

**To:** All IPAs, Hospitals, PCPs, Specialists, Ancillary, BH and BHT Providers  
**From:** IEHP Compliance  
**Date:** June 5, 2024  
**Subject:** **Interim Changes – Provider Policy and Procedure Manuals for IEHP  
Medi-Cal - May**

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Inland Empire Health Plan (IEHP) has made the following interim changes to the 2024 Provider Policy and Procedure Manuals for IEHP Medi-Cal.

It is important that you and your staff familiarize yourselves with these interim changes as updates may impact current business processes and reporting requirements.

To review all our Provider Policies visit: [ProviderServices.iehp.org](https://ProviderServices.iehp.org) > Resources > Provider Manuals & Trainings > Manuals and Regulatory Trainings

If you have any questions regarding the enclosed, please contact our Provider Call Center at (909) 890-2054 or (866) 223-4347.

Sincerely,



Lourdes Nery, MPA, CHC  
Vice President, Compliance  
IEHP Compliance Officer

LINES OF BUSINESS	POLICY	POLICY TITLE	DESCRIPTION OF CHANGE	REVISION STATUS*	REVISION EFFECTIVE DATE
Medi-Cal	11A	<b>Pharmacy Benefits and Services</b>	Specified ICF/DDs and Subacute Care Facilities as examples of LTC settings in which prescription drug coverage is covered by the Plan rather than being carved out to Medi-Cal Rx.	<b>MINOR</b>	<b>1/1/2024</b>
Medi-Cal	12A2	<b>Care Management Requirements - Continuity of Care</b>	Described how Members residing in SNFs, ICF/DDs, and Subacute care facilities are afforded continuity of care for 12 months and will not be required to relocate during this period.	<b>MODERATE</b>	<b>1/1/2024</b>
Medi-Cal	14F1	<b>Long Term Care - Custodial Level and Intermediate Care Facilities/ Developmentally Disabled (ICF/DD)</b>	Described Provider, IPA and Plan responsibilities around ICF/DD and Subacute Care admission, clinical documentation, and transition of beneficiaries from Medi-Cal Fee-For-Services to managed care.	<b>SUBSTANTIAL</b>	<b>1/1/2024</b>
Medi-Cal	18F	<b>Specialty Network Requirements</b>	Inclusion of provision regarding calculation of approved Alternative Access Standards after good faith efforts to execute contracts with closer Providers.	<b>MODERATE</b>	<b>1/1/2024</b>

**Enclosures:** Available upon request, please contact Provider Call Center at (909) 890-2054 or (866) 223-4347.

**cc:**

IPA Medical Director  
 IPA Administrator  
 IPA Care Management Manager  
 IPA Utilization Management Manager

**\*Revision Status:**

**MINOR** = minor grammatical/punctuation corrections are mostly grammatical in nature, or involve changes in terminology for consistency throughout the manual

**MODERATE** = involve mostly procedural and/or operational clarifications of existing processes

**SUBSTANTIAL** = are those that involve major revisions or a complete rewrite of a policy, or reflect changes that affect the Provider or PCP operationally, such as a change to a reporting timeframe or standards

**REPLACEMENT** = replacing a new copy of attachment