

Inland Empire Health Plan Healthy Families Program Benefit Manual

Authorizations

Contracted Independent Physicians Associations (IPA) will perform the vast majority of authorizations for services requested for their respective assigned Members. IEHP will perform authorizations for IEHP Direct Members. The Health Plan may be involved with authorizations that involve both IPA and IEHP Direct Members under certain circumstances, e.g., Mental Health, in serious or complex cases, per request by a contracted entity, or in the event of appeals by Members.

Contracted IPA utilization structures vary, therefore the following guidelines are not required, but are listed as basic utilization procedures.

- Prior authorization is not needed for emergency medical conditions.
- Referrals to specialists typically require prior authorization.
- Many diagnostic, treatment or other services may require prior authorization from the contracted IPA or IEHP.
- Referrals that are made by a Primary Care Physician (PCP) or Specialist are sent to the contracting provider organization (or IEHP) for advance approval.
- Statements made in the Benefit Manual regarding prior authorization are intended as guidelines, not requirements.

Throughout this document, utilization timelines and procedures are outlined. Depending on the utilization structure of the contracted IPA or IEHP, these timelines and procedures may vary.