

<IPA LOGO>

NOTICE TO END CONTINUITY OF CARE

<<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 Provider: [Requesting Provider Name]
Requested Provider: [Servicing Provider Name]
Authorization/Precertification Number: [Authorization or Referral #]

<<Member Name>>,

This letter is to remind you that continuity of care (staying with a Provider outside of our network for twelve months from the day you join IEHP) with <<servicing provider name>> for <<service category>> will end on <<procedure grid end date>>.

Please work with your Primary Care Provider to continue this service, if needed, with one of our in-network Specialists.

If you have any questions or concerns, please call <<IPA>> at <<IPA phone number>>.

Sincerely,

IEHP

CC: [Requesting Provider]
[Servicing Provider]
[PCP]

Requested Provider: The service is approved only if the Member is eligible at the time of service. You may check this online at <http://www.iehp.org> or by calling (909) 890-3800 (IVR) or (888) 440-4340 (Phone).

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.