



A Public Entity

Inland Empire Health Plan

IEHP Member Handbook Guide to Medi-Cal Benefits



2022

IEHP Member Handbook Guide

The Member Handbook, also called the Combined Evidence of Coverage (EOC), tells you about your Medi-Cal coverage with Inland Empire Health Plan (IEHP).

- It helps you understand your benefits and services and how to use them.
- It explains your rights and responsibilities as an IEHP Member.
- It is also a summary of IEHP's rules and policies and based on the contract between IEHP and the California Department of Health Care Services (DHCS).

Use this guide below to help you find important information about benefits and services in your IEHP Member Handbook. You can find the complete Member Handbook at www.iehp.org. You can also call IEHP Member Services to have a Member Handbook sent to you. If you have any questions, please call IEHP Member Services at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. For TTY users call, 1-800-718-4347 or 711.

You can get the Member Handbook and other plan materials free of charge and in other languages. You can get this information in alternative formats, such as braille, 18-point large font and audio.

Prospective Members can view or receive the Member Handbook from our IEHP website or call IEHP Member Services.

Page #	Section of the EOC/Member Handbook	Summary
1 & 101	Interpreter services	IEHP offers free language services including interpreters and information available in other languages. Contact IEHP Member Services for more information.
24	Costs, Member costs & For Members with a share of cost	IEHP serves Members who qualify for Medi-Cal. IEHP Members do not have to pay for covered services within IEHP's Provider network. Some Members may have a share of cost per month (called monthly premium). The amount you pay depends on your income and resources. Contact IEHP Member Services or review the IEHP Member Handbook at www.iehp.org .
25	Asking IEHP to pay a bill	If you get billed for covered services, or you paid for a service that you think IEHP should cover, you can file a claim. Call IEHP Member Services for help and more information on how to file.



Call IEHP Member Services at 1-800-440-IEHP (4347) (TTY 1-800-718-4347). IEHP is here Monday through Friday from 8am-5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Page #	Section of the EOC/Member Handbook	Summary
27	Getting health care services	<p>New Members must choose a Primary Care Provider (PCP) in the IEHP network. The IEHP network is a group of Doctors, hospitals and other Providers who work with IEHP. You must choose a PCP within 30 days from the time you become a member in IEHP. If you do not choose a PCP, IEHP will choose one for you.</p> <p>You may choose the same PCP or different PCPs for all family members in IEHP.</p> <p>If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory which is available at www.iehp.org or by calling IEHP Member Services. The Provider Directory has a list of all PCPs in the IEHP network and their background information.</p>
28	Primary Care Provider (PCP)	<p>You will get most of your care from your PCP. Your PCP will give you all your routine and preventive care.</p>
32 – 33	Out-of-Network or Outside the service area	<p>Out-of-network providers are those who do not have a Provider contract to work with IEHP. Except for emergency care, you may have to pay for care for out-of-network providers if the services have not been approved by IEHP. If you need help with out-of-network services, call IEHP Member Services for more information.</p> <p>If you are outside of the IEHP service area and need care that is not an emergency or urgent, call your PCP right away or call IEHP Member Services. For emergency care, call 911 or go to the nearest hospital's emergency room. IEHP covers out-of-network emergency care. If you are traveling internationally outside of Canada or Mexico and need emergency care, IEHP will not cover your care in most cases. If you have questions about out-of-network or out-of-service area care, call IEHP Member Services or call the 24-Hour Nurse Advice Line.</p>
33	How managed care works	<p>IEHP is a managed care health plan in which PCPs, hospitals and specialists all work together to care for you. In some cases, IEHP contracts directly with the Providers. In other cases, IEHP does not contract directly with PCPs, your PCP may be part of an Independent Physician Association (IPA). An IPA is a group of PCPs, specialists, and other providers of health care services. Your PCP, along with IEHP or the IPA, directs the care for all your medical needs.</p>
34	Doctors & Hospitals	<p>If you need a specialist and it is medically necessary, your PCP will refer you to a specialist in the IEHP network. Your PCP will send a referral to IEHP or IPA for review. You must get an approval from IEHP or your IPA before you can see a specialist. If you need hospital care and it's not an emergency, your PCP will decide which hospital you go to and will require pre-approval. You will need to go to a hospital in the network which can be found in the Provider Directory.</p>



