



**To:** All BH & BHT Providers  
**From:** IEHP – Provider Relations  
**Date:** June 17, 2022  
**Subject:** **REMINDER – Authorizations Required for All Follow-up Visits!**

Inland Empire Health Plan (IEHP) would like to remind Providers that **prior authorizations must be submitted for all Behavioral Health services**, after the initial visit. Prior authorizations are not required for initial visits.

IEHP prioritizes ensuring providers receive prompt payment. If the required prior authorization is not obtained, **claims payment will be impacted.**

**Please note that Member care cannot be suspended due to failure to request prior authorization - continuity of care is our priority.**

To submit an authorization, please access Provider Portal > Behavioral Health > Referral Request Form

Additionally, please reference the Member’s eligibility to check for Other Healthcare Coverage (OHC). When submitting a claim to IEHP for a Member with OHC, please include the EOB denial from the primary carrier. For more question regarding OHC, please reference the attached FAQ.

IEHPID » DOS: 02/04/2022

Medical History Record

Member  IEHP ID  Status ● ELIGIBLE on 02/04/2022

CIN  Gender  DOB

Aid Code  County San Bernardino Plan Medi-Medi

Medicare ID  Co-Pay \$0.00 Medi-Cal Eff. Date 02/01/2017

OHC Yes (Details)

Directory ID N/A

PCP See Your Medicare Doctor Eff. Date with PCP 02/01/2017 - Current

IPA IEHP MEDI-MEDI Hospital MEDICARE NETWORK ACCESS

Other Health Coverage ⓘ

Medicare Part A (Facility)

Payer Medicare Group Number

Effective Not Available Phone Not Available

Expiration Not Available Address Not Available

Policy Number

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: [www.iehp.org](http://www.iehp.org) > Providers > Plan Updates > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org).