

# 2025 Prior Authorizations Report

Each year, federal rules ask us to share information about prior authorizations. A prior authorization is when your doctor asks us to approve a service before you get it.

## THIS REPORT EXPLAINS:

- How many requests we got
- How many were approved or denied
- How quickly we made decisions

We share this to help you understand how we make decisions and to show we're being open and fair. It also helps your doctor plan your care and lets people compare health plans.

To better understand this report, please note:

- Partly approved requests were counted as denied.
- Requests to continue ongoing care were counted as urgent.

## KEY

- Approved Requests
- Approved Requests After Appeal
- Denied Requests

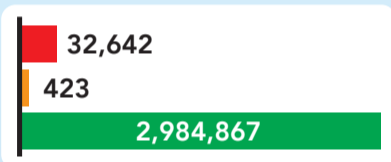
**Note:** 0 Approved after timeframe was extended (up to 14 days)



### Medi-Cal

#### NON-URGENT REQUESTS

Total: **3,017,509**  
Percent Approved: **99%**



Average Decision Time:  
**2.07 Days**

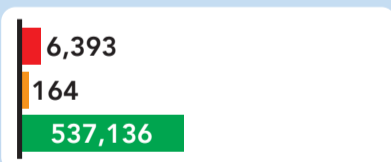
Median Decision Time:  
**0.57 Days**

Percent Denied:  
**1%**

Percent Approved After Appeal:  
**21%**

#### URGENT REQUESTS

Total: **543,529**  
Percent Approved: **99%**



Average Decision Time:  
**0.21 Days**

Median Decision Time:  
**0.02 Days**

Percent Denied:  
**1%**

#### QUESTION?

**1-800-440-IEHP (4347)**  
TTY: **1-800-718-4347**  
M-F, 7 a.m.-7 p.m., and  
Sat-Sun. 8 a.m.-5 p.m.



### Covered

#### NON-URGENT REQUESTS

Total: **92,672**  
Percent Approved: **98%**



Average Decision Time:  
**5.23 Days**

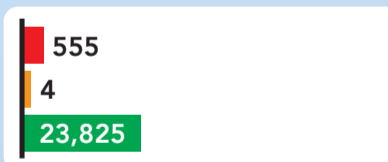
Median Decision Time:  
**6.06 Days**

Percent Denied:  
**2%**

Percent Approved After Appeal:  
**13%**

#### URGENT REQUESTS

Total: **24,380**  
Percent Approved: **98%**



Average Decision Time:  
**0.43 Days**

Median Decision Time:  
**0.09 Days**

Percent Denied:  
**2%**

#### QUESTION?

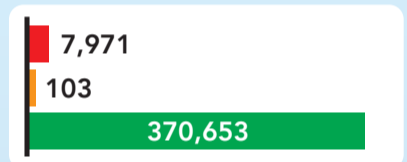
**1-855-433-IEHP (4347)**  
TTY: **711**  
M-F, 8 a.m.-6 p.m.



### DualChoice

#### NON-URGENT REQUESTS

Total: **378,624**  
Percent Approved: **98%**



Average Decision Time:  
**2.59 Days**

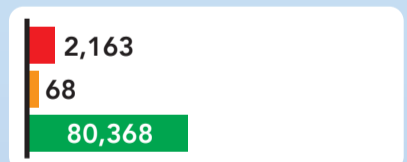
Median Decision Time:  
**1.04 Days**

Percent Denied:  
**2%**

Percent Approved After Appeal:  
**14%**

#### URGENT REQUESTS

Total: **82,531**  
Percent Approved: **97%**



Average Decision Time:  
**0.56 Days**

Median Decision Time:  
**0.02 Days**

Percent Denied:  
**3%**

#### QUESTION?

**1-877-273-IEHP (4347)**  
TTY: **1-800-718-4347**  
M-Sun, 8 a.m.-8 p.m.

For a list of medical items and services that require prior authorizations (excluding drugs), click the link below:  
[https://www.iehp.org/content/dam/iehp-org/en/documents/medi-cal/prior-authorization/list/CY26\\_Prior-Authorization-List\\_EN.pdf](https://www.iehp.org/content/dam/iehp-org/en/documents/medi-cal/prior-authorization/list/CY26_Prior-Authorization-List_EN.pdf)



DualChoice

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## **NON-DISCRIMINATION NOTICE**

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Discrimination is against the law. Inland Empire Health Plan (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.