Call IEHP Member Services at 1-800-440-IEHP (4347). TTY 1-800-718-4347. IEHP is here Monday through Friday from 8am-5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Page #	Section of the EOC/Member Handbook	Summary																						
35	Provider directory	<p>The Provider Directory has other information to help you choose a PCP such as name, address, phone number and specialty. You can find the online Provider Directory at www.iehp.org. If you need a printed Provider Directory, call IEHP Member Services at 1-800-440-IEHP (4347) or 1-800-718-4347 for TTY users.</p> <p>You can choose or change a PCP by going to the website or contacting Member Services.</p>																						
36	Appointments for Urgent and Primary Care	<table border="1"> <thead> <tr> <th data-bbox="653 407 1493 500">Appointment Type</th> <th data-bbox="1493 407 1942 500">You Should Be Able to Get an Appointment Within</th> </tr> </thead> <tbody> <tr> <td data-bbox="653 500 1493 592">Urgent care appointments that do not require pre-approval (prior authorization)</td> <td data-bbox="1493 500 1942 592">48 hours of request</td> </tr> <tr> <td data-bbox="653 592 1493 685">Urgent care appointments that do require pre-approval (prior authorization)</td> <td data-bbox="1493 592 1942 685">96 hours of request</td> </tr> <tr> <td data-bbox="653 685 1493 743">Non-urgent (routine) primary care appointments</td> <td data-bbox="1493 685 1942 743">10 business days of request</td> </tr> <tr> <td data-bbox="653 743 1493 802">Non-urgent (routine) specialist</td> <td data-bbox="1493 743 1942 802">15 business days of request</td> </tr> <tr> <td data-bbox="653 802 1493 894">Non-urgent (routine) mental health provider (non-doctor) care appointments</td> <td data-bbox="1493 802 1942 894">10 business days of request</td> </tr> <tr> <td data-bbox="653 894 1493 1019">Non-urgent (routine) appointment for ancillary (supporting) services for the diagnosis or treatment of injury, illness or other health condition</td> <td data-bbox="1493 894 1942 1019">15 business days of request</td> </tr> <tr> <td data-bbox="653 1019 1493 1182">Phone wait times during normal business hours – Calls received after normal business hours (Monday-Friday, 8am-5pm) are returned within one (1) business day. Calls received after midnight are responded to the same business day.</td> <td data-bbox="1493 1019 1942 1182">10 minutes of request</td> </tr> <tr> <td data-bbox="653 1182 1493 1289">Triage–24/7 services</td> <td data-bbox="1493 1182 1942 1289">24/7 services–no more than 30 minutes</td> </tr> <tr> <td data-bbox="653 1289 1493 1347">Initial prenatal care</td> <td data-bbox="1493 1289 1942 1347">10 business days</td> </tr> <tr> <td data-bbox="653 1347 1493 1403">Well child visit</td> <td data-bbox="1493 1347 1942 1403">2 weeks</td> </tr> </tbody> </table>	Appointment Type	You Should Be Able to Get an Appointment Within	Urgent care appointments that do not require pre-approval (prior authorization)	48 hours of request	Urgent care appointments that do require pre-approval (prior authorization)	96 hours of request	Non-urgent (routine) primary care appointments	10 business days of request	Non-urgent (routine) specialist	15 business days of request	Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days of request	Non-urgent (routine) appointment for ancillary (supporting) services for the diagnosis or treatment of injury, illness or other health condition	15 business days of request	Phone wait times during normal business hours – Calls received after normal business hours (Monday-Friday, 8am-5pm) are returned within one (1) business day. Calls received after midnight are responded to the same business day.	10 minutes of request	Triage–24/7 services	24/7 services–no more than 30 minutes	Initial prenatal care	10 business days	Well child visit	2 weeks
Appointment Type	You Should Be Able to Get an Appointment Within																							
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours of request																							
Urgent care appointments that do require pre-approval (prior authorization)	96 hours of request																							
Non-urgent (routine) primary care appointments	10 business days of request																							
Non-urgent (routine) specialist	15 business days of request																							
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days of request																							
Non-urgent (routine) appointment for ancillary (supporting) services for the diagnosis or treatment of injury, illness or other health condition	15 business days of request																							
Phone wait times during normal business hours – Calls received after normal business hours (Monday-Friday, 8am-5pm) are returned within one (1) business day. Calls received after midnight are responded to the same business day.	10 minutes of request																							
Triage–24/7 services	24/7 services–no more than 30 minutes																							
Initial prenatal care	10 business days																							
Well child visit	2 weeks																							



