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To: Medi-Cal IPAs
From: IEHP – Delegation Oversight
Date: February 26, 2026
Subject: Updated Notice of Action – "Your Rights" Form

Inland Empire Health Plan (IEHP) has recently updated the “**Notice of Action – Your Rights**” Form on the IEHP provider website. The form was revised to align with the recent Department of Health Care Services (DHCS) revision of the State Fair Hearing Form. Specifically, updates to the mailing address, fax number, and removal of quotation marks from the Department of Managed Health Care (DMHC) disclosure.

The following form is available in all threshold languages – English, Spanish, Chinese, and Vietnamese for the following letter templates:

Medi-Cal Letter Templates

- Notice of Action – Carve Out
- Notice of Action – Delay
- Notice of Action – Deny
- Notice of Action – Modify
- Notice of Action - Terminate

The form mentioned can be found at the following location:

www.providerservices.iehp.org > Resources > Resources for Providers > Forms > Medi-Cal Letter Templates or [click here](#).

IEHP requires that the **Notice of Action – Your Rights** form be incorporated into your workflows as soon as possible. IEHP will begin auditing implementation of the updated documents as of **May 1, 2026**.

For questions, please contact Jessica Gonzalez, Delegation Oversight Manager, at gonzalez-j6@iehp.org or 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 & Updates > Notices