IEHP provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Free language services in a timely manner to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact IEHP's Member Services between 8am-8pm (PST), 7 days a week, including holidays by calling 1-877-273-4347. If you cannot hear or speak well, please call 1-800-718-4347. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Inland Empire Health Plan  
10801 Sixth St., Rancho Cucamonga, CA 91730  
Tel. 1-877-273-4347  
TTY: 1-800-718-4347  
711 (Telecommunications Relay Service)

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## **HOW TO FILE A GRIEVANCE**

If you believe that IEHP has failed to provide these services or unlawfully discriminated in another way on the basis 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, you can file a grievance with IEHP's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact IEHP's Civil Rights Coordinator between 8am-8pm (PST), 7 days a week, including holidays by calling 1-877-273-4347. Or, if you cannot hear or speak well, please call 1-800-718-4347.
- In writing: Fill out a complaint form or write a letter and send it to:  
Inland Empire Health Plan, Attn: Civil Rights Coordinator,  
10801 Sixth Street, Suite 120, Rancho Cucamonga, CA 91730
- In person: Visit your doctor's office or IEHP and say you want to file a grievance.
- Electronically: Visit IEHP's website at [www.iehp.org](http://www.iehp.org).

### **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil  
Rights Department of Health Care  
Services Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at  
[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

### **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



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## AVISO DE NO DISCRIMINACIÓN

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La discriminación es ilegal. Inland Empire Health Plan (IEHP) cumple con las leyes de derechos civiles estatales y federales. IEHP no discrimina ilegalmente ni excluye a las personas o las trata de manera diferente por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación con grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual.

IEHP proporciona:

- Asistencia y servicios gratuitos para las personas con discapacidad con el propósito de ayudarles a comunicarse mejor en el momento que sea necesario, como:
  - ✓ Intérpretes calificados de lenguaje de señas
  - ✓ Información por escrito en otros formatos (impresión en letra grande, audio, formatos electrónicos accesibles y otros formatos)
  
- Servicios de idiomas sin costo a personas cuyo idioma principal no sea el inglés en el momento que sea necesario, como:
  - ✓ Intérpretes calificados
  - ✓ Información escrita en otros idiomas
  
- Si necesita estos servicios, comuníquese con Servicios para Miembros de IEHP al 1-877-273-4347, de 8am-8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Si tiene problemas auditivos o del habla, por favor llame al número 1-800-718-4347. Si usted lo solicita, este documento puede estar a su disposición en braille, impreso en letra grande, cinta de audio o formato electrónico. Para obtener una copia en alguno de estos formatos alternos, por favor llame o escriba a:

Inland Empire Health Plan  
10801 Sixth St., Rancho Cucamonga, CA 91730  
Teléfono: 1-877-273-4347  
TTY: 1-800-718-4347  
711 (Servicio de retransmisión de telecomunicaciones)

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## **CÓMO PRESENTAR UNA QUEJA FORMAL**

Si considera que IEHP no le ha proporcionado estos servicios o que lo ha discriminado ilegalmente de alguna otra forma por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación con grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual, puede presentar una queja formal ante el Coordinador de Derechos Civiles de IEHP. Puede presentar una queja formal por teléfono, por escrito, en persona o en línea:

- Por teléfono: Comuníquese con el Coordinador de Derechos Civiles de IEHP al 1-877-273-4347, de 8am-8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. O, si no puede escuchar o hablar bien, llame al 1-800-718-4347.
- Por escrito: Conteste un formulario de quejas o escriba una carta y envíela a:  
Inland Empire Health Plan, Attn: Civil Rights Coordinator,  
10801 Sixth Street, Suite 120, Rancho Cucamonga, CA 91730
- En persona: Vaya al consultorio de su doctor o a IEHP y mencione que quiere presentar una queja.
- En línea: Visite el sitio web de IEHP en [www.iehp.org](http://www.iehp.org).