Call IEHP Member Services at 1-800-440-IEHP (4347). TTY 1-800-718-4347. IEHP is here Monday through Friday from 8am-5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Page #	Section of the EOC/Member Handbook	Summary														
37	Appointments for Behavioral Health	<table border="1"> <thead> <tr> <th data-bbox="640 164 1346 280">Appointment Type</th> <th data-bbox="1346 164 1959 280">You Should Be Able to Get an Appointment Within</th> </tr> </thead> <tbody> <tr> <td data-bbox="640 280 1346 383">Life-threatening emergency</td> <td data-bbox="1346 280 1959 383">Immediate disposition of Member to appropriate care setting</td> </tr> <tr> <td data-bbox="640 383 1346 451">Non-life-threatening emergency</td> <td data-bbox="1346 383 1959 451">Six (6) hours, or go to the ER</td> </tr> <tr> <td data-bbox="640 451 1346 553">Urgent visit for behavioral health need that do not require a prior authorization</td> <td data-bbox="1346 451 1959 553">Within forty-eight (48) hours of request</td> </tr> <tr> <td data-bbox="640 553 1346 656">Urgent visit for behavioral health need that do require a prior authorization</td> <td data-bbox="1346 553 1959 656">Within forty-eight (48) hours of request</td> </tr> <tr> <td data-bbox="640 656 1346 758">Initial routine (non-urgent) appointment with a Behavioral Health Care Provider</td> <td data-bbox="1346 656 1959 758">Within ten (10) business days of request</td> </tr> <tr> <td data-bbox="640 758 1346 839">Follow-up routine</td> <td data-bbox="1346 758 1959 839">Within ten (10) business days of request</td> </tr> </tbody> </table>	Appointment Type	You Should Be Able to Get an Appointment Within	Life-threatening emergency	Immediate disposition of Member to appropriate care setting	Non-life-threatening emergency	Six (6) hours, or go to the ER	Urgent visit for behavioral health need that do not require a prior authorization	Within forty-eight (48) hours of request	Urgent visit for behavioral health need that do require a prior authorization	Within forty-eight (48) hours of request	Initial routine (non-urgent) appointment with a Behavioral Health Care Provider	Within ten (10) business days of request	Follow-up routine	Within ten (10) business days of request
Appointment Type	You Should Be Able to Get an Appointment Within															
Life-threatening emergency	Immediate disposition of Member to appropriate care setting															
Non-life-threatening emergency	Six (6) hours, or go to the ER															
Urgent visit for behavioral health need that do not require a prior authorization	Within forty-eight (48) hours of request															
Urgent visit for behavioral health need that do require a prior authorization	Within forty-eight (48) hours of request															
Initial routine (non-urgent) appointment with a Behavioral Health Care Provider	Within ten (10) business days of request															
Follow-up routine	Within ten (10) business days of request															
39 – 40	Payment	You do not have to pay for your approved covered services from an approved Provider. If you get a bill, call IEHP Member Services. You are not responsible to pay a provider for any amount owed by IEHP for any covered service. Exclusions may apply to emergency care or urgent care; you may have to pay for care from providers who are not in the network.														
40 – 41	Referrals	When your PCP thinks you need a specialized treatment or supplies, your PCP will need to get a referral from IEHP and/or medical group (IPA). A referral means that you must get approval from IEHP and/or medical group. Changes to your PCP may impact referrals that have already been approved. If you have a health problem that needs special medical care for a long time, you may need a standing referral. This allows you to go to the same specialist more than once without getting a referral each time. Call IEHP Member Services if you have trouble getting a referral or want a copy of the IEHP referral policy.														
42	Pre-approval (prior authorization)	For some types of care, your PCP or specialist will need to ask for a prior authorization, prior approval, or pre-approval. It means that IEHP must make sure that the care is medically necessary or needed based on appropriateness of care and services and existence of coverage.														



