IEHP Covered

*We heal and inspire the human spirit.*

**To:** IEHP Covered (CCA) Provider Network

**From:** IEHP – Provider Communication

**Date:** October 29, 2026

**Subject:** **Retain Your IEHP Covered (CCA) Members in 2027 + FAQ!**

Renewal notices have been sent to eligible IEHP Covered Members for the **2027 plan year**. IEHP Members can continue their coverage through Covered California during the open enrollment period.

★ **Covered California Open Enrollment: November 1, 2026 – December 31, 2026**

IEHP is proud to offer the **lowest-cost Silver and Bronze plan options in Region 17 (Inland Empire)** and continues to have the **lowest weighted-average rate change in Covered California's Individual Market** for Inland Empire residents.

Providers are encouraged to remind IEHP Covered Members to renew their coverage for 2027 to help ensure continued access to their benefits.

**Important Renewal Information**

To re-enroll in IEHP Covered for the 2027 plan year and maintain continuity with their current IEHP-assigned PCP, Members must:

- **Re-elect IEHP Covered** during the Covered California renewal/enrollment process.
- **Complete their binder payment**, which is the first month's premium.
- Verify their coverage is active before rendering services.

Members who complete these steps can continue their IEHP Covered (CCA) coverage and have their existing IEHP-assigned PCP carried forward into renewal enrollment.

**Support Continuity of Care for Former Medi-Cal Members**

Some of your patients may have recently transitioned from Medi-Cal because they no longer qualify for Medi-Cal coverage. These individuals may be eligible to continue their health care journey with IEHP Covered through Covered California.

Providers can help support continuity of care by educating eligible patients about IEHP Covered and encouraging them to explore their coverage options during Open Enrollment.

**Consider the Following When Serving Members:**

- Encourage staff to educate Members about recommended preventive services.
- Ensure Members understand which services they are being scheduled for, particularly when services are preventive.
- Encourage Members to contact IEHP with questions about their benefits, coverage, or cost-sharing.
- Identify opportunities to address preventive care needs during an existing visit, when appropriate, rather than requiring an additional appointment.
- Consider how scheduling staff communicates anticipated costs or Member cost-sharing before services are provided.

These conversations can help Members better understand their benefits and make informed decisions about their health care.

## IEHP Covered Provider Resources

**IEHP Covered Plan Benefits**
Plan benefit information is available at **www.iehp.org** > **Browse Plans > Covered California**.

**IEHP Covered Provider Manual**
Access the IEHP Covered (CCA) Provider and Procedure Manuals at **providerservices.iehp.org > Resources > Provider Manuals & Trainings**

**IEHP Covered Provider Training Guide**
Access the IEHP Covered (CCA) Provider Training Guide applicable to your specialty by logging into the **Secure Provider Portal** > Provider Training Materials tab.

## IEHP Covered Member Resources

**IEHP Covered**
**1-855-433-4347 (IEHP)**
Monday–Friday, 8 a.m.–6 p.m.
TTY users: 711

**Covered California**
**1-800-300-1506**
Monday–Friday, 8 a.m.–6 p.m.
TTY users: **1-888-889-4500**

Visit CoveredCA.com for extended hours that may be available during Open Enrollment.

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 2234347 or email ProviderServices@iehp.org

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

# Covered California
## 2027 Provider FAQ

### Frequently Asked Questions

**01** Q: What is IEHP Covered?

A: Inland Empire Health Plan (IEHP) Covered is a commercial Covered California insurance health plan available for Members who do not qualify for Medi-Cal. These Members may be eligible to enroll in commercial health insurance through Covered California or directly with IEHP during Open Enrollment. IEHP Certified Enrollers are available to help Members understand their plan options and available benefits.

**02** Q: How is IEHP Covered different from the Medi-Cal or DualChoice D-SNP lines of business (LOB)?

A: Several factors differentiate the IEHP Covered plan from the Medi-Cal and D-SNP LOBs. The best way to stay informed is to remain current on resources provided by the health plan shared on IEHP's Website: www.iehp.org > Plans and Benefits. An example of differences you will see are:

- **Member Financial Responsibility**: Monthly plan premiums, copayments, Max Out-of-Pocket (MOOP) and deductibles (for some plans), are integral components of IEHP Covered Member plan details. As with all LOBs, prior to providing care, please ensure that you are checking Members eligibility on the date of service to review their current eligibility status.
- **Line of Business (LOB)** – Additional fields are included in the Secure Provider Portal to distinguish Medi-Cal, DualChoice (D-SNP), and IEHP Covered Members under all applicable Rosters and Status pages for Claims & Referrals.

# Covered California
## 2027 Provider FAQ

**03** Q: Where do I direct inquiries related to IEHP Covered?

A: For Provider-related inquiries, you may reach out to your assigned IEHP Provider Relations Manager or contact the IEHP Covered Provider Call Center Team:

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| **IEHP Covered Provider Call Center** | (909) 291-8691 or (844) 248-IEHP (4347) |
| **IEHP Provider Call Center Fax** | (909) 477-8561 |
| **IEHP Provider Email** | ProviderServices@iehp.org |

**04** Q: Do I currently hold an IEHP Covered contract, and if so, how can I verify this information?

A: **If you are receiving this FAQ, you currently hold an IEHP Covered contract**. If you have questions regarding your contract, would like to request a copy of your contract, or need assistance identifying or contacting your assigned IEHP Contract Manager, please reach out to your assigned Provider Relations Manager (PRM). You may also reach the IEHP Provider Call Center at (909) 291-8691 or email providerservices@iehp.org for assistance.

