-stabilization care and elects to transfer the Member to another health care provider.

<sup>1</sup> California Health and Safety Code (Health & Saf.) § 1262.8(j)

<sup>2</sup> Title 28 California Code of Regulations (CCR) § 1300.67.2

<sup>3</sup> CA Health & Saf. Code § 1262.8(c)(2)

## **Non-Emergency Services**

If a Member presents at the emergency department for non-emergency services, please refer the Member to their IEHP Member Handbook, Section 3 (How to Get Care), which outlines the process for obtaining a referral, including referrals to Enhanced Care Management. The Member Handbook is available online at: <https://www.iehp.org/en/members/medical>.

**Claims Reimbursement:** Complete facility claims for authorized health care services must be sent to:

### **Medi-Cal & IEHP DualChoice Claims**

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

### **IEHP Covered (CCA) Claims**

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

Complete **professional claims** for authorized health care services must be sent to:

- For IEHP-Direct Members, please use address above
- For IEHP Members assigned to an IPA, please send to the Member's assigned IPA as available through eligibility verification.

## **Billing IEHP Members**

Providers under the Medi-Cal program must not submit claims to, demand nor otherwise collect reimbursement from a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service included in the Medi-Cal program's scope of benefits in addition to a claim submitted to the Medi-Cal program for that service.<sup>4</sup>

**NOTE:** While billing Members for any charges related to covered services not reimbursed by IEHP Covered or billing IEHP Covered Members in addition to the claim submitted is prohibited by law, Providers may bill Members according to their share of cost until their max-out-of-pocket (MOOP) has been met.

## **Report an Issue**

To report any issues with this system or process or for any questions, please email [dgicmanagers@iehp.org](mailto:dgicmanagers@iehp.org)

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

As a reminder, all communications sent by IEHP can also be found at: [www.providerservices.iehp.org](http://www.providerservices.iehp.org) > News and Updates > Notices or [click here](#).

<sup>4</sup> 22 CCR § 5