Call IEHP Member Services at 1-800-440-IEHP (4347). TTY 1-800-718-4347. IEHP is here Monday through Friday from 8am-5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Page #	Section of the EOC/Member Handbook	Summary
44	Utilization Management (UM) processes	<p>IEHP has specific processes for Utilization Management (UM). IEHP has guidelines or criteria that are used in specific cases to approve or deny requested health care services. In all cases, a Medical Director is required to take the Member's needs into account when making decisions to approve or deny requested health care services.</p> <p>The UM staff are on hand between 8am and 5pm during working days to talk about any UM issues. UM staff will always identify themselves by name, title, and organization name when calling or returning your calls. You can also call DHCS at 1-888-452-8609.</p>
46	Urgent Care, or care after normal business hours	<p>Urgent care is not for an emergency or life-threatening condition. It is for services to prevent serious damage to your health from a sudden illness, injury, or complication of a condition you already have. For urgent care services, contact your PCP, our 24-hour Nurse Advice Line, www.iehp.org, or call IEHP Member Services to help you find the nearest location and for out of the area care. If you need care after normal business hours or holidays, the IEHP 24-Hour Nurse Advice Line is available 24 hours a day, seven days a week at 1-888-244-4347. For TTY, call 711.</p>
47	Emergency care	<p>Emergency care is for life-threatening medical and behavioral health conditions. If you don't get care right away, your health could be in danger. For emergency care, call 911 or go to the nearest hospital's emergency room (ER). Emergency care does not need a pre-approval.</p> <p>Care for non-life-threatening emergency within 6 hours, go to the nearest hospital's emergency room (ER).</p>
49	Complex Care Management (CCM) program	<p>If you have a chronic or serious physical or mental illness such as heart disease or lung disease, IEHP will work with you and your PCP to make sure you get the care that you need. Call IEHP Member Services for more information. You may be contacted if you qualify for the CCM program, and you can call IEHP Member Services to find out how you can opt into the program.</p>
52	What your health plan covers	<p>Your covered services are free if they are medically necessary and provided by an in-network provider. IEHP may cover medically necessary services from an out-of-network provider but that must be requested. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.</p>



