



To: All Medi-Cal IPAs
From: IEHP – Provider Relations
Date: August 26, 2022
Subject: **For Immediate Use: DHCS Approved Letter – Prior Authorization Not Required**

Inland Empire Health Plan (IEHP) would like to remind our IPA partners that the Plan **maintains a list of services that do not require prior authorization, including preventive services**, per IEHP Provider Manual Policy 25E1, “Utilization Management – Delegation and Monitoring.”

During the 2021 Department of Health Care Services (DHCS) Medical Audit, it was found that prior authorization had been inappropriately applied to preventive services.

As part of the corrective action, **upon receipt of a request for prior authorization of a preventive service, IPAs must send the attached DHCS-approved letter to the Member and requesting Provider** to notify that the requested service is covered at no cost and does not require prior authorization.

The letter can be found here:

www.iehp.org > For Providers > Provider Resources > Forms > Medi-Cal Letter Templates

**Effective immediately:
IPAs must begin sending the attached notification to Members and Providers that request
prior authorization of preventive services.**

Please refer to the DHCS Medi-Cal Provider Manual – Preventive Services for a list of services which DHCS considers to be preventive:

<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/prev.pdf>

This list can also be found on our website - Provider Manual Policy 25E1, Utilization Management – Delegation and Monitoring.

www.iehp.org > Providers > Provider Manuals > 2022 Manuals

Thank you for your attention to this important matter.

As a reminder, all communications sent by IEHP can also be found on the Provider portal:

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, (866) 223-4347 or email ProviderServices@iehp.org

<< IPA LOGO >>

Prior Authorization Not Required

<<Date>>

<<Member Name>>

<<Address Line 1>> <<Address Line 2>>

<<City>>, <<ST>> <<Zip>>

DOB:	[Member DOB]
Member ID:	[Member ID]
Health Plan:	Inland Empire Health Plan
Requesting Practitioner:	[Requesting Provider Name]
Requested Provider:	[Servicing Provider Name]
Tracking Number:	[Tracking Number]
Service Category:	[Service Category & Sub-Category]

RE: Preventive Screening/Treatment Services

<<Member Name>>,

This notice lets you know that you do not need a referral from your Primary Care Doctor (PCP) to get this service. You can get this service at no cost from one of our Providers in the << IPA >> network. To get a Provider Directory of network Providers, call << IPA >> at << IPA Contact Information >>. You can also find the Provider Directory online at << IPA Website >>.

Should you have any questions about this letter, please call << IPA >> at << IPA Contact Information >>.

Thank you,

<< IPA >>

California Department of Health Care Services (DHCS) Office of the Ombudsman

For help with Medi-Cal, you may call the California Department of Health Care Services (DHCS) Ombudsman Office at **1-888-452-8609**, Monday through Friday, 8:00am to 5:00pm, excluding holidays. The Ombudsman Office helps people with Medi-Cal understand their rights and responsibilities.

California Department of Managed Health Care

If you have been receiving care from a health care Provider, you may have a right to keep your Provider for a designated time period. Please contact IEHP Member Services, and if you have

further questions, you are encouraged to contact the **Department of Managed Health Care**, which protects consumers, by telephone at its toll-free number, **1-888-466-2219**, or at a TTY number for the hearing and speech impaired at **1-877-688-9891**, or online at **www.dmhc.ca.gov**.