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To: All IPAs

From: IEHP – Utilization Management

Date: September 5, 2024

Subject: REMINDER – Continuity of Care Approval Letter Notification Requirements

Pursuant to state and contractual requirements, Inland Empire Health Plan (IEHP) and its IPAs must ensure IEHP Members with pre-existing provider relationships, who make a Continuity of Care (COC) request, are given the option to continue treatment for **up to twelve (12) months** with an out-of-network provider.

These eligible Members may require COC for services they have been receiving through Medi-Cal or Medicare Fee-For-Service (FFS) or another health plan.

Medi-Cal Member Notification:

As indicated in the **IEHP Medi-Cal Provider Manual, Chapter 12 - Coordination of Care (A)(2)** – for requests that are reviewed and approved per COC, the IPAs must notify the Member utilizing the IEHP approved **"Continuity of Care Authorization"** letter templates. These approved notification templates are available on IEHP's Provider website:

<u>www.providerservices.iehp.org</u> > Resources > Resources for Providers > Forms > Medi-Cal Letter Templates > Continuity of Care – Notice of Authorization Letter or <u>click here.</u>

IEHP DualChoice (HMO D-SNP) Member Notification:

As indicated in the **IEHP DualChoice (HMO D-SNP) Provider Manual, Chapter 12 - Coordination of Care (A)(5)** - for requests that are reviewed and approved per COC, the IPAs must notify the Member utilizing the IEHP approved "Continuity of Care Authorization" letter templates. These approved notification templates are available on IEHP's Provider website:

<u>www.providerservices.iehp.org</u> > Resources > Resources for Providers > Forms > D-SNP Letter Templates > Continuity of Care – Notice of Authorization Letter or <u>click here.</u>

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org.

As a reminder, all IEHP communications can be found at www.providerservices.iehp.org > News & Updates > Notices