Call IEHP Member Services at 1-800-440-IEHP (4347). TTY 1-800-718-4347. IEHP is here Monday through Friday from 8am-5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Page #	Section of the EOC/Member Handbook	Summary
55	Medi-Cal Benefits covered by IEHP	IEHP offers these types of services: outpatient (ambulatory) services, telehealth services, mental health services (outpatient), emergency services, hospice and palliative care, hospitalization, maternity and newborn care, rehabilitative and habilitative (therapy) services and devices, laboratory and radiology services, preventive and wellness services and chronic disease management, Diabetes Prevention Program (DPP), substance use disorder treatment services, pediatric services, vision services, non-emergency medical transportation (NEMT), non-medical transportation (NMT), long-term services and supports (LTSS), and transgender services.
63	Behavioral Health Treatment (BHT)	BHT includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual. BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.
70	Substance use disorder screening services	IEHP covers alcohol misuse screenings, illicit drug screenings and behavioral health counseling interventions for alcohol misuse.
75	Enhanced Care Management (ECM)	<p>IEHP covers Enhanced Care Management (ECM) services for Members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health services, community-based Long-Term Services and Supports (LTSS) for member with chronic conditions and referrals to available community resources.</p> <p>You may be contacted if you qualify for the program. If qualified, you will be able to choose to opt in or out of this program. You can also call IEHP, or talk to your doctor or clinic staff, to find out if you can receive HHP services.</p>
77	Other services you can get through Fee-For-Service (FFS) Medi-Cal or other Medi-Cal programs	Sometimes IEHP does not cover services, but you can still get them through Regular or Straight Medi-Cal (called FFS Medi-Cal). To learn more, call IEHP Member Services.



Call IEHP Member Services at 1-800-440-IEHP (4347). TTY 1-800-718-4347. IEHP is here Monday through Friday from 8am-5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Page #	Section of the EOC/Member Handbook	Summary
77 – 78	Prescription drugs covered by Medi-Cal Rx	<p>Most prescription drugs are covered by Medi-Cal Rx, some drugs may be covered by IEHP. Your provider can prescribe you drugs that are on the Medi-Cal Rx Contract Drugs List.</p> <p>To find out if a drug is on the Contract Drug List or to get a copy of the Contract Drug List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711), visit the Medi-Cal Rx website at www.Medi-CalRx.dhcs.ca.gov/home/, or call IEHP Member Services at 1-800-440-IEHP (4347), Monday-Friday, 8am-5pm. TTY users should call 1-800-718-4347 or 711.</p>
78	Pharmacies	<p>If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at www.Medi-CalRx.hcs.ca.gov/home/. You can also find a pharmacy near you by calling Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711). Or call IEHP Member Services at 1-800-440-IEHP (4347), Monday-Friday, 8am-5pm. TTY users should call 1-800-718-4347 or 711.</p>
82	Services you cannot get throughout IEHP or Medi-Cal	<p>Some services that neither IEHP nor Medi-Cal will cover, include: experimental services, fertility preservation, In Vitro Fertilization (IVF), permanent home modifications, vehicle modifications, cosmetic procedures and treatment, hygiene item, foot care, hearing aid loaners, or any other items detailed by the Medi-Cal Provider Manual.</p> <p>This is not a complete list. Services that are not listed as a covered benefit and are not covered by Medi-Cal are not covered by IEHP. To learn more, call IEHP Member Services.</p>
84	Evaluation of new and existing technologies	<p>Our Medical Directors identify new medical or behavioral procedures, treatment, drugs, and devices on a regular basis. They present research data to the IEHP Utilization Management (UM) Subcommittee of IEHP Pharmacy & Therapeutics (P&T) Subcommittee, where Doctors review the technology and suggest whether it can be added as a new benefit. If approved by the IEHP Quality Management Committee, IEHP will add the new technology as a covered benefit for our Members. To learn more about this review of new technology, call IEHP Member Services.</p>
85	Child and youth well care	<p>Child and youth members under 21 years old can get special health services as soon as they are enrolled. This makes sure they get the right preventive care and services upon enrollment.</p>