## 05 Q: What are the grace period requirements for IEHP Covered?

A: The two grace period requirements are mandated by federal regulations and are not discretionary rules set by IEHP. The health plan will communicate to Providers all Members eligibility status via the Provider Portal.

- **30 – Day Grace Period**: Applies to Off – Exchange Member coverage. The 30-day grace period begins when a Member receives the "Notice of Start of Grace Period" letter from IEHP, sent within 5 days after missing the premium payment due date. The Member has 30 days to provide payment of their premium plan to prevent discontinuation of eligibility.

- **3 – Month Grace Period**: Applies to On – Exchange Member Coverage. The 3 – month grace period begins on the first day of the month for which the missed payment was due. The Member's eligibility will be placed under suspension if payment is not received by the second month and claims billed within the second and third month will be placed on hold under a pending status. If the Member's premium payment is not received by the end of the 3 – month grace period, the Member's eligibility is retro-terminated for the 2nd & 3rd month and all pending claims within that period will be denied. Providers whose claims are denied due to eligibility termination may bill the Member directly for payment. If full payment is received prior to the end of the 3-month grace period, the health plan will reinstate the Member's eligibility and process all pending claims.

## 06 Q: What is the difference between On-Exchange vs. Off Exchange on IEHP Covered Member ID cards?

A:

**On - Exchange:**

- Members can access financial assistance, through premium subsidies such as the Advanced Premium Tax Credits and cost-sharing reductions through health plans that are available on the Covered California Marketplace.
- The On-exchange metal plans adhere to the regulations and standards set by Covered California.

**Off - Exchange:**

- Includes plans for Members who do not qualify for the financial assistance programs available on the exchange.
- Off-exchange metal plans still comply with the Affordable Care Act (ACA) regulations but may offer different coverage options and pricing structures.

## 07 Q: Can Providers bill IEHP Covered Members for "No Shows"?

A:

As a commercial product, the practice of billing IEHP Covered Members for "No Show" appointments is permitted. However, it is imperative that Providers assume the responsibility of effectively communicating their office policies to Members to mitigate the potential of surprise billing.

## 08 Q: What steps should be taken if a Member fails to pay their copayment?

A: Providers have the discretion to decide whether to proceed with services in the event of the Member's inability to provide upfront copayment. The health plan will refrain from determining subsequent actions based on any billing discrepancies identified in the Member's account, excluding premium payment requirements.

## 09 Q: Will there be a distinct Remittance Advice (RA) for the IEHP Covered LOB, or will it be consolidated under a single RA for all LOBs?

A: Yes, separate Remittance Advice (RA) and 835 Electronic RA will be provided for IEHP Covered. Specific EDI and paper claim submission processes are applicable to IEHP Covered, so please ensure that you are referencing the correct location to address your concerns.

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| **IEHP Covered Claims**<br>IEHP Covered - Claims Dept<br>P.O. Box 4409<br>Rancho Cucamonga, CA 91729-4349 |
| **IEHP Covered Appeals**<br>IEHP Covered Provider Claims Resolution and Recovery Unit<br>P.O. Box 4469<br>Rancho Cucamonga, CA 91729-4349 |

# Covered California
## 2027 Provider FAQ

**10** Q: Where can I find additional information for IEHP Covered?

A: The best way to stay informed is by regularly checking IEHP's Provider Website: www.providerservices.iehp.org, review your IEHP Covered Contract, access the IEHP Covered Provider Manual, stay up-to-date on IEHP's Notices and Updates, and review the Summary of Benefits & Coverage associated with the Member's plan type.

**11** Q: Are preventive care services covered?

A: Preventive Care Services are covered at a $0 cost to the Member.

**12** Q: What are the prescription drug coverages?

A: IEHP pharmacy benefits are administered through **MedImpact**. Member cost sharing for prescription medications, including copayments and coinsurance, varies by plan and metal tier. Members are encouraged to use in-network pharmacies to receive the lowest available prescription costs. Covered preventive medications are available at $0 Member cost share.

## 13 Q: What are the coverages for Pediatric dental and vision services?

A: Vision and dental benefits are available until the last day of the month following the Member's 19th birthday. Adults may purchase separate dental and vision benefits for coverage.

**Pediatric Dental**

- Pediatric dental benefits are provided through **LIBERTY Dental** and are automatically included in Covered California (CCA) plans. Members must obtain services from a Provider in the **LIBERTY Dental HMO network**. LIBERTY Dental administers the benefit and processes dental claims.

**Pediatric Vision**

- Pediatric vision benefits include one routine eye exam per calendar year and coverage for one pair of eyeglasses or contact lenses when services are obtained from an **IEHP in-network Provider**.

## 14 Q: Does IEHP expect a large transition of Medi-Cal Members to IEHP Covered?

A: IEHP is excited to share that as of October 1, 2026, we have welcomed more than 33,000 IEHP Covered Members. We encourage former IEHP Members who no longer qualify for Medi-Cal coverage due to redetermination to consider IEHP Covered so they can continue their care with IEHP.