



To: Acute Hospitals, Long Term Acute Care & Acute Rehabilitation Facilities
From: IEHP – Provider Relations
Date: October 4, 2019
Subject: **Inpatient Authorization Requirements**

In an effort to increase efficiencies and workflow for inpatient authorizations, Inland Empire Health Plan (IEHP) is providing clarification to inpatient authorization requirements for IEHP Members by line of business.

The table below illustrates inpatient referral/authorization standards for all IEHP Members.

Member Eligibility with IEHP	Referral/Authorization Requirements
IEHP Medi-Cal	Referral/Authorization is needed
IEHP Medicare DualChoice	Referral/Authorization is needed
Medi-Medi (IEHP Medi-Cal Secondary) <u>Medicare Part B Coverage ONLY</u>	Referral/Authorization is needed
Medi-Medi (IEHP Medi-Cal Secondary) <u>Medicare Part A Coverage</u>	NO Referral/Authorization needed

Hospitals must provide IEHP with timely notification of all emergency admissions. In the event an authorization is not issued, hospitals should follow the retrospective claims review process.

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

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.