Call IEHP Member Services at 1-800-440-IEHP (4347). TTY 1-800-718-4347. IEHP is here Monday through Friday from 8am-5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Page #	Section of the EOC/Member Handbook	Summary
85	Pediatric Services (Children under age 21)	<p>Members under 21 years old are covered for needed care. IEHP covers medically necessary services to treat or ameliorate defects and physical, mental diagnosis. Some covered services include well-child visits and teen check-ups (important visits children need), immunizations (shots), mental health services, health and preventive education, lab tests, including blood lead poisoning testing and vision services.</p> <p>These services are called Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Please refer to your Member Handbook for more covered pediatric services.</p>
90	Reporting and solving problems	<p>You can use the IEHP grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.</p>
91 – 92	Complaints	<p>A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from IEHP or a provider. There is no time limit to file a complaint. You can file a complaint with us at any time by phone, in writing or online. If you need help filing your complaint, we can help you. We can give you free language services. Please call IEHP Member Services for help.</p>
92 – 93	Appeals	<p>An appeal is different from a complaint. An appeal is a request for IEHP to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you or your authorized representative can file an appeal. Your PCP can also file an appeal for you with your written permission. You must file an appeal within 60 calendar days from the date on the NOA you received. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date IEHP says services will stop. You can file an appeal by phone, in writing or online. Please call IEHP Member Services for help.</p>



Call IEHP Member Services at 1-800-440-IEHP (4347). TTY 1-800-718-4347. IEHP is here Monday through Friday from 8am-5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Page #	Section of the EOC/Member Handbook	Summary
98 – 99	Rights and Responsibilities – Your rights	<p>IEHP Members have these rights: To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information; to be provided with information about the plan and its services, including Covered Services, practitioners, providers, and member rights and responsibilities; to participate in decision making regarding your own health care, including the right to refuse treatment; to voice grievances, either verbally or in writing, about the organization or the care received; and to make recommendations about the organization's member rights and responsibilities policies.</p> <p>Members also have the right to receive information and have a discussion on available treatment options and alternatives regardless of cost or benefit coverage, presented in a manner appropriate to your condition and ability to understand.</p>
100	Your Responsibilities	<p>IEHP Members have the responsibility to follow the advice and care procedures provided by your Doctor, IEHP, and the program. If you have questions about these procedures, call IEHP Member Services.</p> <p>IEHP Members have the responsibility to give accurate information to IEHP, your Doctor, and any other Provider. This helps you get better care. Also, IEHP Members have the responsibility to understand your health needs and be a part of your health care decisions. Ask your Doctor questions if you do not understand and involve in developing treatment goals.</p>
101	Notice of non-discrimination	<p>Free language services are offered to people whose first language is not English. If you need these services, contact IEHP Member Services at 1-800-440-IEHP (4347) or 1-800-718-4347 for TTY users, Monday-Friday, 8am-5pm for help.</p> <p>Discrimination is against the law. IEHP follows state and federal civil rights laws. IEHP does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.</p>



Call IEHP Member Services at 1-800-440-IEHP (4347). TTY 1-800-718-4347. IEHP is here Monday through Friday from 8am-5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.

Page #	Section of the EOC/Member Handbook	Summary
103	Notice of privacy practices	<p>IEHP will keep your medical information confidential. This includes any medical records, computer data, reports, or records about you or your health care. You have the right to keep your medical information and records confidential, unless you say differently. You also have the right to review, request corrections to, and receive a copy of your medical records from your Doctor or health care provider. Whenever your medical records need to be released for any reason, you will be contacted for your permission.</p> <p>IEHP will keep your confidential information private within IEHP because only certain employees are permitted to have access to your confidential information. You have the right to access your confidential medical information. IEHP will provide you with access and an accounting of disclosures upon request. You also have the right to amend your confidential medical information and request restrictions on the use and disclosure of your confidential medical information.</p> <p>Please refer to your Notice of Privacy Practices for further information regarding IEHP's Privacy Practices.</p>



Call IEHP Member Services at 1-800-440-IEHP (4347). TTY 1-800-718-4347. IEHP is here Monday through Friday from 8am-5pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.iehp.org.



A Public Entity

Inland Empire Health Plan

OFFICE

10801 Sixth Street
Rancho Cucamonga, CA 91730

MAILING ADDRESS

P.O. Box 1800
Rancho Cucamonga, CA 91729-1800

MEMBER SERVICES:

1-800-440-IEHP (4347)
TTY 1-800-718-4347 or 711
Monday-Friday, 8am-5pm

www.iehp.org