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## **OFICINA DE DERECHOS CIVILES — DEPARTAMENTO DE SERVICIOS DE SALUD DE CALIFORNIA**

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Salud de California por teléfono, por escrito o en línea:

- Por teléfono: Llame al **916-440-7370**. Si no puede hablar o escuchar bien, llame al **711 (Servicio de retransmisión de telecomunicaciones)**.
- Por escrito: Conteste un formulario de quejas o envíe una carta a:

**Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Los formularios de quejas están disponibles en:  
[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- En línea: Envíe un correo electrónico a [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

## **OFICINA DE DERECHOS CIVILES — DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS EE. UU.**

Si considera que ha sido discriminado por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, también puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. por teléfono, por escrito, o en línea:

- Por teléfono: Llame al **1-800-368-1019**. Si no puede hablar o escuchar bien, llame a la línea **TTY/TDD** al **1-800-537-7697**.
- Por escrito: Conteste un formulario de quejas o envíe una carta a:

**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**

Los formularios de quejas están disponibles en  
<http://www.hhs.gov/ocr/office/file/index.html>.

- En línea: Visite el Portal de Quejas de la Oficina de Derechos Civiles en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



## DualChoice

### Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

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#### English

ATTENTION: If you need help in your language, call 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). These services are free of charge.

#### العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل على الرقم 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والخط الكبير. اتصل على الرقم 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). هذه الخدمات مجانية.

#### Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-877-273-IEHP (4347) հեռախոսահամարով (TTY՝ 1-800-718-4347): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-877-273-IEHP (4347) հեռախոսահամարով (TTY՝ 1-800-718-4347): Այդ ծառայություններն անվճար են:

#### ខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរសព្ទទៅលេខ 1-877-273-IEHP (4347) (TTY: 1-800-718-4347)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរសព្ទមកលេខ 1-877-273-IEHP (4347) (TTY: 1-800-718-4347)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

#### 中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-877-273-IEHP (4347) (TTY: 1-800-718-4347)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-877-273-IEHP (4347) (TTY: 1-800-718-4347)。这些服务都是免费的。

## فارسی (Farsi)

توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) تماس بگیرید. این خدمات رایگان ارائه می شوند.

## हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) पर कॉल करें। ये सेवाएं नि:शुल्क हैं।

## Lus Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Puav leej muaj cov khoom pab thiab kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Cov kev pab cuam no yog pab dawb xwb.

## 日本語 (Japanese)

注意：日本語での対応が必要な場合は 1-877-273-IEHP (4347) (TTY: 1-800-718-4347)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-877-273-IEHP (4347) (TTY: 1-800-718-4347)へお電話ください。これらのサービスは無料で提供しています。

## 한국어 (Korean)

유의 사항: 귀하의 언어로 도움을 받고 싶으시면 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### **ພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມ. ໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

### **Mien**

CAU FIM JANGX LONGX OC: Beiv hngv meih qiemx zuqc longc mienh tengx faan benx meih haih gorngv haaix fingx waac wuov, mborqv finx lorz taux 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Mv daan mbuoqc naaiv oc ninh mbuo corc haih tengx da'nyeic deix gong bun taux waaic fangx nyei mienh beiv taux zoux benx nzangc-pokc bun hluo aengx caux zoux benx domh zeiv bun longc. Daaix luic mborqv finx lorz taux 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Wangv henh tengx naaiv deix gong mv ndortv nyaanh cingv oc.

### **ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) 'ਤੇ ਕਾਲ ਕਰੋ। ਆਪਣੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

### **Русский (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-877-273-IEHP (4347) (линия ТТУ: 1-800-718-4347). Также предоставляются средства и услуги для людей с инвалидностью, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-877-273-IEHP (4347) (линия ТТУ: 1-800-718-4347). Такие услуги предоставляются бесплатно.

### **Español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Estos servicios son gratuitos.

### **Tagalog (Filipino)**

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Libre ang mga serbisyong ito.

### **ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Українська (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Люди з інвалідністю також можуть скористатися допоміжними засобами й послугами, наприклад отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Ці послуги надаються безкоштовно.

### **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Các dịch vụ này đều miễn phí.